



The Tennessee Sunshine Law Passed by the General Assembly in 1974 requires that meetings of state, city and county government bodies be open to the public and that any such governmental body give adequate public notice of such meeting.

**TENNESSEE DEPARTMENT OF HEALTH
AMENDED**

MEMORANDUM

Date: September 10, 2013

To: Woody McMillin, Director of Communications and Media Relations

From: Wanda E. Hines, Board Administrator

Name of Board or Committee: Board for Licensing Health Care Facilities Board
Meeting & Teleconference
1-888-757-2790 passcode 905919#

Date of Meeting: September 11, 2013

Time: 9:00 a.m., Central Daylight Time

Place: Iris Conference Room
227 French Landing, Suite 150
Heritage Place Metrocenter
Nashville, TN 37243

Major Item(s) on Agenda: See Attached

This memo shall be forwarded from individual programs to the Public Information Office on the 15th day of the preceding month. The Public Information Office will prepare the monthly list of meetings within the Department and have ready for distribution to state media by the 28th day of the preceding month.

AGENDA

**BOARD FOR LICENSING HEALTH CARE FACILITIES
BOARD MEETING
227 French Landing
Heritage Place Metrocenter
Iris Conference Room, Ground Floor
Nashville, TN 37243**

**September 11, 2013
9:00 a.m.**

- 1. THE REAPPOINTMENT OF MR. JOHN MARSHALL, HOSPITAL ADMINISTRATOR REPRESENTATIVE.**
- 2. CALL THE MEETING TO ORDER.**
- 3. APPROVAL OF MINUTES.**
- 4. REPORTS**
 - A. DEPARTMENT REPORT**
Nurse Aide Report – Wanda King
 - B. EMS REPORT - Robert Seesholtz**
Trauma Site Visits
Athens Regional Medical Center, Athens
Blount Memorial Hospital, Maryville
 - C. OFFICE OF GENERAL COUNSEL REPORT – Diona Layden**
- 5. CONSIDERATION AND RATIFICATION OF LICENSURE APPLICATIONS (CHANGE OF OWNERSHIP (CHOWS) AND INITIALS).**
 - A. CONSIDERATION.**
 - B. RATIFICATION.**
 - 1. QUALIFYING APPLICATIONS**
(INITIALS)
Adult & Pediatric Specialists, Knoxville-Home Medical Equipment
Advanced Respiratory Solutions, Inc., Clifton-Home Medical Equipment
All-States Medical Supply, Johnson City-Home Medical Equipment
American Sleep Products, LLC, Brentwood-Home Medical Equipment
Facility
AM-MED Diabetic Supplies, Inc., Franklin-Home Medical Equipment
Facility
Autumn Care, II, LLC, Knoxville-Assisted Care Living Facility

Benchmark Human Services, Nashville-Professional Support Services
 Bracing & Rehab Kinetics, LLC, Sevierville-Home Medical Equipment
 Facility
 Clarity Knoxville Operations, LLC, Knoxville-Assisted Care Living
 Facility
 ContinuumRx, of Central Tennessee, LLC, Nashville-Home Medical
 Equipment Facility
 ContinuumRx, Inc., Knoxville-Home Medical Equipment Facility
 ContinuumRx of Southeast Tennessee, LLC, Chattanooga-Home Medical
 Equipment Facility
 Covenant Home Medical Equipment, Knoxville-Home Medical
 Equipment Facility
 Enteral Products, LLC, LaVergne-Home Medical Equipment Facility
 Fountains of Franklin, Franklin-Assisted Care Living Facility
 Golden Life Inc., Nashville-Professional Support Services
 Kidney Center of Missionary Ridge, LLC, Chattanooga-End Stage Renal
 Disease Facility
 Medical Modalities, Johnson City-Home Medical Equipment
 Medical Solutions of Arkansas, LLC, Memphis-Home Medical Equipment
 Medpros of the Treasure Coast, Inc., Brentwood-Home Medical
 Equipment
 Patient Support Services, Inc., Memphis-Home Medical Equipment
 Smart Remedies, East Ridge-Home Medical Equipment
 South Breeze Assisted Living, Memphis-Assisted Care Living Facility
 The Courtyards Senior Living-Johnson City, Johnson City-Assisted Care
 Living Facility
 The Courtyards Senior Living-Knoxville 3, Knoxville-Assisted Care
 Living Facility
 The Solana Germantown, Germantown-Assisted Care Living Facility
 UniversalMed Supply, Nashville-Home Medical Equipment Facility
 Vanderbilt-Ingram Cancer Center at Maury Regional Spring Hill, Spring
 Hill
 Vision Home Health Care, LLC, Nashville-Professional Support Services
 Wellspring Senior Living at Powell, Powell-Assisted Care Living Facility

(CHOWS)

Azalea Trace Assisted Living, Nashville-Assisted Care Living Facility
 McKesson Medical-Surgical MediMart, Inc., Franklin-Home Medical
 Equipment Facility
 Oak Hill Senior Living, Portland-Home for the Aged
 Optimum Assisted Living, LLC, White Bluff-Assisted Care Living
 Facility

6. DISCUSSION(S).

A. DISCUSSION ON THE STATE HEALTH PLAN

– Eric Harkness and Jeff Ockerman, Health Planning

- B. INTERPRETIVE GUIDELINES.**
1. Results of HME Subcommittee: Interpretative guideline of blood glucose monitors/systems as diagnostic equipment and development of subcommittee to review rules and regulations and development of interpretive guideline for 'service'. – Ann Rutherford Reed
 2. Request for Interpretative guideline for 1200-8-30 Standards for Pediatric Emergency Care Facilities regarding "Shiley" brand Tracheostomy Tubes.
– Diona Layden
 3. Results of ACLF Subcommittee: Interpretative guideline for Rule 1200-08-25-.02(2) Administering Medication. – Ann Rutherford Reed
- C. REVISIT-HEALTH 2 HOME (H2H) LICENSURE DETERMINATION REQUEST.** – Chris Puri, Attorney
- D. PROPOSED MEETING DATES FOR YEAR 2014.**
- E. APPROVAL OF THE JOINT ANNUAL REPORT ON THE STATUS OF EMERGENCY MEDICAL SERVICES FOR CHILDREN 2013.**
–Rhonda Phillippi, Executive Director, TN EMS for Children
- F. APPROVAL OF BOARD POLICY #79 – POST Form and 2013 Legislation**
– Ann Rutherford Reed
- G. WELLMONT CARDIOLOGY SERVICES, KINGSPORT**
This facility is seeking the determination from the Board as to whether or not an outpatient diagnostic center license will be required. The agency was approved for a CON for the relocation of a cardiac PET scanner and this will be a part of the Wellmont Cardiology Services which is a physician practice that doesn't fall within the relevant definition of an outpatient diagnostic center according to Rule 1200-08-35-.01(50). The proposed cardiac PET unit will be managed the same way as the WCS physician offices are managed and as a part of the physician practice and not as an outpatient diagnostic center. – Robert Tuke, Attorney
- H. CONSIDERATION OF DESCREPANCIES IN HOME HEALTH AGENCY, 1200-08-26-.04(9), HOSPICE AGENCY, 1200-08-27-.04(12), AND PROFESSIONAL SUPPORT SERVICES (PSS) AGENCY, 1200-08-34-.04(7) REGULATIONS REGARDING FACILITY ADMINISTRATOR REQUIREMENTS; AND, INCLUSION OF FINALIZED LANGUAGE IN THE HOME MEDICAL EQUIPMENT (HME) REGULATIONS.**
– Ann Rutherford Reed
- I. REVISIT-BOARD INTERPRETIVE GUIDELINES OF RESIDENTIAL HOME FOR THE AGED (RHA) GUIDELINES REGARDING HOSPICE PATIENTS.** – Ann Rutherford Reed

