HFC

WTRO/FTSD/PR
App #22956
F-273

RECEIVED
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By

NURSING HOME
APPLICATION FOR CHANGE OF OWNERSHIP

All applicable law, rules, policies, and guidelines affecting your practice are available for viewing at https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html. Please check this website periodically for updates.

Name of the Facility/Agency Hartsville Rehab and Healthcare

Location of the Facility:

Street 649 McMurry Blvd E City Hartsville

County Trousdale State TN Zip 37074

Phone Number (615) 374-9144 Fax Number (615) 374-9254

Twenty-four (24) Hour Emergency Phone Number (615) 374-9144

E-Mail Address bidermandavid@gmail.com

Total Bed Capacity 95

Does the facility have a Secure Unit? Yes____ No X Number of Secured Beds N/A

Does the facility have an Alzheimer's Unit? Yes____ No X Number of Alzheimer's Beds N/A

Does the facility have a Ventilator Unit? Yes____ No X Number of Ventilators Beds N/A

Does this facility offer dialysis services? Yes____ No X

If yes, is it bedside dialysis? Yes____ No X Number of Beds N/A

Administrator Information

Administrator Alan Hall Nursing Home Administrator License Number 3327

Have you (administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g. assault, battery, robbery, embezzlement, or fraud)? Yes____ No X

If yes, what charge(s)? N/A

Location of Conviction N/A
(City) (County) (State) (Zip

Mailing Address if different from the Facility location address:

Name Same as facility

Street____

City____ State____ Zip____

Ownership of Building:

Name 649 McMurry Propco LLC Phone Number (631) 292-1250

Street Address 265 E Merrick Rd, Ste 205

City Valley Stream State NY Zip 11580

FEE SCHEDULE: (FEES ARE NON-REFUNDABLE)

Bed Capacity	Fee	Bed Capacity	Fee
Less than 25	$1,040	100 thru 124	$2,080
25 thru 49	$1,300	125 thru 149	$2,340
50 thru 74	$1,560	150 thru 174	$2,600
75 thru 99	$1,820	175 thru 199	$2,860

Facilities with 200 beds or more shall pay a flat rate of $2,860 + $200 for each additional 25 beds or fraction thereof (i.e., 200-224 pays $3,060; 225-249 pays $3,260)

OWNERSHIP OF BUSINESS:

1. a. Check the type of Legal Entity:

Individual _____ Partnership _____ Corporation _____ Limited Liability Company X

Church Related _____ Government/County _____ Other _____

b. Check one: For Profit X Non-profit _____

c. Legal Entity checked in 1.a:

Name Hartsville Rehab and Healthcare LLC Phone Number (615) 374-9144

Address 649 McMurry Blvd E, Hartsville, TN 37074

d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:

See Attachment A

Name Street City, State, Zip

Name Street City, State, Zip

Name Street City, State, Zip

(If additional space is needed, please use a separate sheet)

e. If a government/county owned facility, does the administrator have authority to act on behalf of the government/county as it relates to the operation of this facility? Yes _____ No _____ N/A

f. If no to e., who has said authority? N/A

2. a. In accordance with Rule 0720-14-.02, is this CHOW a lease of operations? Yes _____ No X

b. If yes, please provide the lessor's information below:

Name N/A Phone Number ( ) N/A

Address N/A

3. a. Is your facility/organization accredited by a **federally approved** accrediting body including but not limited to JCAHO, CARF, etc? **Provide proof of accreditation.**

Yes _____ No X Expiration Date _____

4. Is this facility chain affiliated? Yes _____ No X

5. If you have a parent company, please provide the following information:

Name TN 1 Holdco Opco LLC Phone Number (631) 292-1250

Address 265 E Merrick Rd, Ste 205, Valley Stream, NY 11580

6. a. If a corporation is there a holding company? Yes_____ No _____ N/A

b. If yes, list the name, address, and phone number of the holding company:

Name N/A Phone Number ( ) N/A

Street N/A

City N/A State N/A Zip N/A

7. a. Are any owners of the disclosing entity or also owners of other health care facilities in Tennessee and/or other states? Yes X No _____

b. If yes, list names and addresses of all such facilities. (*If additional space is needed, please use a separate sheet)*

See Attachment B

8. a. Do you have a contract with a management firm to operate this facility? Yes_____ No X
If yes, specify dates: From_____ To _____

b. If yes, specify name of firm: N/A

Phone number ( ) N/A

Address N/A

9. For any item in (9) a-h below, please identify, explain and provide documentation of the item(s) noted if response is "Yes". Have either the licensed entity for any of the other health care facilities in Tennessee and/or other states on the list in question (7.b.), above, OR the management firm listed in question (8.) above; been subjected to any of the following within the last (5) years:

a. <u>Licensure</u>

i) denied a license? Yes_____No X

ii) had a license suspended or revoked by any state licensure agency? Yes_____No X

iii) been subject to a final order or judgment in a state licensure action? Yes_____No X

b. Convictions

i) convicted of a criminal offense related to that person's involvement in any program under any state or Federal health care program (including Medicare, Medicaid, and Tricare)?

