

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

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| In The Matter of: |) | |
| |) | |
| NHC Healthcare, Springfield |) | BY ORDER OF THE EXECUTIVE |
| |) | DIRECTOR |
| |) | |
| N.H. License No. 227 |) | |

ORDER ASSESSING CIVIL PENALTY

On September 3, 2025, the Health Facilities Commission (hereinafter “Commission”) survey team conducted an annual survey at NHC Healthcare, Springfield in Springfield (hereinafter “NHC Springfield”), pursuant to Tenn. Code Ann. (“T.C.A.”) § 68-11-210. The investigation was completed on September 29, 2025.

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 September 15, 2025, and by letter from the Executive Director dated October 9, 2025.

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 Penalties, 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 **five hundred dollars (\$500.00)** against NHC Healthcare, Springfield based on violations of records and reports standards.

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 five hundred dollars (\$500.00) is effective upon receipt of this Order and the penalty is due as payable within ten (10) working days thereafter.

Entered this 9th day of October, 2025.



Logan Grant
Executive Director
Health Facilities Commission

xc: Caroline R. Tippens, Director of Licensure & Regulation
Health Facilities Commission West 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, NHC Healthcare, Springfield, c/o Kaitlyn Bailey, 608 8th Avenue East, Springfield, Tennessee 37172, by delivering same in the United States regular mail and United States certified mail, number **9589 0710 5270 0005 1081 35**, return receipt requested, with sufficient postage thereon to reach its destination.

This 9th day of October, 2025.

Logan Grant/JC

Logan Grant
Executive Director
Health Facilities Commission