

**STATE OF TENNESSEE  
BEFORE THE HEALTH FACILITIES COMMISSION**

<b>In The Matter of:</b>	)	
	)	
<b>Park View Meadows,</b>	)	
<b>Assisted Care Living Facility,</b>	)	<b>Case Nos. 2023036311,</b>
<b>License No. 117,</b>	)	<b>2025003731</b>
	)	<b>2025011571</b>
<b>Respondent.</b>	)	
	)	
<b>Murfreesboro, Tennessee</b>	)	

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**CONSENT ORDER**

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This matter came to be heard before the Tennessee Health Facilities Commission (“Commission”), by and through the Office of Legal Services, and Park View Meadows (“Respondent”) that the Commission adopt this Consent Order, the terms of which have been agreed upon by the parties, as signified by their signatures below.

**I. JURISDICTION**

1. The Commission is empowered to license and regulate hospitals, recuperation centers, nursing homes, homes for the aged, residential HIV supportive living facilities, assisted-care living facilities, home care organizations, residential hospices, birthing centers, prescribed childcare centers, renal dialysis clinics, ambulatory surgical treatment centers, outpatient diagnostic centers, adult care homes, and traumatic brain injury residential homes. T.C.A. § 68-11-202(a)(1).
2. The Commission has the authority to conduct reviews of all facilities licensed under this part in order to determine compliance with fire and life safety code rules as promulgated by the Commission. T.C.A. § 68-11-202(b)(1)(A).

3. “Assisted-care living facility” (“ACLF”) means a facility, building, establishment, complex or distinct part thereof that accepts primarily aged persons for domiciliary care and services. T.C.A. § 68-11-201(4)(A) and Tenn. Comp. R. & Regs. 0720-26-.02(7).
4. “Primarily aged” means that a minimum of fifty-one percent (51%) of the population of the facility is at least sixty-two (62) years of age. Tenn. Comp. R. & Regs. 0720-26-.02(34).
5. An assisted-care living facility shall provide on site to its residents room and board and non-medical living assistance services appropriate to each resident’s needs, such as assistance with bathing, dressing, grooming, preparation of meals and other activities of daily living. T.C.A. § 68-11-201(4)(B) and Tenn. Comp. R. & Regs. 0720-26-.02(2).
6. The Commission shall conduct on-site inspections and investigations as may be necessary to safeguard, and ensure at all times, the public’s health, safety, and welfare. T.C.A. § 68-11-210(c).
7. Upon a finding by the Commission that an ACLF has violated any provision of Tenn. Code Ann. §§ 68-11-201, et seq., or the rules promulgated pursuant thereto, action may be taken, upon proper notice to the licensee, to impose a civil penalty, deny, suspend, or revoke its license. T.C.A. § 68-11-207.

## **II. STIPULATIONS OF FACT**

8. At all times pertinent hereto, Respondent, Park View Meadows, 240 MTCS Road Murfreesboro, Tennessee 37219, was licensed by the Commission as an ACLF, having been granted license number 117 on February 12, 1999, which currently has an expiration date of April 22, 2026.

### SURVEY 1

9. On or about October 19, 2023, a survey of the facility was completed resulting in deficiencies being cited for failure to provide safety to residents, failure to timely complete initial assessments, and failure to timely complete plans of care.
10. Resident #1 (as identified in the October 2023 survey) was admitted to the facility on or about February 27, 2023. The facility failed to complete the resident's initial assessment or plan of care until March 15, 2023.
11. On or about October 8, 2023, Resident #1 eloped from the facility and walked approximately 1.3 miles away before being retrieved by a facility staff member who happened to recognize the resident while the staff member was on their way to work.
12. When Resident #1 exited the facility, a door alarm was triggered. Staff members looked out the door, did not immediately see the resident, and disabled the alarm with no additional follow-up. Staff members were aware that Resident #1 frequently demonstrated exit-seeking behaviors and were under instructions to "keep an eye on her."
13. Resident #2 (as identified in the October 2023 survey) was admitted to the facility on or about August 31, 2023. The facility failed to complete the resident's initial assessment or plan of care until September 19, 2023.

### SURVEY 2

14. On or about January 9, 2025, a survey of the facility was completed resulting in deficiencies being cited for failure to provide safety to residents and failure to timely complete plans of care.
15. On or about December 26, 2023, Resident #10 exited the facility without the knowledge of facility staff. Local law enforcement contacted the facility to inform staff that the

resident was at a fast food restaurant. The resident was returned to the facility by the facility administrator.

