

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

In The Matter of:)	
)	
AHC McNairy County)	
Nursing Home)	Docket No. 35.00-230084J
License No. 166,)	Case No. 2023000771
)	
Respondent.)	
)	
Selmer, Tennessee)	

NOTICE OF AGREED VOLUNTARY DISMISSAL

Comes now the Tennessee Health Facilities Commission ("Commission"), Office of Legal Services, pursuant to Rule 41.01 of the Tennessee Rules of Civil Procedure and T.C.A. 68-11-815, and hereby gives notice of the voluntary dismissal of the suspension of admissions filed in the above-styled matter, without prejudice.

The parties have agreed that Respondent has successfully remedied the underlying conditions that led to a suspension of admissions and is entitled by law pursuant to T.C.A. 68-11-252 to have the suspension lifted promptly. A copy of the re-survey by the Commission dated January 6th, 2023 is attached hereto as Exhibit "A" and incorporated by reference.

This Notice of Voluntary Dismissal does not address or modify the Civil Monetary Penalties assessed in this matter, and as such, they will remain due and in place. The Commission is authorized to prosecute this matter pursuant to 2022 Public Chapter 1119, which amends Tennessee Code Annotated § 68-11-1001 *et. seq.*, thereby transferring authority over the prosecution of this matter from the Tennessee Department of Health to the Health Facilities Commission.

Respectfully submitted this 11th day of January, 2023.

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Prepared for Entry By:



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Agreed to By:



Philip S. Clark (BPR# 017723)
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CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon Counsel for AHC McNairy County, at 201 Jordan Road, Suite 200, Franklin, Tennessee 37067-4495 by delivering same in the United States regular mail and United States certified mail, number **7021 2720 0000 2319 0699**, return receipt requested, with sufficient postage thereon to reach its destination. A copy was sent via electronic mail to: PClark@AMHealthPartners.com.

This 11 day of Jan., 2023.



Jeremy Gourley
Senior Associate General Counsel

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Health Facilities Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/06/2023
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NAME OF PROVIDER OR SUPPLIER AHC MCNAIRY COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 835 EAST POPLAR AVENUE SELMER, TN 38375
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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N 000	<p>Initial Comments</p> <p>A revisit survey was conducted on 1/6/2023 for the deficiency cited on [REDACTED] at [REDACTED]. The deficiency has been corrected and no new noncompliance was found. The facility is in compliance with the regulation surveyed.</p>	N 000		
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Health Facilities Commission LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 12/06/23
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