Yes_____No_X_

c. Exclusion

i) excluded from participation in Federal health care programs (Medicare, Medicaid, CHIP, or Tricare) in the past? Yes_____No_X_

(Note: ¡ Excluded" is defined as a provider or entity has been told by the Department of Health and Human Services, Office Of the Inspector General (HHS-OIG) that they may no longer be a provider for any federally funded healthcare program).

d. Termination/Suspension

i) suspended or terminated from participation in Medicare or Medicaid/TennCare programs?

Yes_____No_X_

(Note: This would include involuntary termination of a nursing facility or skilled nursing facility by the Centers for Medicare and Medicaid Services (CMS) or state Medicaid agency).

e. Fraud and Abuse

i) paid through settlement, or civil or criminal fines, any monies to the federal government or any state as a result of any administrative or judicial proceeding based on allegations of fraud or abuse involving claims related to the provision of health care items and services? Yes_____No_X_

f. Corporate Integrity Agreement

i) Is presently an entity covered by and subject the terms of a corporate integrity agreement?

(Note: If yes, provide a copy of CIA) Yes_____No_X_

g. Bankruptcy

i) filed bankruptcy under any provision of the United States Bankruptcy Code? Yes_____No_X_

h. Civil Monetary Penalty (CMP)

i) paid to the Centers for Medicare and Medicaid Services or any state Medicaid agency a civil money penalty equal to or greater than $250,000.00 as a result of an enforcement action during a survey?

Yes_____No_X_

Failure to provide true and correct copies of any documents related to the items list in 9(a – h) listed above may be grounds for referral of the application for special consideration, and/or may be grounds for disciplines.

If the applicant answered ¡ Yes" to any of the questions (a) – (h) above, please provide copies of any documentation associated with the event and/or sanction. The documentation should provide the Health Facilities Commission with sufficient information regarding the nature of the event and/or sanction, the current status of the issue, as well as details regarding what corrective actions have been implemented (as applicable).

VERIFICATION BY NOTARY PUBLIC:

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under T.C.A. §71-6-103 to report incidents of abuse or neglect.

Signee acknowledges that the State of Tennessee may share information regarding the activities and compliance of the licensee, if the submitted CHOW application is a lessor and/or lessee transaction a described in the above Ownership of Business section of this application.

Applicant Signature	Manager	3/30/26
	Title or Position	Date

New York
STATE OF ~~TENNESSEE~~

County of Nassau

The above-named applicant (print name) David B. Lerman, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to on this 30th day of March 2026
(Month) (Year)

Notary Public: Jonathan Leb

My commission expires: July 2, 2028

JONATHAN LEB
Notary Public, State of New York
No. 02LE0026399
Qualified in Nassau County
Commission Expires July 02, 2028

Attachment A

Name & Address	Relationship
Hartsville Rehab and Healthcare LLC 649 McMurry Blvd E Harstville, TN 37074	Licensee/Operator
TN 1 Holdco Opco LLC 265 E Merrick Rd, Ste. 205 Valley Stream, NY 11580	100% member of Hartsville Rehab and Healthcare LLC
Brass TN Trust 4700 N 36th St Hollywood, FL 33021	35% member of TN 1 Holdco Opco LLC
GEM TN Trust 620 NE 175th St North Miami Beach, FL 33162	35% member of TN 1 Holdco Opco LLC
HHP Investments LLC 265 E Merrick Rd, Ste. 205 Valley Stream, NY 11580	30% member of TN 1 Holdco Opco LLC
David Biderman 265 E Merrick Rd, Ste. 205 Valley Stream, NY 11580	Manager of Hartsville Rehab and Healthcare LLC Manager of TN 1 Holdco Opco LLC 100% member of HHP Investments LLC
David Salzman 265 E Merrick Rd, Ste. 205 Valley Stream, NY 11580	Trustee of Brass TN Trust Trustee of GEM TN Trust

State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

July 14, 2026 Sent Via Email

Brandie Lambert
New Legacy Professional Services
C/O Hartsville Rehab and Healthcare
915 Main Street, Suite C
Perry, Georgia 31069

Facility Type: Nursing Home
License Number: 273

Dear Brandie Lambert:

It is my pleasure to inform you that your application for change of ownership of Hartsville Rehab and Healthcare located at 649 McMurry Blvd, Hartsville, Tennessee 37074 has been initially approved effective June 6, 2026 . The license number shall be 273. For this initial approval to become final and permanent, your application must be ratified by the Commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for August 26, 2026 . **You are hereby authorized to commence operation pending the final decision of the Commission**. No further action is necessary on your part at this time.