J. POST FORM AND RULE LANGUAGE SUGGESTIONS BASED UPON PUBLIC CHAPTER 254 FOR ALL FACILITY TYPES FOR WHICH THIS PUBLIC CHAPTER 254 APPLIES.

– Judy Eads, Tennessee End of Life Partnership (TELP)

K. LIFE CARE CENTERS OF AMERICA (LCCA) AND TENNESSEE HEALTH CARE ASSOCIATION (THCA) TO DISCUSS THE TENNESSEE DEPARTMENT'S OF HEALTH'S CODE INTERPRETATION PREVENTING ANY FIRE SPRINKLER PIPING FROM PENETRATING A FIRE WALL AND THE POSITION OF THE STATE FIRE MARSHALL'S OFFICE TO NFPA 13, 2007 EDITION.

– Tom Jaeger, P.E., President, Jaeger & Associates, LLC., Skip Gregory, President, Health Facility Consultant, and Scott Frazer, Performance Design Technologies.

L. RELOCATION OF DEPARTMENT/DIVISION.

7. REGULATION(S).

A. BOARD APPROVAL FOR RULEMAKING HEARING.

8. CONTESTED CASE HEARING(S).

9. ORDERS.

A. Consent Orders

B. Order(s) Status

10. LICENSE STATUS UPDATES.

COOKEVILLE REGIONAL MEDICAL CENTER, COOKEVILLE

Cookeville Regional Medical Center a 247 bed hospital was granted a waiver on January 19, 2011 to waive the 1½ HR rate floor assembly requirements for the EP Lab/Cath Lab expansion under Standard Building Codes for three (3) years which will expire on November 2013. Cookeville Regional Medical Center, Cookeville has confirmed the completion of the construction necessary to remedy the floor fire rating issue and the granted waiver is no longer needed.

RIDGEVIEW TERRACE OF LIFE CARE, RUTLEDGE

This nursing home verifiable statement indicating facility meets codes. – Steve Baker

11. LICENSE STATUS REQUESTS.

FRANKLIN TRANSITIONAL CARE, JOHNSON CITY

This 13 bed skilled nursing facility is requesting an extension waiver for their license to remain on inactive status for twelve (12) additional months to determine how this facility fits within the strategic plans for Johnson City Medical Center. Franklin Transitional Care's license was placed on inactive status for twelve (12) months which expires on September 12, 2013.

Representative(s): Dan Elrod, Attorney

ROSEWOOD MANOR, INC., COLUMBIA

This sixty-eight (68) bed nursing home is requesting a second extension of 24 months for inactive status for their license for approval through September 30, 2015. Rosewood Manor holds a CON for the construction of a replacement facility. Due to circumstances beyond Rosewood's control they could not start construction due to the lack of adequate ingress to egress from the site and a construction of a road is necessary and progress is being made. Rosewood Manor was granted inactive status by the Board on March 26, 2010 for 24 months through March 26, 2012, and an extension waiver for 12 additional months which expired on September 1, 2013.

Representative(s): Jerry Taylor, Attorney

BRISTOL NURSING HOME, BRISTOL

This one hundred twenty (120) bed nursing home is seeking to place their license on inactive status. Due to the difficulties experienced by the facility over the last few months Bristol Health Care Investors (BHCI) has made a decision to transfer operations with Christian Care Center of Bristol, LLC and the transfer is expected to occur within the next 45 days. Bristol has transferred all remaining patients after decertification to other facilities in the area.

Representative(s): William West, Attorney

PIONEER COMMUNITY HOSPITAL OF SCOTT, ONEIDA PREVIOUSLY SCOTT COUNTY HOSPITAL, ONEIDA

This hospital which was previously Scott County Hospital is seeking an extension waiver for this license to remain on inactive status for additional six (6) months. Scott County's license was placed on inactive status for twelve (12) months which will expire on September 12, 2013. Pioneer Community Hospital of Scott has evaluated in depth the resources required to reopen this facility and is planning to do in phases and is awaiting approval.

Representative(s): Morgan M. Dunn, VP of Business Development

12. WAIVER REQUESTS.

LAURELBROOK NURSING HOME, DAYTON

This fifty (50) bed nursing home is requesting to waive the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Mr. Keith Wellman is serving as the interim administrator at this time.

Representative(s): Keith Wellman, Interim Administrator

EMERITUS AT OAK RIDGE, OAK RIDGE

This ninety-four (94) bed assisted care living facility is requesting to waive the licensure requirement 1200-08-25-.08(4)(a) & (b) regarding the continued stay of a resident. Emeritus at Oak Ridge was cited for an inappropriate resident due to his gastrostomy tube. The family is totally responsible for the care of the tube. The facility and his family wishes for this resident to remain in the facility.

Representative(s): Charlie Harris, Executive Director

ALEXIAN VILLAGE HEALTH AND REHABILITATION CENTER, SIGNAL MOUNTAIN

This one hundred fourteen (114) bed nursing home is requesting to waive the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Mr. Scott Norton is in the process of applying for a nursing home administrator license in Tennessee.

Representative(s): Scott Norton, Interim Administrator

HUNTSVILLE MANOR, HUNTSVILLE

This ninety-six (96) bed nursing home is requesting to waive the nursing home rule 1200-08-06-.06(9)(b) for meeting the dietary manager requirements.

Representative(s): Carla Buttram, Administrator and Anna Day, Dietary Manager

PRINCETON TRANSITIONAL CARE, JOHNSON CITY

This thirty-four (34) bed nursing home is requesting to waive the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Mr. Ryan Youngblood has received his initial approval and must be ratified by the Nursing Home Administrators Board scheduled for November 4, 2013.

Representative(s): Ryan Youngblood, Interim Administrator

SPRING MEADOWS HEALTH CARE CENTER, CLARKSVILLE

This one hundred twenty-one (121) bed nursing home is requesting to waive the nursing home rule 1200-08-06-.06(9)(b) for meeting the dietary manager requirements.