16. The plan of care for Resident #10 (as identified in the January 2025 survey) was not revised to reflect this incident until on or about February 8, 2024. The resident's previous plan of care was initiated on or about May 6, 2023, and provided that Resident #10 had a history of elopement from the facility and staff members should take extra care to maintain knowledge of the resident's whereabouts.
17. On or about November 5, 2024, Resident #9 (as identified in the January 2025 survey) had a physical therapy visit with Physical Therapist #1 which ended at approximately 5:45 p.m. When Physical Therapist #1 exited the facility, Resident #9 exited as well, but did not sign out in accordance with facility policy. Physical Therapist #1 instructed the resident to go back inside the building, but left without confirming the resident had returned.
18. At approximately 6:00 p.m. that evening Physical Therapist #1 returned to the facility and found that Resident #9 was not in his room, and alerted facility staff that the resident may still be outside the facility. The resident was ultimately located by Physical Therapist #1 at a church building across from the facility. The facility did not complete an incident report and did not revise the resident's Elopement Risk Evaluation to reflect this incident.
19. On or about January 6, 2025, the plan of care for Resident #9 was reviewed and revised by the facility. The plan of care did not reflect the resident's elopement on or about November 5, 2024.

### SURVEY 3

20. On or about March 10, 2025, a survey of the facility was completed resulting in deficiencies being cited for failure to provide safety to residents and failure to properly review/revise resident plans of care.

21. Between November 5, 2024, and March 8, 2025, six (6) residents suffered one fall each, three (3) residents suffered two (2) falls each, and one (1) resident eloped from the facility. The facility failed to implement proper interventions for any of the ten (10) residents affected by these incidents and failed to properly review/revise their plans of care.

### **III. GROUND FOR DISCIPLINE**

The facts in Section II, *supra*, are sufficient to establish that grounds exist for the discipline of Respondent's ACLF license. Specifically, Respondent has violated the following statutes and/or rules, for which disciplinary action by the Commission is authorized.

22. The facts in paragraphs eleven (11), twelve (12), fifteen (15), seventeen (17), eighteen (18) and twenty-one (21) are sufficient to constitute violations of Tenn. Comp. R. and Regs. 0720-26-.07(7)(a)(2), the relevant portion of which reads as follows:

- (a) Each ACLF shall provide each resident with at least the following personal services.

#### **2. Safety when in the ACLF.**

23. The facts in paragraphs ten (10) and thirteen (13) are sufficient to constitute violations of Tenn. Comp. R. and Regs. 0720-26-.12(4), the relevant portion of which reads as follows:

- (4) An ACLF shall complete a written assessment of the resident to be conducted by a direct care staff member within a time-period determined by the ACLF, but no later than seventy-two (72) hours after admission.

24. The facts in paragraphs ten (10), thirteen (13), sixteen (16), nineteen (19), and twenty-one (21) are sufficient to constitute violations of Tenn. Comp. R. and Regs. 0720-26-.12(5)(a), the relevant portion of which reads as follows:

- (a) An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician, or other licensed health care professionals or entity delivering patient services within five (5) days of admission. The plan of care shall be reviewed and/or revised as changes in

resident needs occur, but not less than semi-annually by the above-appropriate individuals.

#### **IV. REPRESENTATIONS OF RESPONDENT**

25. Respondent understands and admits the allegations, charges, and stipulations in this Order.
26. Respondent understands the rights found in the Code, Rules, and the Uniform Administrative Procedures Act, TENN. CODE ANN. §§ 4-5-101 thru 4-5-404, including the right to a hearing, the right to appear personally and by legal counsel, the right to confront and to cross-examine witnesses who would testify against Respondent, the right to testify and to present evidence on Respondent's own behalf, as well as to the issuance of subpoenas to compel the attendance of witnesses and the production of documents, as well as the right to appeal for judicial review. Respondent voluntarily waives these rights in order to avoid further administrative action.
27. Respondent voluntarily waives these rights in order to avoid further administrative action.
28. Respondent agrees that presentation of this Order to the Commission and the Commission's consideration of it and all matters divulged during that process shall not constitute unfair disclosure such that the Commission or any of its members become prejudiced requiring their disqualification from hearing this matter should this Order not be ratified. All matters, admissions, and statements disclosed during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.
29. Respondent agrees that facsimile/PDF copies of this Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.

