STATE OF TENNESSEE
HEALTH FACILITIES COMMISSION

In The Matter of:	)	
	)	
Patriot Health and Rehabilitation Center,	)	
f/k/a AHC Paris	)	**Case No. 2025006901**
Skilled Nursing Facility	)	
Lic. No. 129,	)	
	)	
Respondent.	)	
	)	
Nashville, Tennessee	)	

CONDITIONAL CHANGE OF OWNERSHIP ORDER

This matter came to be heard before the Tennessee Health Facilities Commission ("Commission"), by and through the Office of Legal Services, and Patriot Health and Rehabilitation Center, f/k/a AHC Paris ("Respondent") that the Commission adopt this Conditional Change of Ownership Order, the terms of which have been agreed upon by the parties, as signified by their signatures below.

Respondent, by signature to this Conditional Change of Ownership Order, waives the right to a contested case hearing and any and all rights to judicial review of this matter.

Respondent agrees that presentation to and consideration of this Conditional Change of Ownership Order by the Commission for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Commission or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should the Conditional Change of Ownership Order not be ratified. Likewise, all matters, admissions, and statements disclosed or exchanged during the attempted ratification process shall not be used

against Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

I. JURISDICTION

1. The Commission has the power 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, prescribe childcare centers, renal dialysis clinics, ambulatory surgical treatment centers, outpatient diagnostic centers, adult care homes, and traumatic brain injury residential home. T.C.A. § 68-11-202.

2. A "Nursing home" means any institution, place, building or agency represented and held out to the general public for the express or implied purpose of providing care for one (1) or more nonrelated persons who are not acutely ill, but who do require skilled nursing care and related medical services; and "Nursing Home" shall be restricted to facilities providing skilled nursing care and related medical services to individuals, beyond the basic provision of food, shelter and laundry, admitted because of illness, disease or physical infirmity for a period of not less than twenty-four (24) hours per day. T.C.A. § 68-11-201(31).

3. The Commission has the authority to conduct reviews of nursing homes to determine compliance with fire and life safety code regulations promulgated by the Commission. T.C.A.§ 68-11-202(b)(1)(A).

4. Any person, partnership, association, corporation, any state, county or local governmental unit, or any division, department, board or agency of the governmental unit, in order to lawfully establish, conduct, operate or maintain a hospital, recuperation center, nursing home, home for the aged, residential HIV supportive living facility, assisted-care living

facility, home care organization, residential hospice, birthing center, prescribed child care center, renal dialysis clinic, outpatient diagnostic center, ambulatory surgical treatment center, adult care home or traumatic brain injury residential homes in this state, shall obtain a license from the commission, upon the approval and recommendation of the Commission in the following manner:

> (1) The applicant shall submit an application on a form to be prepared by the commission with the approval of the Commission, showing that the applicant is of **reputable and responsible character and able to comply with the minimum standards** for a facility and with rules and regulations lawfully promulgated under this part. The application shall contain the following additional information:
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> > (A) The name or names of the applicant or applicants;
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> > (B) The type of institution to be operated;
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> > (C) The location of the institution;
> >
> > (D) The name of the person or persons to be in charge of the institution or, for adult care home applicants, the name of the resident manager, if applicable;
> >
> > (E) A certification that the applicant has implemented a policy of informing its employees of their obligations under § 71-6-103 to report incidents of abuse or neglect;
> >
> > (F) If an application for a nursing home license, a list of all nursing homes that the applicant, or any person or entity holding a majority legal or equitable interest in the applicant, owns or operates and, if the applicant has not operated a nursing home in this state for a continuous period of twenty-four (24) months preceding the application, the information specified in § 68-11-804(c)(1) for each such nursing home located outside this state; and
> >
> > (G) Such other information as the commission, with the approval of the Commission, may require.

T.C.A. § 68-11-206(a)(1).

5. Upon a finding by the Commission that a nursing home 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.

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. The Commission has the authority to suspend or revoke the license of any facility licensed under T.C.A. § 68-11-201(18).

