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

July 23, 2024 Sent Via Email

Danny Phillips
Charter Senior Living of White House
464 Sage Road
White House, Tennessee 37188

Facility Type: Assisted Care Living Facility

Dear Administrator:

It is my pleasure to inform you that your application for licensure of Charter Senior Living of White House located at 464 Sage Road, White House, Tennessee 37188 has been initially approved; effective July 5, 2024. The license number shall be 549. For this initial approval to become final and permanent, your application must be ratified by the Commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for August 28, 2024. **You are hereby authorized to commence operation pending the final decision of the Commission**. 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 West Regional Office phone number is 731-984-9711 .

If the Commission **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 Commission **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: West Tennessee Regional Administrator
Office for Information Technology Services-
Office of Health Statistics
TN Care
Nerissa Harvey, Policy Planning and assessment
Amanda Shaefer, Medicaid Provider Enrollment

HFC

APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: ACLF License # (if applicable): 549 County: Robertson

Initial X Renovation _____ Satellite/Off Campus Location _____

Physical Plant/Services/New Addition _____ (Circle One) Relocation/Replacement Facility _____ (Circle One)

Facility Name: Charter Senior Living of White House

Address: 464 Sage Rd. City: White House Zip Code: 37188

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

Project #: 2022-06-27-01 Phase: 1 of 1

Facility approved for (if satellite/off campus site include address): 104 bed assisted living facility including 25 memory care beds

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

Licensed bed count from: 0 to 104 Number of beds increased/decreased: 104

If secured unit, number of beds in unit: 25 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)

Health Surveyor: Donald Milam Date: 07/05/2024

Fire Safety: Brandon Owen Date: 07/01/2024

CD Approved: Yes X No____ N/A____ Health Survey Required: Yes X No____

Facility's Letter of Notification received in Licensure: Yes ____ No ____
(Completed by Central Office Licensure Staff)

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

Effective date: 7/5/24 Licensure is recommended: Yes X No ____
(Completed by Central Office Licensure Staff)

Kathy Zeigler, RA/DPM 07/05/2024
Regional Administrator/Facilities Construction Director or Designee Date

Victoria Salmi 7/23/24
Licensure Program Unit Staff Date

acf #549
WTRO

HFC

ASSISTED CARE LIVING FACILITIES
APPLICATION FOR INITIAL LICENSURE

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html. Please check this website periodically for updates.

Name of the Facility/Agency **Charter Senior Living of White House**

Location of the Facility

Street **464 Sage Rd.** City **White House**

County **Robertson County** State **TN** Zip **37188**

Phone Number **(615) 200-1753** Fax Number **(615) 800-8527**

Twenty-four (24) Hour Emergency Phone Number **(615) 561-1600**

E-Mail Address **ed@charterofwhitehouse.com**

Total Bed Capacity **104**

Does the facility have a secured unit? Yes **X** No_____ Number of Secured Beds **25**

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

Does the facility provide Pet Therapy? Yes_____ No **X**

Administrator Information

Administrator **Danny Phillips**

Certificate number or Nursing Home Administrator Number **3682**

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 _____

Street _____

City _____ State _____ Zip _____

Ownership of Building

Name **White House Senior Partners, LLC** Telephone Number **(502) 423-0662**

Street **9300 Shelbyville Rd., Suite 800**

City **Louisville** State **KY** Zip **40222**

FEE SCHEDULE (FEES ARE NON-REFUNDABLE)

Bed Capacity	Fee	Bed Capacity	Fee
Less than 25	$1,040	100 thru 124	$2,080
25 thru 49	$1,300	125 thru 149	$2,340
50 thru 74	$1,560	150 thru 174	$2,600
75 thru 99	$1,820	175 thru 199	$2,860

Facilities with 200 beds or more shall pay a flat rate of $2,860 + $200 for each additional 25 beds or fraction thereof (i.e., 200-224 pays $3,060; 225-249 pays $3,260).

