

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

In The Matter of:)
)
Signature Healthcare of Fentress County,) **BY ORDER OF THE EXECUTIVE**
) **DIRECTOR**
Nursing Home License No. 80)
)

ORDER ASSESSING CIVIL PENALTY

On April 3, 2023, the Health Facilities Commission (hereinafter “Commission”) survey team conducted a complaint survey at **Signature Healthcare of Fentress County** in Jamestown, Tennessee (hereinafter “Signature Healthcare”), pursuant to Tenn. Code Ann. (“T.C.A.”) § 68-11-210. The investigation was completed on April 19, 2023.

The survey revealed violations of licensure statutes and regulations that directly impact the care of the patients in the nursing home.

Pursuant to T.C.A. §§ 68-11-801 and 68-11-803, the Executive Director has the authority to impose Type B Civil Monetary Penalties upon deficient nursing homes.

Based upon the surveyors' findings and recommendations, the Executive Director has exercised the authority to impose Type B Civil Monetary Penalties.

The facility was orally advised of the possible imposition of Type B Civil Monetary Penalties when surveyors exited the facility on April 4, 2023, and by letter from the Executive Director dated April 26, 2023.

FACTS

A detailed statement describing the findings of the survey with particularity and citing the law with specificity, pertaining to the assessment of a Type B Civil Monetary Penalty, is appended hereto as Attachment 1 and incorporated by reference herein. Attachment 1 is the licensure "Statement of Deficiencies" compiled by the surveyors upon completion of the survey.

ASSESSMENT OF TYPE B CIVIL MONETARY PENALTY

Therefore, pursuant to T.C.A. §§ 68-11-801 and 68-11-803, and based upon the aforementioned facts as incorporated by reference herein, the Executive Director hereby assesses one (1) Type B Civil Monetary Penalty in an amount of **One thousand five hundred dollars (\$1,500)** against Signature Healthcare of Fentress County based on violations of Resident Rights.

The facility’s attention is directed to the statement of its rights in this matter, appended hereto as Attachment 2.

This assessment of one (1) Type B Civil Monetary Penalty in the amount of **one thousand five hundred dollars (\$1,500)** is effective upon receipt of this Order and the penalty is due as payable within five (5) working days thereafter.

Entered this 26th day of April, 2023.

Logan Grant

Logan Grant
Executive Director
Health Facilities Commission

xc: Secretary of State – Administrative Procedures Division
Caroline R. Tippens, Director of Licensure & Regulation
Health Facilities Commission Middle Tennessee Regional Office

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon the Respondent, Signature Healthcare of Fentress County, c/o Cathy Taylor and/or Marshal Huddleston, 208 Duncan Street North, Jamestown, Tennessee 38556, by delivering same in the United States regular mail and United States certified mail, number **7012 2210 0002 7444 3032**, return receipt requested, with sufficient postage thereon to reach its destination.

This 26th day of April, 2023.

Logan Grant

Logan Grant

Executive Director

Health Facilities Commission