If the Commission **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days; notifying you of the Commission's final decision.

If the Commission **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

Please contact me if I can be of further assistance.

Sincerely,

Niraj Soni

Niraj Soni, ASA 3
Phone: (615) 741-7539
Fax: (615) 253-8798
Email: Niraj.Soni@tn.gov

State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

May 21, 2026 Sent Via Email

Hartsville Convalescent Center
c/o Brandie Lamberth (blamberth@newlegacypro.com)
649 McMurry Bouvelard
Hartsville, Tennessee 37074

Dear Brandie Lamberth:

License number 273 has been initially approved due to the change of ownership for Hartsville Convalescent Center pending completion and submission of the Bill of Sale; effective May 8, 2026. This facility is currently owned by Nursing Centers Unlimited Inc. d/b/a Hartsville Convalescent Center. The change of ownership applicant is Hartsville Rehab and Healthcare LLC.

For certification purposes, please be advised that it is your responsibility to contact your Health Facilities Commission regional office to make changes to your Medicare/Medicaid participation including a name change of the facility. The West Tennessee Regional Office phone number is 731-984-9684.

Please contact me if I can be of further assistance.

Sincerely,

Maddison Fauth

Maddison Fauth, ASA II
Health Facilities Commission
Phone: 615-741-7300
Email: Maddison.Fauth@tn.gov

cc: West Tennessee Regional Office

State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deardrick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-7221

TennCare Change of Ownership (CHOW) Nursing Facility Assessment

DATE: April 17, 2026

TO: Samantha Rummage, Fiscal Chief of Staff; Phillip Lester; Cindy Rittenberry; Michelle Williams

FROM: Maddison Fauth

SUBJECT: Change of Ownership (CHOW)

A change of ownership is to occur on June 6, 2026, for Hartsville Convalescent Center located at 649 McMurry Boulevard in Hartsville, Tennessee (SNF License 273). This facility is currently owned by Nursing Centers Unlimited Inc. d/b/a Hartsville Convalescent Center. The change of ownership applicant is Hartsville Rehab and Healthcare LLC.

Please review your files to determine if there are any delinquent/outstanding nursing facility assessments for the current licensed facility/owner.

If a nursing facility assessment is outstanding, please indicate the amount/ quarters in which payment is outstanding and has not been made.

If a facility is currently on a payment plan, please indicate whether the facility has maintained compliance with their payment plan and the current status.

To complete the recommendation for change of ownership, please indicate below approval or denial and provide additional detail, as indicated above, along with rationale for any denial.

Approval: X

Denial: _____

TennCare Representative Signature: Michelle Williams

Date: 4.21.2026

If you have any questions, please call the Division of Licensure and Regulation, Health Facilities Commission at (615)741-7300.

State of Tennessee
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-7221

Attorney/Work Product - Privileged and Confidential

OFFICE OF LEGAL SERVICES MEMORANDUM

DATE: April 17, 2026

TO: Nathaniel Flinchbaugh

FROM: Maddison Fauth

SUBJECT: CHOW

A change of ownership is to occur on June 6, 2026, for Hartsville Convalescent Center located at 649 McMurry Boulevard in Hartsville, Tennessee (SNF License 273). This facility is currently owned by Nursing Centers Unlimited Inc. d/b/a Hartsville Convalescent Center. The change of ownership applicant is Hartsville Rehab and Healthcare LLC.

Please review your files to determine if there have been any disciplinary action(s) rendered or open cases in the Office of Legal Services for the current licensed facility/owner.

To complete the recommendation for change of ownership, please indicate below approval or denial with rationale for denial.

Approval: X

Denial: _____

Denial Rationale: _____

OLS Representative Signature: _____ Digitally signed by Nathaniel Flinchbaugh, Esq. Date: 2026.04.17 15:23:18 -05'00'

Date: April 17, 2026

If you have any questions, please email me at Maddison.Fauth@tn.gov.

HFC

CHANGE OF OWNERSHIP (CHOW) APPROVAL/DENIAL FORM

(For Health Facilities Commission USE ONLY)

Instructions: This form is to be completed upon receipt of a CHOW application for all facility types. The effective date of a change of ownership will be the date the closing documents are signed & dated by seller/buyer or lessee; or the date recommended by the Regional Office if occurring after the date of the signed closing documents.