Representative(s): Brian Vermillion, Administrator and Olana Whitney, Dietary Manager

PIONEER COMMUNITY HOSPITAL OF SCOTT, ONEIDA PREVIOUSLY SCOTT COUNTY HOSPITAL, ONEIDA

This hospital is requesting to waive hospital rules 1200-08-01-.01(36)(a) 5 & 6 regarding Obstetrical facilities and emergency department.

Representative(s): Morgan M. Dunn, VP of Business Development

GOLDEN LIVINGCENTERS, UNION CITY

This eighty (80) bed nursing home is requesting to waive the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Ms. Chasity Doss is serving as the interim administrator at this time.

Representative(s): Chasity Doss, Interim Administrator

13. BOARD POLICY CONSENTS.

THE FOLLOWING NURSING HOMES ARE REQUESTING A WAIVER TO PROVIDE OUTPATIENT THERAPY SERVICES AS PROVIDED FOR BY BOARD POLICY #32:

Life Care Center of Ooltewah, Ooltewah
The Wexford House, Kingsport

THE FOLLOWING NURSING HOME ADMINISTRATORS TO SERVE AS AN ADMINISTRATOR OF A RESIDENTIAL HOME FOR THE AGED AND/OR ASSISTED LIVING FACILITY AS PROVIDED FOR BY BOARD POLICY #39:

Steven Yokley - NHC HealthCare, Dickson – NH & ACLF
Karla Lane – NHC Place, Farragut – NH & ACLF
Jerry Winton – NHC Place, Cool Springs – NH & ACLF
Preston Adams – NHC HealthCare, Johnson City – NH & ACLF
J. Buckley Winfree – Adams Place, Murfreesboro – NH & ACLF
Tim Shelly – Richland Place, Nashville – NH & ACLF
M. Clint Hall – NHC HealthCare, Smithville – NH & ACLF
Warren Adams – NHC HealthCare, Somerville – NH & ACLF

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
SEPTEMBER 11, 2013

The Board for Licensing Health Care Facilities Board meeting began on September 11, 2013.

Larry Arnold, MD, Chairman of the Board for Licensing Health Care Facilities brought the meeting to order.

A quorum roll call vote was taken:

Dr. Larry Arnold – here
Ms. Sylvia Burton – not here
Ms. Betsy Cummins – not here
Mr. Robert Breeden – not here
Mr. Robert Gordon, Chairman Pro Tem – here
Dr. Jennifer Gordon-Maloney – here
Mr. Luke Gregory – not here
Ms. Janice Hill – here
Dr. Roy King – not here
Ms. Carissa Lynch – here
Ms. Annette Marlar – not here
Mr. John Marshall – here
Mr. David Rhodes - here
Mr. Jim Shulman – here
Mr. Bobby Wood – here

A quorum was established.

Dr. Arnold congratulated John Marshall on his reappointment to the Board for Licensing Health Care Facilities.

MINUTES:

Minutes were not presented at this meeting for approval.

REPORTS:

Nurse Aide –

Wanda King presented the Nurse Aide Report. She indicated the poor performing nurse aide training programs had been invited to appear before the Board and make presentation concerning the state of their training programs. Ms. King provided explanation on how the pass rates are determined. Thirteen facilities which included Covington Care Nursing and Rehab Center, Crestview Health in Brownsville, Erwin Health Care, Laurel Manor, Lewis County Nursing and Rehab Center, McKenzie, NHC Somerville, Pine Meadows, Ridgeview Terrace of Life Care,

Shannondale Health Care Center, Wexford House, and Sweetwater Wood Presbyterian. All presented to the Board except Sweetwater Wood Presbyterian. Comments and questions ensued by the Board.

EMS -

Robert Seesholtz presented the EMS Report. He provided the March 13th Trauma Care Advisory Council's meeting minutes for the Board's review. Mr. Seesholtz updated the Board on the status of the policy and procedure manual for the release of data from the trauma registry. He further informed the Board on the work of the Trauma Care Advisory Council and the Council on Pediatric Emergency Care with the EMS trauma designation guidelines. Mr. Seesholtz addressed before the Board each of the two trauma center visits referenced below –

Athens Regional underwent a trauma verification site review on June 10th, 2013. Improvements were identified during this visit which included having in place an image agreement with Erlanger Medical Center allowing for real time evaluation of images; addition of two emergency department bays and radiologic capabilities in the emergency department; and expanded training of emergency room personnel. Multiple deficiencies were found which included non-surgeon medical director per state guidelines; no surgeon involvement in trauma process, improvement, or peer review; no documentation of loop closure for improvement process activities; and no state trauma system development participation. **The site team recommended a focus site visit within six (6) months to evaluate for correction of the identified deficiencies.** The Board questioned the facility's trauma status. Mr. Seesholtz stated the facility remains a Level II center, but will do the focus site visit and make recommendation back to the Board at this time for a final determination. **The Board approved this recommendation.**

Blount Memorial Hospital underwent a trauma verification site review on June 11th, 2013. Improvements were identified during this visit which included development of regional designation guidelines for rapid triage and transfer of patients, bedside ultrasound capabilities throughout the hospital, 24/7 surgeon call teams available, and trauma fund money used to purchase needed equipment for the emergency room. **The site team recommended Blount Memorial Hospital to continue as a Level III designated trauma center. The Board approved this recommendation.**

Mr. Seesholtz presented a waiver request to the Board. The request was to waive trauma rule 1200-08-12-.04(c)(5) concerning composition of the site team for a trauma center verification inspection. The request is being made in anticipation of a Level II trauma designation application. Mr. Seesholtz stated to the Board he has made attempts to secure the needed composition, but has meet difficulty in doing so. The Board requested to know the facility anticipated to make application for Level II trauma designation. Mr. Seesholtz indicated Skyline Medical Center. John Marshall recused himself from the vote due to his employment with the same company. Ann Reed, Director of Licensure and the Board for Licensing Health Care Facilities, indicated the Board no longer had a quorum. The waiver request became moot. Robert Gordon stated a rule change should be considered for this current rule. Mr. Seesholtz indicated he and Ms. Reed had been in discussion on several items of the current trauma rules

that may require rule language change. Mr. Seesholtz made the Board aware of the 25th Anniversary of the Tennessee Trauma Systems with the first trauma center being designation in this state in 1988. He presented to the Board a letter the Commissioner of Health, John Dreyzehner, MD, sent to hospital CEOs recognizing their contributions to trauma care.

OGC –

Ms. Diona Layden, General Counsel, presented the Office of General Counsel's (OGC) report. She indicated 40 open cases. 12 consent orders were to be presented at this meeting. Two (2) cases are set for hearing. 26 cases continue to be processed. She updated the Board that rules for licensure renewal, consent forms relative to abortion, dietary manager, and home medical equipment approved at the May rulemaking hearing are in the Attorney General's office awaiting approval. The rulemaking hearing for the Board approved rules for Trauma Brain Injury Residential Home will be conducted at the January 2014 Board meeting. Ms. Layden provided a legislative update on the following legislation, Public Chapter (PC) 254 regarding Universal Do Not Resuscitate Order replacement with Physician's Order for Scope of Treatment (POST); PC 391 which establishes continuing education requirements for surgical technologists; and PC 197 requiring health care facilities to provide information on CPR for infants to at least one parent or caregiver of newborn infants.