OWNERSHIP OF BUSINESS

1. a. Check the type of Legal Entity:
Individual_____Partnership_____Corporation_____Limited Liability Company X____

Church Related_____Government/County_____Other _____

b. Check One: X___For Profit _____Non-profit

c. Legal Entity checked in 1.a:

Name **White House Senior Partners, LLC**_____Phone Number **(502) 423-0662**

Address **9300 Shelbyville Rd., Suite 800, Louisville, KY 40222**_____

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

Name	Street	City, State, Zip
DMK Charter 1, LLC	**9300 Shelbyville Rd., Ste. 800,**	**Louisville, KY 40222**
Michael Kitchen	9300 Shelbyvill Rd Ste. 800	Louisville, Ky 40222

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

e. If a government/county owned facility, does the administrator have authority to act on behalf of the government/county as it relates to the operation of this facility? Yes _____ No _____

f. If no to e., who has said authority? _____

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

Yes_____ No **X**___ Expiration Date_____

3. Is this facility chain affiliated? Yes _____ No **X**___

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

Name **DMK Charter 1, LLC**_____Telephone Number **(502) 423-0662**

Address **9300 Shelbyville Rd., Ste. 800, Louisville, KY 40222**_____

5. a. If a corporation, is there a holding company? Yes_____ No_____

b. If yes, list the name, address and phone number of the holding company:

Name_____ Phone Number (_____)_____

Street_____

City_____ State_____ Zip_____

6. a. Are any owners of the disclosing entity 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:

_____

_____

7. a. Do you have a contract with a management firm to operate this facility? Yes **X**____ No _____

   If yes, specify dates: From **July 27, 2022**_____ To **July 27, 2027**_____

   b. If yes, please specify name of firm: **Charter Senior Living White House, LLC**_____

   Phone Number **(573) 205-4220**_____

2863 W 95th St., Suite 143-365, **Naperville, IL 60564**
Street City, State, Zip

_____

8. 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? _____

9. Demonstrate the ability to meet the financial obligations of the ACLF with a financial statement prepared by a certified public accountant.

VERIFICATION BY NOTARY PUBLIC

Signee for application certifies that he/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.

Applicant Signature — Title: Manager Senior Healthcare Properties LLC / Jr Manager of White House Senior Partners, LLC — Date: 6/3/24

STATE OF ~~TENNESSEE~~ KENTUCKY

County of Jefferson

The above named applicant (print name) Michael Kitchen, Mgr of Senior Healthcare Properties, LLC, Manager 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 3rd day of June 2024
Month Year

Notary Public: _____

My commission expires: 09-18-2024

Notary ID: KYNP15331

HF-3501 (REV 1/2024) RDA 1165

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

June 2, 2022

PAUL W CROCE ATTORNEY
SUITE 100
600 WEST MAIN STREET
LOUISVILLE, KY 40202

Request Type: Certificate of Existence/Authorization
Request #: 0478612

Issuance Date: 06/02/2022
Copies Requested: 1

Document Receipt

Receipt # : 007275877
Filing Fee: $20.00
Payment-Credit Card - State Payment Center - CC #: 3830309456 $20.00

Regarding: **White House Senior Partners, LLC**
Filing Type: Limited Liability Company - Foreign
Formation/Qualification Date: 06/01/2022
Status: Active
Duration Term: Perpetual

Control # : 1319996
Date Formed: 05/26/2022
Formation Locale: KENTUCKY
Inactive Date:

CERTIFICATE OF AUTHORIZATION

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

White House Senior Partners, LLC

* is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed an Application for Certificate of Withdrawal.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 054064726

12/15/2022

Jonathan Pund
Universal Design Associates, Inc.
910 Main Street - P.O. Box 99
Ferdinand , IN 47532

RE: Project Name: Charter Senior Living of White House
Project Number: 2022-06-27-01
City: White House County: Robertson
Type Approval: ***Architectural Approval***
NOTE:PROVIDE SPRINKLER DRAWINGS & HYDRAULIC CALCULATIONS

Dear Jonathan Pund:

The plans and specifications with notes for the referenced project appear to comply with all applicable rules and regulations. This letter is your authority to begin construction in accordance with your approved plans. This approval does not relieve the owner or architect of the responsibility for any code deficiency, which may have been missed during the plans review.

Before construction begins, coordinate inspections with Regional Office. Requests for all inspections shall be directed to Britni Haun at (615) 762-8942 . The final inspection must be requested a minimum of four (4) weeks prior to the date of the inspection. Prior to the final inspection, a CD or DVD of the final approved plans (with Health Facilities Commission and Engineers stamps) including all shop drawings, sprinkler, hood and duct, calculations, addenda, specifications, etc., must be submitted to the Plans Review Section. The storage container and the disc must be labeled with the project name, assigned project number, and county.

The final inspection will not be conducted until the CD/DVD is received and approved.

A set of approved plans containing the Commission's approval stamp must be available on the job site at the time of inspections.

If you have any questions, please contact the Plans Review Section for assistance.

Sincerely,

Josh Patton

Josh Patton
Facilities Construction Specialist III
Plan Review Section
Josh.patton@tn.gov
Cc: Owner Administrator
Regional Administrator