

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

**In The Matter of:** )  
 )  
**Life Care Center of Gray, Gray** ) **BY ORDER OF THE EXECUTIVE**  
 ) **DIRECTOR**  
 )  
**N.H. License No. 288** )

**ORDER ASSESSING CIVIL PENALTY**

On April 1, 2024, the Health Facilities Commission (hereinafter “Commission”) survey team conducted an annual survey at Life Care Center of Gray in Gray (hereinafter “Life Care Center of Gray”), pursuant to Tenn. Code Ann. (“T.C.A.”) § 68-11-210. The investigation was completed on April 25, 2024.

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 and Type C Civil Monetary Penalties.

The facility was orally advised of the possible imposition of Type B and Type C Civil Monetary Penalties when surveyors exited the facility on April 12, 2024, and by letter from the Executive Director dated May 3, 2024.

**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 and Type C 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 of one thousand five hundred dollars (\$1,500.00) against Life Care Center of Gray based on violations of basic services.

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 of one thousand five hundred dollars (\$1,500.00) is effective upon receipt of this Order and the penalty is due as payable within five (5) working days thereafter.

Entered this 3rd day of May, 2024.



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Logan Grant  
Executive Director  
Health Facilities Commission

xc: Secretary of State – Administrative Procedures Division  
Caroline R. Tippens, Director of Licensure & Regulation  
Health Facilities Commission East 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, Millington Healthcare Center, c/o Felicia Speaks, 5081 Easley Avenue, Millington, Tennessee 38053, by delivering same in the United States regular mail and United States certified mail, number **7022 3330 0001 2193 8473**, return receipt requested, with sufficient postage thereon to reach its destination.

This   3rd   day of   May  , 2024.

*Logan Grant/JC*

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Logan Grant  
Executive Director  
Health Facilities Commission