CONSIDERATION AND RATIFICATION OF LICENSURE APPLICATIONS (CHANGE OF OWNERSHIP (CHOWS) AND INITIALS):

Ms. Reed presented the CHOW and initial licensure applications received by the Office of Health Care Facilities.

The following initial applications were processed by the Board's administrative staff without concern –

- Adult & Pediatric Specialist, Knoxville – Home Medical Equipment
- Advanced Respiratory Solutions, Inc., Clifton – Home Medical Equipment
- All-States Medical Supply, Johnson City – Home Medical Equipment
- American Sleep Products, LLC, Brentwood – Home Medical Equipment
- AM-MED Diabetic Supplies, Inc., Franklin – Home Medical Equipment
- Autumn Care II, LLC, Knoxville – Assisted Care Living Facility
- Benchmark Human Services, Nashville – Professional Support Services Agency
- Bracing & Rehab Kinetics, LLC, - Sevierville – Home Medical Equipment
- Clarity Knoxville Operations, LLC, Knoxville – Assisted Care Living Facility
- ContinuumRx of Central Tennessee, LLC, Nashville – Home Medical Equipment
- ContinuumRx, Inc., Knoxville – Home Medical Equipment
- ContinuumRx of Southeast Tennessee, LLC, Chattanooga – Home Medical Equipment
- Covenant Home Medical Equipment Facility, Knoxville – Home Medical Equipment
- Enteral Products, LLC, LaVergne – Home Medical Equipment
- Fountains of Franklin, Franklin – Assisted Care Living Facility
- Golden Life Inc., Nashville – Professional Support Services Agency
- Kidney Center of Missionary Ridge, LLC, Chattanooga – End Stage Renal Disease Facility

Medical Modalities, Johnson City – Home Medical Equipment
Medpros of the Treasure Coast, Inc., Brentwood – Home Medical Equipment
Patient Support Services, Inc., Memphis – Home Medical Equipment
Smart Remedies, East Ridge – Home Medical Equipment
South Breeze Assisted Living, Memphis – Assisted Care Living Facility
The Courtyards Senior Living, Johnson City – Assisted Care Living Facility
The Courtyards Senior Living, Knoxville – Assisted Care Living Facility
The Solana Germantown, Germantown – Assisted Care Living Facility
UniversalMed Supply, Nashville – Home Medical Equipment
Vanderbilt-Ingram Cancer Center at Maury Regional Spring Hill, Spring Hill – Ambulatory Surgical Treatment Center
Vision Home Health Care, LLC, Nashville – Professional Support Services Agency
Wellspring Senior Living at Powell, Powell – Assisted Care Living Facility

The applications were presented to the Board as initial applications and were ratified by the Board.

The following CHOW applications were processed by the Board’s administrative staff without concern –

Azalea Trace Assisted Living, Nashville – Assisted Care Living Facility
McKesson Medical-Surgical MediMart, Inc., Franklin – Home Medical Equipment
Oak Hill Senior Living, Portland – Home for the Aged
Optimum Assisted Living, LLC, White Bluff – Assisted Care Living Facility

The applications were presented to the Board as CHOW applications and were ratified by the Board.

DISCUSSION(S):

State Health Plan –

Ms. Reed introduced Eric Harkness and Jeff Ockerman from the Division of Health Planning for presentation of the State Health Plan. Mr. Ockerman stated that the State Health Plan is the state’s primary policy document for coordination of the state’s work to improve the health of Tennesseans. He also indicated the intersection of the State Health Plan with the work of the Board laying the foundation for future discussions to further the state’s efforts to improve the health of Tennesseans. Mr. Harkness presented the State Health Plan. He outline for the Board the policy impact of the State Health Plan, the impact on the Certificate of Need (CON) standards and criteria, the ranking of Tennessee in terms of healthiest states, and the five (5) principles for achieving better health. The five (5) principles are as follows: improve health outcomes, all Tennesseans should have reasonable access to health care, competitive markets and economic deficiencies should be encouraged in Tennessee’s health system, Tennesseans assured that we have a quality health care system, and Tennesseans should be assured that we have a sufficient and quality healthcare workforce. Mr. Harkness provided the Board with the state of Tennessee’s ranking in health areas such as infant mortality and the impact a State Health Plan would have in improving these rankings. He also indicated for the Board the tie between CON process and licensure and the need to collaborate with different departments

and programs within the state. Board members made various comments and asked pointed questions such as how the inactive status of a license works into the CON process. Melanie Hill, Executive Director of Health Services and Development Agency (HSDA), spoke to this issue. She indicated this impacts the decision of the HSDA Board when facilities have had an inactive status on a license for many years. David Rhodes indicated it would be useful information to know what CON activity has occurred in a specific facility licensure type when faced with inactive status requests.

Interpretive Guidelines –

Ms. Reed provided a recap of the June 27, 2013 Home Medical Equipment Subcommittee meeting. The subcommittee reviewed the original development of the rules for home medical equipment with emphasis on 1200-08-29-.01(19)(b)1. Ms. Reed stated to the Board she was unable to find further explanation by the Board concerning the development of these rules. Ms. Reed also informed the Board the letter from King & Spalding was presented to the subcommittee for consideration. This letter indicated concerns of a violation of the Interstate Commerce Clause; the subcommittee did not feel this was the case. Another item discussed by the subcommittee was subcontracting. The subcommittee indicated that subcontracting was allowed per the home medical equipment (HME) regulations, specifically 1200-05-29-.06(6)(g)1 & 2 contemplates subcontracting. The subcommittee felt that subcontracting could occur as long as not in direct conflict with the previous interpretative guideline for 1200-08-29-.06(4). The intent felt by the subcommittee is that all involved in the subcontracting relationship where delivery of the equipment and training/assessment will be conducted would be licensed HME providers. Regulation 1200-08-29-.01(19)(b)1 was reviewed by the subcommittee and an interpretative guideline was developed in line with the TCA 68-11-201(21)(B)(i). One subcommittee member did not vote in the affirmative to move this interpretative guideline forward to the full Board.

Jim Shulman made a motion to accept the presented interpretative guideline for 1200-08-29-.01(19)(b)1; David Rhodes seconded. The motion was approved by the Board.

