



State of Tennessee

Health Facilities Commission

West Tennessee Regional Office

295 Summar Drive, 2nd Floor, Jackson, Tennessee 38301

[www.tn.gov/hfc](http://www.tn.gov/hfc) Phone: 731-984-9684 Fax: 731-427-0407

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**IMPORTANT NOTICE - PLEASE READ CAREFULLY**

**(Receipt of this letter presumed to be May 18, 2026 - date emailed to facility.)**

May 18, 2026

Ms. Mildred Thompson, Administrator  
Candlelite 1  
1042 Morton Street  
Shelbyville, TN 37160

Via Email: [mildredthompson37160@gmail.com](mailto:mildredthompson37160@gmail.com)

**RE: Unacceptable Plan of Correction #3  
6<sup>th</sup> Request for an acceptable Plan of Correction  
Annual Health Survey/Complaint investigation - Lic. #: TNPL 536519**

Dear Administrator:

The West Tennessee Regional Office of Health Facilities Commission has received and reviewed Plan of Correction #3 submitted to our office on **May 8, 2026**, for the deficiencies cited during the Health Survey/Complaint investigation completed **March 3, 2026**. **The State Agency finds POC #3 unacceptable.**

Please refer to the State of Tennessee T.C.A. §68-11-213(k)(1) & (2):

*"After notification of deficiencies following a licensure or complaint survey, any facility licensed under this part has ten (10) days from the date of notification to submit an acceptable plan of correction. Should the facility submit a plan of correction that is deemed unacceptable by the department, then the facility has an additional ten (10) days from the date of notification that the plan of correction is unacceptable to submit an acceptable plan of correction. The department shall provide a facility with no less than three (3) opportunities to submit an acceptable plan of correction and provide clear guidelines so that the facility understands what a plan of correction must include to be deemed acceptable. If a facility is not able to submit an acceptable plan of correction after three (3) attempts, then a representative from the facility*

*shall appear before the health facilities commission and submit a plan of correction for the commission's approval."*

Based on 3 unanswered requests for a POC sent on March 16, 2026, March 27, 2026, and April 7, 2026, as well as 3 additional requests sent on April 24, 2026, May 4, 2026, and May 6, 2026 to which responses were deemed unacceptable, a total of 6 requests for an acceptable POC.

Please submit POC #4 to our office by **May 28, 2026**, prior to your appearance at the next Health Facilities Commission meeting on **June 24, 2026**. The POC will be forwarded to the board for review. The Commission's administrative staff will contact you regarding your appearance before the board on **June 24, 2026**.

The following changes are required for an acceptable POC. The clarifications listed are not all inclusive and additional information may be requested after POC #4 is submitted and reviewed. Please indicate one completion date for each deficiency. You may include different dates steps were performed in the body of the POC but need to indicate your one final completion date.

**E 402 – Who will provide the training for the designated responsible person to act on administrative matters? Is the training documented, and will the content of the training be documented? Your Plan of Correction (POC) stated that Employee #1 will be designated as the responsible person. Does that mean you (Angelia Nelson-James) are Employee #1? In one of the documents you sent to us, you designated yourself as the Administrative Appointee and Volunteer. Are you a volunteer or an employee? If an employee, do you have a personnel file to include all the required documentation in your personnel file? In the Statement of Deficiencies, you were not designated as Employee #1.**

**You mentioned in the POC that monitoring will occur bi-weekly with results documented on a checklist. What are you monitoring in relation to this tag, and who will be designated as the Quality Assurance Manager to be responsible for this monitoring?**

**E 412 – Who will provide the immediate training on the importance of your influenza vaccination program? What are the updated procedures, and who will be responsible for updating the procedures?**

**What kind of reviews will you perform monthly, and who will be responsible for those reviews?**

**Who will be responsible for implementing and monitoring the comprehensive tracking system?**

**What does regular workshops mean? How often do you plan on having them and what will they include? What are the alternative control measures you mention in the POC?**

**Please explain “enhanced communication protocols”, and how will they be used in your influenza vaccination program?**

**How often will the quality assurance program assess the vaccination program? Who is the designated infection officer to be responsible for these assessments?**