II. STIPULATIONS OF FACT

8. Respondent was initially licensed by the Commission as a Skilled Nursing Facility ("SNF"), on July 1, 1992. The license has a current expiration date of October 22, 2025.

9. On or about January 27, 2025, a survey of the facility was completed resulting in deficiencies being cited for failure to provide a safe and sanitary environment to prevent the transmission of infections, failure to provide appropriate nursing care, and failure to protect the dignity of one (1) resident.

10. On or around January 16, 2025, Respondent failed to provide a safe and sanitary environment to help prevent the transmission of infections when Licensed Practical Nurse (LPN C) failed to perform hand hygiene during wound care and LPN C, LPN D, Certified Nursing Aide (CNA) E, CNA F, and CNA G all failed to wear appropriate Personal Protective Equipment (PPE) for Enhanced Barrier Precautions (EBP) during wound care.

11. Failure to provide a safe and sanitary environment was observed to have affected Resident #2, #11, #14, and #18, on or around January 16, 2025.

12. Respondent failed to ensure residents received treatment and services in accordance with facility policy (dated February 14, 2023) and physicians' orders related to pressure

ulcer/injuries for Residents #1 #2, #5, #11, #14, #15, #16, #18, and #19 which were reviewed for pressure ulcers.

13. Respondent's failed to perform wound care treatments and weekly wound assessments for the months of December 2024, and January 2025, which violated facility policy and contributed to the deterioration of pressure ulcers/injury for Resident #14 and #18.

14. Respondent failed to follow its Resident Rights policy dated March 7, 2023, and ensure the resident's right to be treated with dignity was maintained for Resident #7.

15. On or around January 16, 2025, three staff members laughed when one of them slipped while giving a shower to Resident #7, who was stuck in a small shower chair. The resident did not understand that staff was not laughing at them and began to feel sad when asked about the situation by a Commission surveyor.

16. On or around January 21, 2025, the Administrator admitted staff should have waited for a larger chair.

III. GROUNDS FOR CONDITIONS

The facts in the Stipulations of Fact section are sufficient to establish that Respondent has violated the following statutes and/or rules, for which disciplinary action by the Commission is authorized.

17. The facts in paragraphs ten (10) and eleven (11) are sufficient to constitute a violation of Tenn. Comp. R. and Regs. 0720-18-.06(3)(f), the relevant portion of which reads as follows:

> (f) The facility and its employees shall adopt and utilize standard precautions (per CDC) for preventing transmission of infections, HIV, and communicable diseases, including adherence to a hand hygiene program which shall include:
>
> 1. Use of alcohol-based hand rubs or use of non-antimicrobial or antimicrobial soap and water before and after each patient contact if hands are not visibly soiled;

2. Use of gloves during each patient contact with blood or where other potentially infectious materials, mucous membranes, and non-intact skin could occur and gloves changed before and after each patient contact;

3. Use of either non-antimicrobial soap and water or an antimicrobial soap and water for visibly soiled hands; and

4. Health care worker education programs which may include:

   (i) Types of patient care activities that can result in hand contamination;

   (ii) Advantages and disadvantages of various methods used to clean hands;

   (iii) Potential risks of health care workers' colonization or infection caused by organisms acquired from patients; and

   (iv) Morbidity, mortality, and costs associated with health care associated infections.

18. The facts in paragraphs twelve (12) and thirteen (13) are sufficient to constitute a violation of Tenn. Comp. R. and Regs. 0720-18-.06(4)(m), the relevant portion of which reads as follows:

> (m) Medications, treatments, and diet shall be carried out as prescribed to safeguard the resident, to minimize discomfort and to attain the physician's objective.

19. The facts in paragraphs fourteen (14) through (16) are sufficient to constitute a violation of Tenn. Comp. R. and Regs. 0720-18-.12(1)(a), the relevant portion of which reads as follows:

> (1) The nursing home shall establish and implement written policies and procedures setting forth the rights of residents for the protection and preservation of dignity, individuality and, to the extent medically feasible, independence. Residents and their families or other representatives shall be fully informed and documentation shall be maintained in the resident's file of the following rights:
>
> (a) To privacy in treatment and personal care[.]