A second interpretative guideline item was presented to the full Board. A request for an interpretative guideline for 1200-08-30 Standards for Pediatric Emergency Care Facilities regarding 'Shiley' brand tracheostomy tubes was presented by Ms. Layden. The request included approval to do a rulemaking hearing to remove the term completely as well as an interpretative guideline which indicates the use of the term 'Shiley' does not limit the use of other tracheostomy brands. **Mr. Shulman made a motion for approval of a rulemaking hearing and the interpretative guideline; seconded by Robert Gordon. The motion was approved by the Board.**

The final interpretative guideline item presented was a result of the August 30, 2013 Assisted Care Living Facility (ACLF) Subcommittee. At this time, Ms. Reed provided a recap of the ACLF subcommittee meeting including items discussed, provider and association participation, the Commissioner's Office, etc. The presented interpretative guideline addressed 1200-08-25-.02(2) concerning the administration of medication. A rule language change will also occur for

this regulation. **Mr. Gordon made a motion to accept the presented interpretative guideline for 1200-08-25-.02(2); seconded by Carissa Lynch. The motion was approved by the Board.**

CONTESTED CASE HEARING – AMERICARE HEALTH AND REHABILITATION CENTER

Revisit Health 2 Home (H2H) Licensure Determination Request –

Chris Puri, attorney, made the presentation on this item. He indicated the request was first brought to the Board in February of this year. Subsequent to that meeting, the Board requested additional information of H2H via the administrative office. The request at this time is to report back to the Board at the next meeting to address these additional questions. The Board had no objections to this request.

Proposed Meeting Dates For Year 2014 -

The proposed dates are as follows: January 22nd & 23rd, May 8th & 9th, and September 10th & 11th. **These dates were approved by the Board.**

Joint Annual Report on the Status of Emergency Medical Services for Children 2013 –

Rhonda Phillippi with the State Committee on Pediatric Emergency Care presented. She indicated this report is presented to this Board as well as the EMS Board. Ms. Phillippi gave an overview of the strategic plan for the provision of care to children in Tennessee. She provided the Board with an update to the nine (9) performance measures the state should be meeting which include some of the following items, EMS agencies strengthening pediatric ratings, strengthening of pediatric readiness of hospitals, institutionalization of continuing education for recertification of EMS providers, expansion of membership orientation and leadership capacity in EMS-C and CoPEC, integrate and develop a statewide disaster plan for children, etc. Ms. Phillippi updated the Board on other activities of EMS-C and CoPEC such as the Star of Life Award Program. She also highlighted requests contained in the report for the Office of Health Care Facilities to publish on-line inspection results for pediatric emergency care facilities and the provision of the top ten deficiencies for these facility types be presented to the Board on an annual basis. **John Marshall made a motion to accept the report presented by Ms. Phillippi.** Mr. Gordon asked for Ms. Phillippi to repeat the request contained within the presented report. She indicated the publishing of the survey results on-line by July 2014. Mr. Gordon expressed concern over hospital's readiness to have these results posted. Ms. Phillippi equated the display of these survey results to what is currently done with nursing home survey results. Vincent Davis stated the Department is looking to move forward with the publication of more facility type's survey results in the future. Mr. Gordon wanted to ensure Tennessee Hospital Association and providers are on board and prepared with this request and that the priority of the request fits with the priority of the state and others. **Mr. Shulman seconded the motion. Mr. Marshall withdrew the original motion.** Ms. Phillippi asked if this would include the report to the Board of the top ten deficiencies. **Mr. Marshall made a motion to accept the reporting of the top ten deficiencies to the Board for the purposes of education; seconded by Mr. Gordon. The motion was approved by the Board. The overall report minus the requirement to post on-line survey results for Pediatric Emergency Care Facilities was approved by the**

Board. The last item reported by Ms. Phillippi was an update to the Board on changes of the membership of CoPEC.

Approval of Board Policy #79 – POST Form and 2013 Legislation –

Ms. Reed indicated this item was originally presented to the Board in May and was driven by legislative changes to the law concerning the POST form and who can sign. Administrative staff felt a Board Policy regarding this legislative change should be developed, blessed by the Board, and then placed to the website. This policy effectuates what the legislation allows – advanced practice nurses signing the POST form in addition to a physician.

Wellmont Cardiology Services, Kingsport –

The facility sought determination from the Board as to whether an outpatient diagnostic center license would be required based upon their provision of services. Wellmont Cardiology Services, a physician practice, was approved by Certificate of Need (CON) for the relocation of a cardiac PET scanner. It is felt by Wellmont Cardiology Services that the entities' services fall under a physician practice which does not fall within the definition of an outpatient diagnostic center (ODC). The use of the cardiac PET scanner will be managed by Wellmont just as they manage the physician practice and not as an ODC. Bob Tuke presented on behalf of Wellmont Cardiology Services. He elaborated on the exclusion of a physician practice's use of diagnostic equipment from the ODC requirement. Mr. Tuke provided information concerning the control of the physician practice and use of the cardiac PET scanner. He also indicated to the Board Wellmont Cardiology Services would only serve the patients of their practice. Further discussion ensued between Wellmont's attorney and the Board regarding where the services would be provided and to whom. Ms. Reed provided guidance to the Board to make any decisions based upon how the ODC regulations would be applied to all licensees and/or potential licensees as it pertains to the term control. Mr. Shulman indicated from the presentation by Wellmont Cardiology Services this entity has sole control of the services provided including the cardiac PET scanner. Ms. Reed indicated the desire for an interpretation by the Board of the term control in the definition of an ODC for future situations. **Mr. Shulman made a motion that Wellmont Cardiology Services would not require licensure as an outpatient diagnostic center and based upon the facts presented and the understanding the services provided are under the control of the physicians of this practice; seconded by Mr. Marshall. The motion was approved by the Board.**

Revisit Board Interpretative Guidelines of Residential Home for the Aged (RHA) Guidelines Regarding Hospice Patients –

Ms. Reed reminded the Board of the development of the RHA – Hospice interpretative guideline in 2010 and the reasoning for the development of the interpretative guideline. The development stemmed from surveyors finding hospice patients at the end of their disease process residing in homes for the aged and concern of whether the appropriate care can be and/or is allowed to be rendered in this facility type. Ms. Reed further provided the Board with a recap of the definition of a home for the aged resident and asked if the current interpretative guideline is in conflict with the RHA resident definition. She asked that the Board determine

whether a change should occur with the current interpretative guideline or should it remain as is. Dr. Arnold indicated movement to a subcommittee for review was appropriate.