**How often will the follow-up assessments and regular reports be conducted, and who will be responsible for conducting these?**

**E 415 – Who will be designated as the Compliance Officer? Will the Compliance Officer conduct the abuse registry checks on the employees? Please explain the new electronic tracking system, and how you will use it to monitor the required checks? Will the Compliance Officer perform the checks and document in the tracking system? How will the new tracking system be monitored to ensure compliance? Who will review the effectiveness of the new procedures and make adjustments to the compliance plan?**

**E 417 – What does monitoring Employee #2 have to do with what was cited in the tag? This does not address what was cited in the tag.**

**E 418 – Who is the contractor you mention in the POC? Who is the designated staff member who will be responsible for updating the log? Where will this log be kept so employees can produce the log quickly in case of an emergency? Do you have an accurate resident log now? If so, why is the completion date 6/1/2026? Why are you taking almost 3 months (survey date was 3/3/2026) to develop a resident log with 5 residents?**

**E 427 – This tag was not cited. The information you provided appears to refer to E 418.**

**E 508 – What does the comprehensive review include? You mentioned that part of the program included an adequate vaccine supply. Do you have a nurse available who can administer the flu vaccine? The vaccine cannot be administered by unlicensed personnel.**

**You mentioned that all residents will get the flu vaccine by 6/1/2026. It is recommended that people get their flu shot in September or October. Do you plan for the residents to get the flu shot in May and again in September or October? You did not address what you will do if a resident refuses to have a flu shot. What do you have in place to address a resident who refuses to be vaccinated? Do you have declination forms and what is included on the forms?**

**E 602 – Who will conduct the assessment of the residents' ability to self-administer medications? What training does the person have to qualify them to be able to determine if a resident can self-administer medications?**

**Please include your distinction between assistance and administration of medication. Who will be responsible for the monitoring of employees and how often will direct observations and audits of medication records be conducted to ensure compliance?**

**Who will provide training for the employees to ensure compliance?**

**E 609 – Who is the Food Service Manager? How will the Food Service Manager ensure that all aspects of food safety and service are adhered to?**

**E 610 – What will be included in your strict inventory system?**

**What training did kitchen staff receive about your process and checking for expiration dates?**

**What findings will be documented on the food inventory logs?**

**Will anyone monitor the food in the kitchen to ensure kitchen staff are performing the weekly checks?**

**E 612 – As above, who is the Food Service Manager? What will your process be to make sure there is a 48-hour water and food supply? For example, what will you do if the water or food supply is low? What will your process be to restock water or food supplies to maintain the 48-hour supply?**

**E 618 – You mentioned that you intend to install telephones in common areas. How many phones did you install and where are they located?**

**How will you document that you informed residents of their rights to use accessible phones in the facility and/or a personal cell phone?**

**E 826 – How often will the Administrator conduct inspections of the physical plant to evaluate the condition of the building and determine if any renovations or repairs need to be made? What additional training will you provide to staff? What are staff taught to do if there is a problem with environmental concerns?**

**E 1001, E 1002, E 1004, E 1006, E 1007, E 1008 – Your POC does not fully address these tags. These all have to do with missing pieces of the residents' records and failure to maintain these records. What do you specifically plan to do to make sure your records have the required information for you current residents and for any new residents? Where will you maintain these records, and what education will you provide to staff so they know what should be in the record and where the records are kept? The employee that was there at the facility looked in multiple locations to try to find the documentation but was unsuccessful. Employees should know where the records are kept and what documentation should be in the record.**

**How often will you monitor the records to ensure they contain the required information, and who will be responsible for monitoring the records?**

You may email your plan of correction to [HFC.WTRO-POC@tn.gov](mailto:HFC.WTRO-POC@tn.gov). If you have any questions, please contact the West Tennessee Regional Office at 731-984-9684. For questions or concerns regarding the statement of deficiencies, please direct them to Donald Milam, [Donald.Milam@tn.gov](mailto:Donald.Milam@tn.gov).

Sincerely,

*Donald Milam*

Donald Milam, RN  
ACC Supervisor

DM/am

Enclosure: State Form 2567

CC: Kathy Zeigler – Regional Administrator