File # 1156
APP # 8985
ETRO/ETSD/PR

RECEIVED APR - 5 2023

HOME FOR THE AGED
APPLICATION FOR INITIAL LICENSURE

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at https://www.tn.gov/hsda/health-care-facilities/hcf-main/licensure.html. Please check this website periodically for updates.

Name of the Facility/Agency Compassionate Community Services DBA Serenity on The Farm

Location of the Facility:

Street 544 Gilliams Cove Rd City South Pittsburg

County Marion State TN Zip 37380

Phone Number (423) 488-1847 Fax Number (931) 463-9008

Twenty-four (24) Hour Emergency Phone Number (423) 488-1847

E-Mail Address michelle@serenityonthefarm.com

Total Bed Capacity 6

Does your facility have Adult Day Care services? Yes_____ No X If yes, how many beds_____

Does your facility provide Pet Therapy? Yes____ No X

Administrator Information:

Administrator Kristie Michelle Morrison

Certificate number or license number if Licensed as a Nursing Home Administrator in Tennessee 4016

Have you (Administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement or fraud)? Yes_____ No X

If yes, what charge(s)? _____

Location of Conviction _____ Date _____
(City) (County) (State)

Mailing address if different from the Facility location address:

Name Same as facility

Street _____

City _____ State _____ Zip _____

Ownership of Building:

Name James Chalupsky Phone Number (703) 400-7331

Street 12226 Wye Oak Commons Circle

City Burke State VA Zip 22015

FEE SCHEDULE: (FEES ARE NON-REFUNDABLE)

Bed Capacity	Fee	Bed Capacity	Fee
1 thru 3	Not Licensed	75 thru 99	$1,820
4 thru 5	$ 390	100 thru 124	$2,080
6 thru 24	$1,040	125 thru 149	$2,340
25 thru 49	$1,300	150 thru 174	$2,600
50 thru 74	$1,560	175 thru 199	$2,860

Facilities with 200 beds or more shall pay a flat rate of $2860 + $200 for each additional 25 beds or fraction thereof (i.e., 200-224 pays $3,060; 225-249 pays $3,260, etc.)

1. **Provide proof of the ability to meet the financial needs of the facility.**

OWNERSHIP OF BUSINESS:

1. a. Check the type of Legal Entity:

_____Individual_____Partnership_____Corporation__X__Limited Liability Company

_____Church Related_____Government/County_____Other

b. Check One:_____For Profit_____Non-profit

c. Legal Entity checked in 1.a:

Name Compassionate Community Services Phone Number (423) 488-1847

Address 4735 Sequatchie Mtn Rd, Sequatchie TN 37374

d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:

100% Kristen Michelle Morrison 4735 Sequatchie Mtn Rd Sequatchie TN 37374

Name Address City, State, Zip

Name Address City, State, Zip

Name Address City, State, Zip

(If additional space is needed, please use a separate sheet)

2. a. Is your facility/organization accredited by a **federally approved** accrediting body including but not limited to JCAHO, CARF, etc.?

Yes _____ No __X__ Expiration Date _____

b. Is your facility/organization deemed by a **federally approved** accrediting body including but not limited to JCAHO, CARF, etc.?

Yes _____ No __X__ Expiration Date _____

3. If you have a parent company please provide the following information:

Name Compassionate Community Services LLC Phone Number 423 488-1847

Address 4735 Sequatchie Mtn Rd, Sequatchie TN 37374

4. a. Are any owners of the disclosing entity or also owners of other health care facilities in Tennessee and/or other states? Yes_____ No X

b. If yes, list names and addresses of all such facilities:

_____

_____

_____

5. a. Do you have a contract with a management firm to operate this facility? Yes_____ No X

If yes, specify dates: From_____ To _____

b. If yes, specify name of firm: _____

Phone Number (_____) _____

Address: _____

6. a. Have any owners of the disclosing entity ever been denied a license, had a license suspended or revoke, had a suspension of admissions or paid any civil monitory penalties for a health care facility in Tennessee or in any other state? Yes_____ No X

b. If yes, where?_____ When? _____

c. For what reason? _____

VERIFICATION BY NOTARY PUBLIC:

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA § 71-6-103 to report incidents of abuse or neglect.

Kristie Michelle Morrison — Applicant Signature

Owner/President — Title or Position

3/24/2023 — Date

STATE OF TENNESSEE

County of Marion

The above named applicant (print name) Kristie Michelle Morrison, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to on this 24th day of March (Month), 2023 (Year)

SUMMER A. ROLLINS
STATE OF TENNESSEE NOTARY PUBLIC
MARION COUNTY
My Commission Expires 7-8-24

Notary Public: Summer A. Rollins

My commission expires: July 8, 2024

HFC

HEALTH FACILITIES COMMISSION
LICENSURE AND REGULATION
665 MAINTSTREAM DRIVE, SECOND FLOOR
NASHVILLE, TENNESSEE 37243

APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: RHA License # (if applicable): _____ County: Marion

Initial X Renovation ___ Physical Plant/Services/New Addition ___ Relocation/Replacement Facility_____
(Circle One) (Circle One)

Facility Name: Serenity On The Farm

Address: 544 Gilliams Cove Road City: South Pittsburg Zip Code: 37380

Application and fee on file in Central Office (CO)?: Yes X No ____ CON #: _____

Project #: 2023-06-07-02 Phase: 1 of 1

Facility approved for (if off campus site include address): Approval for new 6 bed RHA. 4 bedrooms, 1 kitchen, 3 bathrooms. 2 shower rooms. library, great room, dining room.