Post Form and Rule Language Suggestions Based upon Public Chapter 254 for all Facility Types for which this Pubic Chapter 254 Applies –

Judy Eads, Tennessee End of Life Partnership (TELP), made the presentation on this item. She indicated her discussion was to build on and to reduce confusion for the newly developed Board Policy #79 allowing advance practice nurses to sign the Post Form. Ms. Eads indicated in order to keep the Post Form up to date TELP has reviewed the form and looked at what other states have in place. The Post Form is endorsed by the National POST Paradigm Task Force and must meet certain criteria to maintain this endorsement. Ms. Eads indicated changes have been made to the form which is being reviewed by the national taskforce. She also indicated the desire to move these changes to the Post Form through the rulemaking process. The changes made include the addition of a line for the advance practice nurse to sign, removal of the antibiotic section and building into the comfort measure section. Ms. Eads indicated a desire to expedite the changes. **Mr. Rhodes made a motion to move the recommended changes to the Post Form to a rulemaking hearing; seconded by Ms. Janice Hill and Mr. Gordon. The motion was approved by the Board.**

Consideration of Discrepancies in Home Health Agency 1200-08-26-.04(9), Hospice Agency 1200-08-27-.04(1), and Professional Support Services Agency 1200-08-34-.04(7) Regarding Facility Administrator Requirements –

Ms. Reed directed the Board to the regulation for home health agencies indicating an administrator not serving more than one licensed home care organization providing home health, hospice, and or home medical equipment; the regulation for hospice agencies indicating an administrator not serving more than one licensed home care organization unless the home care organization provider other home care organization services under the same ownership and at the same location; and the regulation for professional support services agencies indicating an administrator of a home care organization may serve as both a home health agency and a professional support services agency administrator if both agencies are owned by the same corporation or legal entity. She further pointed out to the Board that home medical equipment regulations do not contain language that address the administrator service as the three other home care organizations' regulations do. Ms. Reed informed the Board the problem with this language discrepancy is between the home health agencies and hospice agencies. One facility type would not be cited during survey, but the other would if the same administrator was serving both facility types. Dr. Arnold called on legal counsel to address. Ms. Layden asked the Board to determine which form of language was preferred – to contain both same ownership and location requirements or just the same ownership requirements. Mr. Marshall indicated he preferred the ownership and location language. **Mr. Marshall made a motion to adopt the rule language for home care organizations (home health agencies, hospice agencies, home medical equipment providers, and professional support services agencies) regarding administrators to allow the administrator to serve more than one home care organization under the same ownership and at the same location; seconded by Mr. Rhodes. The motion was approved by the Board.**

Life Care Centers of America (LCCA) and Tennessee Health Care Association (THCA) to discuss the Tennessee Department of Health's Code Interpretation preventing Fire Sprinkler Piping from penetrating a Fire Wall and the Position of the State Fire Marshal's Office to NFPA 13, 2007 edition –

Ms. Reed stated to the Board LCCA and THCA desired to discuss with Board the Tennessee Department of Health's (TDH) interpretation on fire sprinkler piping, penetration of firewalls, position of the state Fire Marshal's Office, and NFPA 13, 2007 edition. Tom Jaeger, Skip Gregory, and Scott Frazer were present on behalf of LCCA and THCA and to present to the Board. Mr. Jaeger addressed the Board. He requested the Board to reconsider a previous interpretation that sprinkler piping cannot penetrate a 4-hour firewall and sprinkler risers cannot serve more than one building/fire area in new and existing health care facilities. Mr. Jaeger further informed the Board the Tennessee Fire Marshal Office has removed the restriction concerning penetration of a 4-hour firewall by sprinkler piping and that sprinkler risers can serve more than one fire area of a building. He asked the Board to remove these restrictions from their requirements as the Fire Marshal's Office has done. Mr. Jaeger provided background information to support this request which entailed documentation from the National Fire Protection Association, International Code Counsel, Fire Life Safety experts, Sprinkler Association, and Sprinkler Manufacturers Association. He further pointed out to the Board that CMS does not require these restrictions. Mr. Jaeger stated he is unaware of any other states enforcing this type of requirement as well. He stated the issue began with a poorly written interpretation from 1977 by NFPA which has since been rescinded. The Board requested to hear from the Office of Health Care Facilities' Plans Review section. Mr. Steve Baker, Plans Review, addressed the Board and indicated Plans Review speaks clearly and does not allow a sprinkler riser to serve more than one building/fire area or sprinkler piping to penetrate a 4-hour firewall. He also informed the Board the Office of Health Care Facilities has multitudes of licensed facility types for which Plans Review must review plans and survey and all are based upon the type of occupancy. Mr. Rhodes asked if the current interpretation is only for 4-hour firewalls. Mr. Baker indicated the IBC allows 2, 3, and 4-hour firewalls. This variance is allowed based upon on the size and type of construction and occupancy of the structure. Mr. Rhodes also asked if other states have been contacted on this matter. Mr. Baker indicated they have not. He further stated there has been no formal notification of a change in the information contained within the codes from the NFPA governing body. Mr. Jaeger spoke in counter to Mr. Baker's presentation by stating the interpretation by NFPA has been removed from that system and that Tennessee is the only state continuing to follow the removed interpretative guideline. He further stated the NFPA now states allowance for the penetration of firewalls and the use of single risers. Mr. Jaeger further informed the Board the NFPA has a different definition of a building than the International Building Code (IBC). The IBC speaks to specific square footage requirements for determining a building. Mr. Jaeger stated to the Board this requirement is being retroactively applied to existing licensed nursing home buildings. Mr. Rhodes requested information about other state requirements. Mr. Gregory indicated several states do not prohibit penetration of a fire wall. He indicated the 1977 interpretation was meant to address detached buildings and that the Tennessee Fire Marshal's Office recognized this and that buildings have multiple firewalls. **Mr. Rhodes feels this request**

should be granted. He stated he can clearly see the position and feels it is reasonable. He made a motion to accept the recommendation made by LCCA and THCA; seconded by Mr. Gordon. Mr. Shulman expressed an interest in the State Fire Marshal's Office position and knowing why they made a change which is contrary to another state office. He suggested sending to a subcommittee to understand the inconsistencies within the state. The Board and Vincent Davis, Director of Health Care Facilities, discussed the inconsistency between the State Fire Marshal's Office and the Office of Health Care Facilities and creating an opportunity to have a discussion on the matter. The Board asked Mr. Baker if he knew why the inconsistency might be. Mr. Baker indicated it could be due in part to the 34 exempted jurisdictions across the state. He further stated the local jurisdictions update their codes more frequently and will often be under the most current code. Also, he stated the population in the buildings the State Fire Marshal regulates is different than the population this Office regulates. **Mr. Gordon withdrew his second to the motion on the table in favor of the direction of the development of a subcommittee. Mr. Shulman made a motion to establish a subcommittee to review the issue and to report back a recommendation of a needed change and to work with the State Fire Marshal's Office; seconded by Mr. Rhodes. The motion was approved by the Board.** Volunteers for the subcommittee were Mr. Rhodes, Mr. Gordon, and Mr. Shulman. Concern was voiced by the LCCA and THCA on how future deficiencies would be addressed. Ms. Reed indicated a facility if cited could place as their plan of correction the outcome of the subcommittee developed by the Board and this impending result. Mr. Gordon stated the deficiency would be cited, but would not be addressed by a plan of correction until a decision was rendered by the subcommittee. **Mr. Gordon made a motion to stay any current identified deficiencies in terms of a corrective plan until the Board confirms the current enforcement of codes or takes a new direction; seconded by Mr. Rhodes. The motion was approved by the Board.**

Ridgeview Terrace withdrew its license status update based upon the discussion between the Board and LCCA and THCA on the sprinkler penetration of 4-hour firewalls and single risers in facilities. Ms. Layden requested the presentation of the license status update for the facility in order to offer clarity the statement of the provider.