30. Respondent also agrees that the Commission may issue this Order without further process. If the Commission rejects this Order for any reason, it will be of no force or effect for either party.
31. Respondent agrees that the facility has not received any threats or promises of any kind by the State or any agent or representative thereof, except such as is detailed herein.

**V. ORDER**

**NOW THEREFORE**, Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:

32. Respondent shall be **placed on probation for a period not to exceed twelve (12) months** from the effective date of this Order.
- a. The Respondent **shall appear at two (2) regularly scheduled Commission meetings during the probationary period.** The Respondent shall demonstrate and explain to the Commission how the facility is implementing the actions identified in its plan of correction.
  - b. Pursuant to T.C.A. § 68-11-207(e)(6), the Commission is authorized at any time during the probation to remove the probational status of the facility's license, based on information presented to it showing that the conditions identified by the Commission have been corrected and are reasonably likely to remain corrected.
  - c. The facility shall request an Order of Compliance from Commission staff at the end of its probationary period. If the facility is in compliance at that time, the Order of Compliance will be prepared by Commission staff and presented at the next regularly scheduled Commission meeting. The Commission shall make the final determination of whether to terminate the facility's probation.

CIVIL MONETARY PENALTIES FOR SURVEY 1

33. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **two thousand dollars (\$2,000.00)** for failure to provide safety to residents in the facility.
34. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **five hundred dollars (\$500.00)** for failure to properly complete initial assessments for residents.
35. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **five hundred dollars (\$500.00)** for failure to properly review/revise resident plans of care.

CIVIL MONETARY PENALTIES FOR SURVEY 2

36. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **two thousand dollars (\$2,000.00)** for failure to provide safety to residents in the facility.
37. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **two thousand dollars (\$2,000.00)** for failure to properly review/revise resident plans of care.

CIVIL MONETARY PENALTIES FOR SURVEY 3

38. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **three thousand dollars (\$3,000.00)** for failure to provide safety to residents in the facility.
39. Respondent is hereby assessed one (1) Civil Monetary Penalty in the amount of **three thousand dollars (\$3,000.00)** for failure to properly review/revise resident plans of care.
40. The total assessed CMP amount is **thirteen thousand dollars (\$13,000.00).**
41. Payment shall be submitted to the following address within **thirty (30) calendar days** of the effective date of this Order.

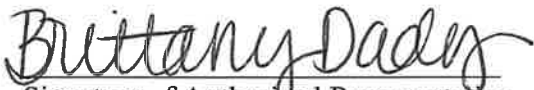
**Tennessee Health Facilities Commission  
Attention: Disciplinary Coordinator  
665 Mainstream Drive, Second Floor  
Nashville, Tennessee 37243**



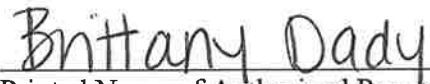
**PLEASE DO NOT REMIT PAYMENT UNTIL THE CONSENT ORDER HAS  
BEEN RATIFIED AND APPROVED BY THE COMMISSION**

42. Each condition of discipline herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

**APPROVED FOR ENTRY:**



Signature of Authorized Representative  
Park View Meadows  
License No. 117  
Respondent



Printed Name of Authorized Representative



Title of Authorized Representative

Vishan J. Ramcharan (BPR # 034403)  
Associate General Counsel  
Health Facilities Commission  
Office of Legal Services  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, Tennessee 37243  
Office: (615) 741-2364  
Fax: (615) 741-9884  
Email: [vishan.j.ramcharan@tn.gov](mailto:vishan.j.ramcharan@tn.gov)

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**Approval by the Commission**

Upon the agreement of the parties, and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Health Facilities Commission at a public meeting of the Commission and signed this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

**ACCORDINGLY, IT IS ORDERED** that the agreement of the parties does hereby become the Final Order of the Commission.

\_\_\_\_\_  
Chairperson  
Health Facilities Commission

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**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and correct copy of this document has been served upon the Respondent, Park View Meadows, c/o Administrator, Danielle Burris, 240 MTCS Road Murfreesboro, Tennessee 37219, and Park View Meadows, c/o Registered Agent, Corporation Service Company, 2908 Poston Avenue Nashville, Tennessee 37203-1312 by delivering same in the United States regular mail and United States certified mail, numbers **7020 0640 0001 4807 7013** and **7020 0640 0001 4807 7006**, return receipts requested, with sufficient postage thereon to reach its destination. A copy was sent via electronic mail to: [dmoore@americareusa.net](mailto:dmoore@americareusa.net).

This \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Vishan J. Ramcharan  
Associate General Counsel