Sprinklered: 0 (Full 100%) Partial: _____%)

Licensed bed count from: _____ to _____ Number of beds increased/decreased: _____

If secured unit, number of beds in unit: _____ If Alzheimer's unit, number of beds in unit: _____
(NOTE: If this is an increase in the number of beds in a secured Alzheimer's unit, indicate number of beds approved for the increase number only)

Surveyor: _____ Date: 4/25/2024

Fire Safety: Britni Spears CH Date: 05/01/2024

CD Approved: Yes____ No____ N/A__X__

Facility's Letter of Notification received in Licensure: Yes ____ No ____
(Renovations, Physical Plant/Services/New Addition, Relocation/Replacement Facility ONLY)

CMS Paperwork (855, etc) approved and received in regional office: Yes ____ No ____
(NOTE: With exception of Initial Licensure Approvals)

Effective date: May 2, 2024
(Completed by Central Office Licensure Staff)

Regional Administrator 5/2/24 Date

Licensure is recommended: Yes ___ No ____

Licensure Program Unit Staff 5/2/24 Date

State of Tennessee
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

June 11, 2024 Sent Via Email

Kristie Michelle Morrison
Serenity on the Farm
544 Gilliams Cove Rd
South Pittsburg, Tennessee 37380

Facility Type: Home for the Aged

Dear Administrator:

It is my pleasure to inform you that your application for licensure of Serenity on the Farm located at 544 Gilliams Cove Road, South Pittsburg, Tennessee 37380 has been initially approved; effective May 2, 2024. The license number shall be 656. For this initial approval to become final and permanent, your application must be ratified by the Board pursuant to T.C.A. §68-11-206. The Board will consider your application at its next meeting, scheduled for July 31, 2024. **You are hereby authorized to commence operation pending the final decision of the Board**. No further action is necessary on your part currently.

For certification purposes, please be advised it is your responsibility to contact your Health Care Facility's regional office for participation in Medicare/Medicaid. The East Tennessee Regional Office phone number is 615-741-7221.

If the Board **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days; notifying you of the Board's final decision.

If the Board **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

Please contact me if I can be of further assistance.

Sincerely,
Victoria Salmeri
Victoria Salmeri, A.S.A II
Health Facilities Commission
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
p. 615-741-7300
Victoria.salmeri@tn.gov

cc: East TN Regional Administrator

State of Tennessee
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-7221
HFC

April 19, 2023 **Sent Via Email**

Kristie Michelle Morrison
Serenity on the Farm
544 Gilliams Cove Road
S Pittsburg, Tennessee 37380

Dear Kristie Michelle Morrison:

This is to acknowledge receipt of your application and fee to apply for licensure of Serenity on the Farm. Please review the instruction sheet that you received with the application to apply for licensure so that you are aware of the process for obtaining licensure of your facility. If a certificate of need is required to provide services, you will need to contact *Health Services and Developmental Agency* at (615) 741-2364.

Please remember that if you are applying for licensure of a facility that requires an architectural plans review contact Plans Review for complete and details and procedures at (615) 741-6998. You must submit those plans along with the plans review fee prior to scheduling a survey. **For Homes for the Aged facilities specifically; TCA-368-11-202 allows "schematics shall be submitted to the department for approval of plans and specifications, converting and existing single family dwelling" with six (6) or less beds.**

It is your responsibility to contact the East Tennessee Regional Office to request a survey of your facility. Please submit the request in writing to , Regional Administrator, . If you would like to fax the request to The East Tennessee Regional Office the fax number is 865-594-5739.

Your application and fee will be held in a pending status until you are recommended by the Regional Office for licensure. Once the recommendation for licensure is received from the regional office, your facility will receive a letter for "Initial Approval." Admission of patients MAY NOT occur until the facility's receipt of the "Initial Approval" letter. Your application will be presented before the Board for Licensing Health Care Facilities for ratification and final approval at the next regularly scheduled board meeting. Your facility CAN operate once you receive the "Initial Approval."

This application will only be good for one (1) years from the date of receipt. If the initial licensure has not occurred within that one (1) year period you will be required to submit a new application and fee unless you have contacted our office in writing extending your application.

In the event that a certificate of need is required prior to obtaining a license for this facility the application file will be closed the day following the expiration date of the certificate of need.

Should you have any questions or if I can be of assistance to you please call me at (615) 741-7221 or you may email me at .

Sincerely,

Victoria Weir

Victoria Weir, A.S.A II
Health Facilities Commission
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
p. 615-741-7300
Victoria.weir@tn.gov