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

July 29, 2024

Sent Via Email
Revised

Trenton Harrell
Patriot Assisted Living
209 Gum Hollow Road
Oak Ridge, Tennessee 38830

Facility Type: Home for the Aged
License Number: 144

Dear Administrator:

It is my pleasure to inform you that your application for change of ownership of Patriot Assisted Living located at 209 Gum Hollow Road Oak Ridge, Tennessee 38830 has been initially approved; effective May 31, 2024. The license number shall be 144. 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 at this time.

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: East Tennessee Regional Administrator
Office for Information Technology Services-
Office of Health Statistics
THCA
Nerissa Harvey, Policy Planning and assessment
Amanda Shaefer, Medicaid Provider Enrollment

State of Tennessee
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
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HFC

July 3, 2024

Sent Via Email

Patriot Assisted Living
209 Gum Hollow Road
Oak Ridge, Tennessee 38830

Dear Trenton Harrell:

This letter acknowledges receipt of the application and fee for a change of ownership for Patriot Assisted Living Home for the Aged, license number 144, located at 209 Gum Hollow Road Oak Ridge, Tennessee 38830.

A closing document showing the effective date of transfer to the new owner must be submitted to this office after the transaction is finalized. Prior to issuing a license the charter will be verified with the office the Secretary of State in Tennessee to ensure that the legal entity is registered as a Limited Liability Company.

Your application and fee will be held in a pending status until your application is recommended by the regional office for a change of ownership. Once the recommendation for a change of ownership is received from the regional office you will be initially approved, and your application will then be presented before the **Board for Licensing Health Care Facilities** for ratification at the next regularly scheduled board meeting.

This application will only be good for one (1) year from the date of receipt. If the change of ownership 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.

Should you have any questions or need further assistance please feel free to contact me at (615) 741-7221.

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

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MEMO

To: Debra Verna, East Tennessee Regional Office Administrator (emailed)

From: Victoria Salmeri

Date: July 3, 2024

Subject: CHOW

A change of ownership will be occurred on or about May 31, 2024 for Patriot Opco, LLC who will be doing business as (d/b/a) Patriot Assisted Living located at 209 Gum Hollow Rd Oak Ridge, Tennessee. This facility was previously owned by Patriot Hills Assisted Living, LLC (Lic #144).

Please review your files to determine if there has been a survey conducted within the last fifteen (15) months with no major deficiencies. If a survey has not been conducted due to the facility being accredited, please review the file to determine if there have been any complaints that would prevent a recommendation for approval of the change of ownership at this time

If you are unable to approve this change of ownership due to the survey being beyond the fifteen (15) months, please schedule an on-site survey as soon as possible.

If you have any questions, please call me at 615-741-7300 or email me at Victoria.Salmeri@tn.gov.

OFFICE OF HEALTHCARE FACILITIES, LICENSURE DOES NOT HAVE TO WAIT FOR AN APPROVED 855 TO MOVE FORWARD, IF APPLICABLE.

HFC

RECEIVED JUL 02 2024

HOMES FOR THE AGED
APPLICATION FOR CHANGE OF OWNERSHIP

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 Patriot Assisted Living

Location of the Facility:

Street 209 Gum Hollow Rd City Oak Ridge

County Roane State TN Zip 37820

Phone Number (865) 294-4946 Fax Number ( ) NA

Twenty-four (24) Hour Emergency Phone Number (865) 294-4946

E-Mail Address trenton.harrell@gmail.com

Total Bed Capacity 23

Administrator Information:

Administrator Trenton Harrell RN

Certificate number or license number if licensed as a Nursing Home Administrator in Tennessee 4035

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, fraud)? Yes _____ No ✓

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 ~~Patriot~~ Patriot PropCo, LLC Phone Number (865) 314-4349

Street 915 Highway 321

City Lenoir City State TN Zip 37771

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

Name_____Telephone Number (_____)_____

Address _____

7. a. If a corporation, is there a holding company? Yes _____ No X

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

Name_____Phone Number (_____)_____

Street_____

City_____State_____Zip_____

8. 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:

_____

_____

9. 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, please specify name of firm: _____

Phone Number (_____)_____

_____

Street City State Zip

10. For any item in (7) a-h below, please identify, explain and provide documentation of the item(s) noted if response is "Yes". Have either the licensed entity for any of the other health care facilities in Tennessee and/or other states on the list in question (5.b.) above, OR the management firm listed in question (6.) above; been subjected to any of the following within the last (5) years:

a. <u>Licensure</u>

i) Denied a license? Yes _____ No X

ii) Had a license suspended or revoked by any state licensure agency? Yes _____ No X

iii) Been subject to a final order or judgment in a state licensure action? Yes _____ No X

b. <u>Convictions</u>

i) Convicted of a criminal offense related to that person's involvement in any program under any state or Federal health care program (including Medicare, Medicaid, and Tricare)? Yes_____ No X

c. <u>Exclusion</u>

i) Excluded from participation in Federal health care programs (Medicare, Medicaid, CHIP, or Tricare) in the past?

Yes_____No X

(Note: "Excluded" is defined as a provider or entity has been told by the Department of Health and Human Services, Office of the Inspector General (HHS-OIG) that they may no longer be a provider for any federally funded healthcare

STATE OF TENNESSEE

County of Knox

The above named applicant (print name) Trenton Harrell, 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 18th day of March 2024
Month Year

Notary Public: Starlene Williams

My commission expires: Sept 5, 2027

STARLENE WILLIAMS
TENNESSEE
NOTARY
PUBLIC
COUNTY OF KNOX

Letter of Intent to Purchase

7/2/2024

Health Facilities Commission
To Whom it May Concern

I am wanting to purchase Patriot Hills Assisted Living in Oak Ridge (Home for the Aged). With my Application for Change of Ownership I am asking permission for two things:

May I change the name to Patriot Assisted Living?