Relocation of the Department/Division –

Ms. Reed informed the Board of the movement of the Division's Offices to 665 Mainstream Drive. This will be the location of the January 2014 Board meeting.

REGULATIONS:

Board Approval for Rulemaking Hearing -

Ms. Layden stated to the Board the information provided is a Notice of Rulemaking Hearing. She indicated this is for the Board to review in preparation for the January 2015 Board meeting. The rule language contained in this notice concerned new legislation for the POST; Nurse Aide Training program adding information relative to their right to appeal if the programs is closed; Hospice plan of care; and Assisted Care Living Facility administration of services. This is a combination of rules presented to the Board throughout the year and during the past two (2) years. The intent is to have a rulemaking hearing in May. Ms. Layden also referenced a request

for rule language from TMA and the Board's direction for legal counsel to review for legalities. She found no issue with the proposition and this will also be discussed at the January Board meeting. Ms. Layden also informed the Board there would be a rulemaking hearing at the January Board meeting for the Traumatic Brain Injury rules.

ORDER(S):

Consent Orders –

Ms. Layden presented the following consent orders:

Autumn Care, assisted care living facility (ACLF), civil monetary penalty (CMP) of two thousand five hundred dollars (\$2,500) was recommended. **The Board moved, 'to ratify the consent order'. The motion was approved.**

Jackson Street Faith Home, residential home for the aged (RHA), the facility failed to ensure all residents were free from communicable disease and had not submitted an acceptable plan of correction, probation of the license for twelve (12) months was recommended with submission of reports capturing detailing how the facility will implement its plan of correction once approved, the facility is to be resurveyed in August 2014. **The Board moved, 'to accept the consent order'. The motion was approved.**

Mabry Assisted Living, ACLF, CMP of five hundred dollars (\$500) was recommended based upon the facility failing to ensure medications were administered by licensed professional operating within the scope of their professional licensure. **The Board moved, 'to ratify the consent order'. The motion was approved.**

Manorhouse Assisted Living (Chattanooga), ACLF, CMP of two thousand dollars (\$2,000) was recommended. Ms. Layden questioned at this time if a letter was sent to the parent company of this facility as there is another ACLF with common ownership that is to have a consent order presented today. Ms. Reed indicated this parent company was not. Ms. Layden asked the Board if this was their desire. The Board did not indicate this to be the case. **The Board moved, 'to ratify the consent order'. The motion was approved.**

Manorhouse Assisted Living (Knoxville), ACLF, CMP of four thousand dollars (\$4,000) was recommended based upon the facility admitting or allowing the continued stay of a resident who has verbal or physical aggressive behavior which poses imminent physical threat to others or self. **The Board moved, 'to ratify the consent order'. The motion was approved.**

Morningview Village, ACLF, CMP of one thousand dollars (\$1,000) was recommended based upon the facility failing to properly dispose of expired medications and to maintain the dietary department in a clean and sanitary manner. **The Board moved, 'to ratify the consent order'. The motion was approved.**

Preston Place Suites, ACLF, CMP of one thousand five hundred dollars (\$1,500) was recommended based upon allowing the continued stay of a resident that could not care for an indwelling urinary catheter and required continuous nursing care and the facility failed to ensure medications were stored so other residents could not obtain. **The Board moved, 'to ratify the consent order'. The motion was approved.**

Summit View, ACLF, CMP of two thousand dollars (\$2,000) was recommended based upon various issues with cleanliness of the facility, failure to update the Plan of Care, and failure to have physician orders and medical records for residents. **The Board moved, 'to ratify the consent order'. The motion was approved.**

Sycamore Assisted Living, ACLF, CMP of five hundred dollars (\$500) was recommended based upon the facility's failure to ensure all drugs and biologicals were administered by a licensed professional operating within the scope of their professional licensure. **The Board moved, 'to ratify the consent order'. The motion was approved.**

Wayne County Assisted Living, ACLF, CMP of seventeen thousand dollars (\$17,000) was recommended based upon many deficiencies found upon an annual survey and revisit surveys. The facility is currently not in compliance, probation for twelve (12) months with a condition the facility would submit an acceptable Plan of Correction and additional reports to the Board of how the facility is implementing the Plan of Correction with the facility being resurveyed in August 2014. Discussion ensued with Board members over the prospect of the facility not being surveyed until the August 2014 date. The Board was informed the surveyors could go back before this date which could result in further citations of the level of a CMP deficiency. Ms. Reed informed the Board of the internal Health Care Facilities policy concerning a facility's failure to submit an acceptable plan of correction or to complete a plan of correction and the movement of such facility to the Office of General Counsel for action against the license by the Board. Mr. Gordon emphasized the importance of moving quickly with this facility based upon the interest of the patients. **The Board moved, 'to ratify the consent order'. The motion was approved.**

Wellington Place of Hixson, ACLF, CMP of two thousand dollars (\$2,000) was recommended based upon the facility admitting a resident with a Stage III pressure ulcer, failure to maintain organized resident records, and failure to document the time and circumstances of the death of a resident. **The Board moved, 'to ratify the consent order'. The motion was approved.**

Order(s):

Ms. Layden directed the Board to an order for East TN Dialysis a licensed end stage renal dialysis clinic. She informed the Board this facility was originally brought before the Board at a specially called meeting in June of 2013 at which time the Board approved a consent order which included nine (9) months suspension of the facility's license and then twelve (12) months' probation of the license and for the facility to submit an acceptable plan of correction within (thirty) 30 days of the issuance of the order. Ms. Layden informed the Board as of today's date the facility has not submitted an acceptable plan of correction. She requested direction from the Board on whether to bring the facility before the Board in January 2015 if the facility has not submitted the requested paperwork by a certain time. Mr. Gordon indicated the facility does not need to appear before the Board in January which the full Board was in agreement with, but must have an acceptable plan of correction to the regional office by that time which can be shared with the Board at the January meeting. The next order concerned The Grand Pearle a licensed assisted care living facility. Ms. Layden presented to the Board an agreed order stemming from the summary suspension of the license. She stated to the Board this facility too has not submitted an acceptable plan of correction to the regional office. Ms. Layden also informed the Board the facility's license is still suspended. The Board requested specifics of the agreed order. Ms. Layden indicated the order requires the facility to submit a plan of correction within thirty (30) days of the issuance of the order. She further informed the Board there are several itemized conditions to be met. Mr. Gordon asked when

the facility's license expires. Ms. Reed informed the Board the facility recently renewed their license. Mr. Gordon asked for an update on the facility at the January Board meeting.

LICENSE STATUS UPDATE(S):

Ridgeview Terrace of Life Care, Rutledge –

Mr. Baker spoke to the license status update for this facility. He provided background to the current situation for the facility. The facility was cited for having penetrated a 4-hour firewall with a sprinkler pipe. Mr. Baker indicated Plans Review has allowed the facility to get a licensed architect or engineer to survey the facility and confirm if the facility can and how it can be made to meet the current International Building Codes. This occurred it would allow a downgrade of the 4-hour firewall to a 2-hour firewall then Plans Review and the life safety surveyor would accept this given the facility space is within the limitation of the specified area requirement so the facility would not have to place another riser in the facility. Ms. Reed indicated the directive from the May Board meeting was to have a verifiable statement from a certified architect. Mr. Baker indicated Mr. Bill Harmon, Director of Facilities Construction, has received. The facility then formerly withdrew the licensure status update information.