Facility Type: LTC County: Trousdale

Facility Name (Current D/B/A): Hartsville Convalescent Center

Facility Name (New D/B/A if applicable): Hartsville Rehab and Healthcare LLC

Street Address: 649 MCMurry Blvd. E

City/State/Zip Code: Hartsville, TN 37074

Health Licensure Last Survey Date: 08/08/25 Annual or (Complaint) (circle one) Survey

****Review of three (3) year survey history including both annual and/or complaint surveys**

Outstanding Complaint(s): Y or (N) **(circle one; if yes, proceed to next question)**

Number of Outstanding Complaint(s): 0

Date(s) of Outstanding Complaint(s): 0

Life Safety Licensure Last Survey Date: 9/16/24 Annual or (Complaint) **(circle one)** Survey

****Review of three (3) year survey history including both annual and/or complaint surveys**

Outstanding Complaint(s): Y or (N) **(circle one; if yes, proceed to next question)**

Number of Outstanding Complaint(s): _____

Date(s) of Outstanding Complaint(s): _____

Approved: X Denied: _____

Reason for denial: _____

Recommended CHOW Approval Date: June 6, 2026

Kathy Zeigler/tw
Regional Administrator Signature

5/8/2026
Date

Rev 5/12/2024

State of Tennessee
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-7221

DIVISION OF LICENSURE AND REGULATION MEMORANDUM

DATE: July 14, 2026

TO: HEALTH FACILITIES COMMISSION

SUBJECT: CHOW OUT OF STATE VERIFICATION SUMMARY

To streamline the Change of Ownership Package(s) for Hartsville Rehab and Healthcare for the Commission's ratification, the following out of state verifications summary of results are listed below:

Massachusetts-In Compliance
Nebraska- In Compliance
Georgia- In Compliance
Virginia- In Compliance

Bill of Sale

This Bill of Sale, made on June 30, 2026, between **NURSING CENTERS UNLIMITED, INC., a Florida corporation,** ("Seller"), and **649 MCMURRY PROPCO LLC, a Delaware Limited Liability Company and BTEN INVESTMENTS LLC, a Delaware Limited Liability Company** ("Buyer").

Witnesseth, that Seller, in consideration of the sum of TEN DOLLARS ($10.00) and other good and valuable consideration paid to Seller by Buyer, receipt and sufficiency of which is hereby acknowledged, delivers, grants, bargains, sells and transfers forever to Buyer the following goods and chattels, to wit:

The following items which are owned by the Seller and existing on the Property as of the date of the initial offer are included in the purchase:

Legal Description

Also known as **649 McMurry Boulevard, Hartsville, TN 37074**

Seller covenants to Buyer that Seller is the lawful owner of the said goods and chattels; that they are free from all encumbrances; that Seller has good right to sell that property, and that Seller will warrant and defend the sale of said property, goods and chattels unto the Buyer against the lawful claims and demands of all persons whomsoever.

"Seller" and "Buyer" shall be used for singular or plural, natural or artificial, which terms shall include the heirs, legal representatives, successors and assigns of Seller and Buyer whenever the context so requires or admits.

NURSING CENTERS UNLIMITED, INC.,
A Florida corporation

Theresa Hanson

By: Theresa Hanson,
Executor of the Estate of Robert Matthew Beckt

State of Tennessee
County of Trousdale

The foregoing instrument was acknowledged before me by means of [X] physical presence or [ ] online notarization, this 30th day of June, 2026 by Theresa Hanson who [ ] is personally known or [X] has produced a driver's license as identification.

[Seal]

JENNIFER BARBER
STATE OF TENNESSEE NOTARY PUBLIC
TROUSDALE COUNTY

Jennifer Barber

Notary Public
Print Name: Jennifer Barber
My Commission Expires: February 5, 2030

April 6, 2026

Tennessee Health Facilities Commission
Attn: Maddison Fauth
Andrew Jackson Building
502 Deaderick St., 9th Floor
Nashville, TN 37243

Re: Nursing Home Change of Ownership Notification

Dear Ms. Fauth:

We are notifying the Tennessee Health Facilities Commission that the facility currently known as Hartsville Convalescent Center (License #273) located at 649 McMurry Blvd E, Hartsville, TN 37074 is expected to change ownership effective June 6, 2026. Information on the current and prospective operators/owners involved in this change of ownership is listed below:

Current Operator – Nursing Centers Unlimited Inc d/b/a Hartsville Convalescent Center

Proposed New Operator – Hartsville Rehab and Healthcare LLC
Proposed New Real Property Owner – 649 McMurry Propco LLC

Upon consummation of the sale of the property, 649 McMurry Propco LLC will lease the facility to the proposed new operator, Hartsville Rehab and Healthcare LLC.

If you have any questions or concerns, please contact me at (478) 396-4777 or blamberth@newlegacypro.com.

Sincerely,

Brandie P. Lamberth

Brandie P. Lamberth, CPA
President, New Legacy Professional Services