May I lower the number of beds the facility at 209 Gum Hollow Rd, Oak Ridge, TN 37830, is licensed for, from 25 down to 23.

I have submitted another letter of explanation regarding the use of the unoccupied beds. Effective as of 5/31/2024

Thank you for your consideration

Trenton Harrell RN

Please indicate your acceptance of these basic terms by signing below and returning to my attention on or before Thursday February 22, 2024 after which date this offer to purchase shall be null and void and of no further force and effect.

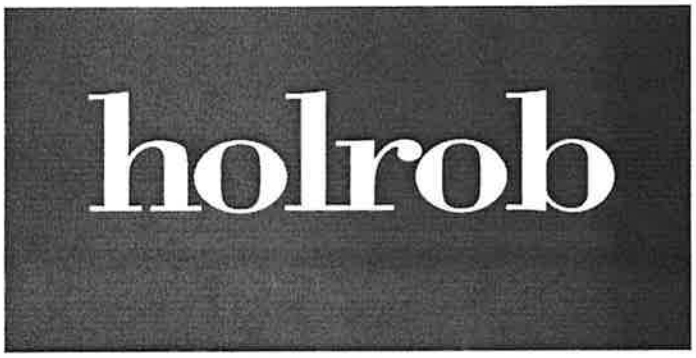
Sincerely,

Chandle Turbyville

Agreed and accepted this ___ day of _____, 2024.

Seller: Jeremiah Turbyville Jr. dotloop verified 02/20/24 12:48 PM EST NMQS-7AGG-Z01W-BYQE

Purchaser: Trenton Harrell dotloop verified 02/20/24 2:38 PM EST DAQY-GIZ9-I6PM-JG2R



February 20, 2024

Trenton Harrell

Re: Letter of Intent to Purchase – 209 Gum Hollow Rd. Oak Ridge, TN 37830

Dear Trenton:

This Letter of Intent will outline the basic terms and conditions of a purchase agreement for the above referenced real property:

Purchaser: Trenton Harrell or assigns

Seller: Turbyville Properties LLC

Acreage: 1.51

Square Footage: 6,877

Purchase Price: $1,100,000

Earnest Money Deposit: Five thousand dollars ($5,000) will be refundable upon expiration of the Inspection Period or applied to the purchase price at closing.

Inspection Period: Thirty (30) days following execution of a Real Estate Purchase Agreement.

Closing Date: Within thirty (30) days after expiration of the Inspection Period.

Conditions: Purchase shall be contingent upon clear and marketable title.

Real Estate Commission: Responsibility of the Seller. Five percent (5%) of the purchase price in commission will be due and payable to Holrob Commercial Realty, LLC, as Seller's Agent.

BILL OF SALE

This BILL OF SALE, dated effective as of May 31st, 2024 ("**Bill of Sale**") is made by and between TURBYVILLE PROPERTIES LLC, a Tennessee limited liability company, and PATRIOT HILLS ASSISTED LIVING, LLC, a Tennessee limited liability company (collectively, the "**Grantor**"), and TRENTON HARRELL, a Tennessee resident, PATRIOT PROPCO LLC, a Tennessee limited liability company, and PATRIOT OPCO LLC, a Tennessee limited liability company (collectively, the "**Grantee**").

Grantor, for the consideration and upon the terms and conditions set forth in that certain Purchase and Sale Agreement for Business Assets and Real Property executed by and between Grantor and Grantee (the "**Agreement**"), does by these presents hereby grant, convey, bargain, sell, assign, set over, transfer, and deliver unto Grantee and its successors and assigns all of Grantor's right, title, and interest in and to Tangible Personal Property as detailed in SCHEDULE 2(b) to the Agreement (all capitalized terms used but not otherwise defined herein shall have the meaning ascribed to such terms in the Agreement).

Grantor represents and warrants to Grantee that Grantor has and hereby conveys, transfers, and assigns to Grantee, and its successors and assigns, good, insurable, and marketable title to the Tangible Personal Property conveyed hereby, free and clear of any and all liens, claims, and encumbrances. Grantee hereby purchases, acquires, and accepts from Grantor the Tangible Personal Property.

This Bill of Sale is made together with the benefit of all of the additional representations and warranties made by Grantor in the Agreement, which shall survive the execution and delivery of this Bill of Sale.

Grantor agrees to sign and deliver to Grantee such additional documents and to take such additional actions as may be necessary to vest or evidence transfer of title to the Tangible Personal Property to Grantee.

This Bill of Sale shall be binding upon, and inure to the benefit of, the parties hereto, their respective successors in interest, and their respective permitted assigns.

This Bill of Sale is made this 31st day of May, 2024.

(Remainder of this page left intentionally blank; Signatures on next page)

Tennessee Department of Health
Cash Listing Report

Client:	5 - Board for Licensing Health Care Facilities			**Origin:**	Deposit	**Fiscal Year:**	2024
Batch #:	344	**Total $ Entered:**	$ 1,300.00	**Deposit #:**	031324	**Deposit Date:**	2024-03-12
# Receipt:	1	**Receipts Entered:**	1	**Total:**	$ 1,300.00	**Status:**	Deposited

Receipt #	DLN	Received	Disp	Pmt	Bad Check?	Unassigned	Prof	Remitted By / Beneficiary	File #	License #	As
1357	37322999	$ 1,300.00	DEP	CHK		$ 1,300.00					
							536	PATRIOT HILLS ASSISTED LIVING	144	144	
Total:		$ 1,300.00				$ 1,300.00