IV. REPRESENTATIONS OF RESPONDENT

20. Respondent understands and admits the allegations, charges, and stipulations in this Order.

21. 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.

22. 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.

23. Respondent agrees that facsimile/PDF copies of this Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.

24. 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.

25. 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.

26. Respondent, by signature to this Contingent Change of Ownership Order, waives the right to a contested case hearing and any and all rights to judicial review of this matter.

V. ORDER

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

27. The Change of Ownership Application for license number 129 to operate as a Skilled Nursing Facility in the State of Tennessee is hereby **GRANTED** subject to the following conditions.

28. Failure to comply with each condition listed in Section V within **ten (10) business days** of ratification of this Order will result in DENIAL of the facility's Change of Ownership (CHOW) application.

29. The effective date of the CHOW shall be December 1, 2024.

30. Respondent is hereby assessed and shall pay a Civil Monetary Penalty (CMP) in the amount of **one-thousand dollars ($1,000.00)** for the violation(s) referenced in paragraph seventeen (17) above.

31. Respondent is hereby assessed and shall pay a Civil Monetary Penalty (CMP) in the amount of **one-thousand dollars ($1,000.00)** for the violation(s) referenced in paragraph eighteen (18) above.

32. Respondent is hereby assessed and shall pay a Civil Monetary Penalty (CMP) in the amount of **one-thousand dollars ($1,000.00)** for the violation(s) referenced in paragraph nineteen (19) above.

33. **The total amount of all Civil Monetary Penalties imposed is three-thousand dollars ($3,000.00).**

34. If not paid prior to ratification of this Order, Respondent must pay any outstanding Civil Monetary Penalties and State Monitoring Fees within **ten (10) business days** of ratification of this Order. Payment shall be submitted to the following address:

Tennessee Health Facilities Commission, 9th Floor
Attention: Disciplinary Coordinator
502 Deaderick Street
Nashville, Tennessee 37243

35. During the six (6) months following ratification of this Order, Respondent **shall:**

a. **Submit monthly reports to the Commission's West Tennessee Regional Office, on or before the 15th of each month.** Each report shall include proof of all supply orders (to include specifics on briefs and food, census of residents that wear briefs, and menus of food served to residents.

b. Provide training for all appropriate employees on proper wound care. Proof of training must be provided to the **Commission's West Tennessee Regional Office.**

36. Each condition of this Order 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.

[THIS SECTION INTENTIONALLY LEFT BLANK]

APPROVED FOR ENTRY:

Patriot Health and Rehabilitation Center
f/k/a AHC Paris
S.N.F. Lic. No. 129
Authorized Representative
Respondent

Menachem Ruvel
Printed Name of Authorized Representative

Authorized Signatory
Title of Authorized Representative

Vishan J. Ramcharan(BPR # 034403)
Associate General Counsel
Health Facilities Commission
502 Deaderick Street, 9th Floor
Nashville, Tennessee 37243
Office: (615) 741-2364
Fax: (615) 741-9884
vishan.j.ramcharan@tn.gov

Approval by the Commission

Upon the agreement of the parties, this **CONDITIONAL CHANGE OF OWNERSHIP ORDER** is approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Health Facilities Commission at a public meeting of the Commission and signed this 22nd day of October, 2025.

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

Chairperson
Health Facilities Commission

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon the Respondent, Patriot Health and Rehabilitation Center, f/k/a AHC Paris, 1600 West End Avenue, Suite 2000 Nashville, Tennessee 37203, by delivering same in the United States regular mail and United States certified mail, number **7020 0640 0001 4807 6009,** return receipt requested, with sufficient postage thereon to reach its destination. A copy was sent via electronic mail to ccrider@bakerdonelson.com and blamberth@newlegacypro.com.

This 22 day of October, 2025.

Vishan J. Ramcharan
Associate General Counsel