

**STATE OF TENNESSEE
HEALTH FACILITIES COMMISSION**

In The Matter of:)	
)	
StoryPoint Knoxville,)	
Assisted Care Living Facility,)	
License No. 163,)	Case No. 2025023921
)	
Respondent.)	
)	
Knoxville, 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 StoryPoint Knoxville (“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 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. 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:

(A) The name or names of the applicant or applicants;

(B) The type of institution to be operated;

(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).

7. 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).
8. 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

9. At all times pertinent hereto, Respondent, StoryPoint Knoxville, 8501 South Northshore Drive, Knoxville, Tennessee 37922, was licensed by the Commission as an Assisted Care Living Facility, having been granted license number 163 on May 4, 2000, which currently has an expiration date of November 3, 2025.
10. On or about June 2, 2025, a Life Safety Survey was conducted resulting in deficiencies being cited for failure to evacuate residents within the required timeframe, and failure to prohibit the use of portable space heaters.
11. On or about June 2, 2025, Respondent revealed that the facility failed to evacuate a resident within 13 minutes or less to a designated holding area.
12. On or about June 2, 2025, a portable space heater was being used in a resident room.

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.

13. The facts stated in paragraphs ten (10) and eleven (11) are sufficient to establish that Respondent has violated the provisions of Tenn. Comp. R. and Reg. 0720-26-.08 (8), the relevant portion of which provides:

(8) An ACLF may not retain a resident who cannot evacuate within thirteen (13) minutes unless the ACLF complies with Chapter 19 of the 2006 edition of the NFPA Life Safety Code, and the Institutional Unrestrained Occupancy of the 2006 edition of the International Building Code.

14. The facts stated in paragraphs ten (10) and twelve (12) are sufficient to establish that Respondent has violated the provisions of Tenn. Comp. R. and Reg. 0720-26-.10 (2)(h), the relevant portion of which provides:

(4) An ACLF shall ensure fire protection for residents by doing at least the following:

...
(h) Prohibit open flame and portable space heaters

IV. REPRESENTATIONS OF RESPONDENT

15. Respondent understands and admits the allegations, charges, and stipulations in this Order.
16. 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.
17. 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.

18. Respondent agrees that facsimile/PDF copies of this Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.
19. 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.
20. 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.
21. 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.

V. ORDER

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

22. The Change of Ownership Application for License No. 163 to operate as an Assisted Care Living Facility in the State of Tennessee is hereby **GRANTED subject to the conditions outlined in this section.**
23. Failure to comply with each condition listed in Section V, **within thirty (30) days of the effective date of this order, will result in DENIAL** of the facility's Change of Ownership (CHOW) application.

CIVIL MONETARY PENALTIES FOR LIFE SAFETY SURVEY

24. Respondent is hereby assessed and shall pay a Civil Monetary Penalty (“CMP”) in the amount of **one thousand dollars (\$1,000.00)** for the violations identified in paragraph thirteen (13), above.
25. Respondent is hereby assessed and shall pay a Civil Monetary Penalty (“CMP”) in the amount of **one thousand dollars (\$1,000.00)** for the violations identified in paragraph fourteen (14), above.
26. Respondent must pay any outstanding Civil Monetary Penalties within **thirty (30) days of ratification of this Order**. Payment shall be submitted to the following address:
- Tennessee Health Facilities Commission
Attention: Disciplinary Coordinator
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243**
27. 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.
28. The effective date of the CHOW shall be the date that all outstanding monies are paid, **but no later than thirty (30) days after the effective date of this order**.

[THIS SECTION LEFT INTENTIONALLY BLANK]

APPROVED FOR ENTRY:

Linda Womack
Signature of Authorized Representative
StoryPoint Knoxville
License No. 163
Respondent

Linda Womack
Printed Name of Authorized Representative

Executive Director
Title of Authorized Representative

Seth J. Colón

Seth Colón (BPR # 037137)
Associate General Counsel
Health Facilities Commission
Office of Legal Services
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243
Office: (615) 741-2364
Fax: (615) 741-9884
Email: seth.colon@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 10th day of December, 2025.

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

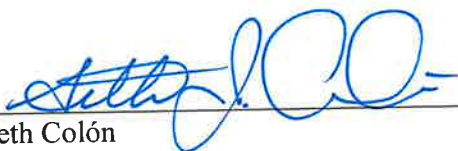
[Signature]
Chairperson
Health Facilities Commission

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon the Respondent, StoryPoint Knoxville, c/o Administrator, Linda Womack, 8501 South Northshore Drive, Knoxville, Tennessee 37922, and StoryPoint Knoxville, c/o Senior Living Manor Group, LLC, Owner, 7927 Nemco Way, Suite 200, Brighton, MI 48116 by delivering same in the United States regular mail and United States certified mail, numbers **7020 0640 0001 4807 6030** and **7020 0640 0001 4807 6047**, return receipts requested, with sufficient postage thereon to reach its destination. A copy was sent via electronic mail to:

linda.womack@storypoint.com.

This 10th day of December, 2025.



Seth Colón
Associate General Counsel