Cookeville Regional Medical Center, Cookeville –

This is a 247 licensed bed hospital which was granted a waiver in January 2011 to waive the 1 and ½ hours rated floor assembly requirements for the EP Lab/Cath Lab expansion under the Standard Building Codes for three (3) years. The waiver expires in November of this year. Cookeville Regional Medical Center has confirmed the completion of the construction necessary to remedy the floor fire rating and the granted waiver is no longer needed.

LICENSURE STATUS REQUEST(S):

Ms. Reed presented the following licensure status requests.

Rosewood Manor, Inc., Columbia –

This is a licensed 68 bed nursing home requesting to have a second extension of the inactive status of their license for 24 months through September 30, 2015. The facility initially received approval for in active status in March of 2010 for 24 months then requested and received a first extension of the inactive status in March of 2012 for an additional 12 months. Rosewood Manor holds a certificate of need (CON) for the construction of a replacement facility. Circumstances have delayed the initiation by Rosewood Manor of the construction of new facility. The facility has received an extension of the CON for 36 months. Many items which were impeding the initiation of the construction of the facility have now been lifted and the facility intends to move forward with construction of the new facility. A final element of the facility's extension of the inactive request is to have the effective date go back to September 1, 2014 due to the expiration of the last inactive status on September 1, 2014. **A motion was made, 'to grant an extension of the inactive status equal to the time of their CON extension; October 1st, 2016'. The motion was approved.**

Bristol Nursing Home, Bristol –

This is a licensed 120 bed nursing home requesting to place their license in inactive status. The facility due to difficulties experienced over the last few months has chosen to transfer operations to Christian Care Center of Bristol, LLC and is expected to occur within the next 45 days. All patients have been transferred. The facility representative indicated the new operator is planning to complete substantial renovations and felt it would be more conducive to complete without patients in the building. **A motion was made, 'to grant a two (2) year inactive status'. The motion was approved.**

Franklin Transitional Care, Johnson City –

This is a licensed 13 bed Nursing Home requesting a first extension of the inactive status of their license. The facility's license was first placed on inactive status in September 2013 for twelve months. Franklin Transitional Care is still reviewing the need in the area and the best plan for the beds. **A motion was made, 'to grant a first extension of the inactive status of the license for one year'. The motion was approved.**

Scott County Hospital, Oneida-

This is a licensed 25 bed Hospital requesting to have a first extension of the inactive status of their license for an additional six (6) months. The facility's license was first placed on inactive status in September of 2013 for twelve months. At the time of the first inactive request, the Board indicated the facility would require a survey to place the license back in an active status. The representative of the facility indicated the surveyors were at the facility and cited some deficiencies and requested of the Board not only the extension of the inactive status, but to allow the facility to go back to an active status of the license following correction of the deficiencies and without appearing before the Board in January of 2014. Mr. Gordon asked how this would work procedurally. Ms. Reed indicated this is the first time for a situation such as this. She further indicated the facility would have to submit a plan of correction for the deficiencies cited which would prompt a review and a subsequent revisit to the facility to ensure the plan of correction has been carried out by the facility. Mr. Gordon stated if the deficiencies are corrected then the facility would come back to the Board. Ms. Reed concurred and indicated this would be to remove the inactive status. Mr. Shulman clarified if the request was to place the license from inactive to active before the next Board meeting. Ms. Reed confirmed it was. The facility representative indicated the facility currently has a large amount of expenses and that it would be difficult to wait until January 2014 to begin operations. **Mr. Gordon made a motion to approve the license of Pioneer Community Hospital of Scott, Oneida to remain on inactive status for an additional six (6) months until such time that they have satisfied the requirement/recommendations of staff and a second visit is scheduled and they pass inspection then a license could be granted; seconded by Mr. Rhodes. The motion was approved by the Board.**

WAIVER REQUEST(S):

Ms. Reed presented the waiver requests for consideration by the Board.

Laurelbrook Nursing Home, Dayton –

This is a licensed 50 bed nursing home requesting to waive the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Mr. Keith Wellman is serving as the interim administrator at this time. He asked for a twelve month time period as an interim while the facility searches for a full-time administrator. The Board questioned the request for the waiver since the Mr. Wellman was a licensed nursing home administrator in Tennessee. Ms. Reed indicated the rule states if a permanent administrator has not been hired while an interim is in place the facility must ask for a waiver from the Board. **Mr. Marshall made a motion to grant a waiver for the interim administrator; seconded by Mr. Rhodes. The motion was passed.**

Emeritus at Oak Ridge, Oak Ridge –

This is a licensed 94 bed assisted care living facility requesting to waive the licensure requirement 1200-08-25-.08(4)(a)&(b) regarding the continued stay of a resident. The facility was cited for an inappropriate resident due to a gastrostomy tube. The family is responsible for the care of the tube and the facility and family wish for the resident to remain in the facility. The representative for the facility is Charlie Harris. Mr. Harris presented to the Board a history of the situation at the facility. He indicated the desire of the facility and the resident's family for the resident to remain in the facility. Mr. Gordon asked if the family is consistent in their provision of the tube feedings. Mr. Harris indicated the resident has 24 hour caregivers since December. The Board wanted clarification of who the caregivers are. Mr. Harris indicated the caregivers are hired individuals who were trained at the hospital and by the home health agency. Mr. Marshall asked how long the gastrostomy tube would be in place. Mr. Harris indicated for the remainder of the resident's life. Ms. Reed pointed out to the Board members the letter submitted by Emeritus at Oak Ridge and the regulation which states, "shall not admit but may permit the continued stay of residents that...." Require certain things with one being gastrostomy feedings. She further pointed the Board members to a portion of the regulation which states, "if a resident is able to care for the condition without assistance from the facility or ...other licensed entity..." and asked if this would be an applicable regulation. Mr. Harris indicated understanding if the resident is placed on hospice this is not an issue and the resident's son is willing to do so. **Mr. Rhodes made a motion to grant a waiver of 1200-08-25-.08(4)(a)&(b); seconded by Mr. Shulman who questioned what would happen to the survey. Mr. Harris stated the facility has completed their plan of correction by indicating to the surveyors and survey office the intent to appear before the Board to request this waiver. The motion was passed.**

Alexian Village Health and Rehabilitation Center, Signal Mountain –

This is a licensed 114 bed nursing home requesting to waive the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Mr. Scott Norton is in the process of applying for a nursing home administrator's license in Tennessee. Mr. Norton stated to the Board he has applied for a license and it will be reviewed in November. He indicated he has 21 years of experience as an administrator in New Jersey. **Mr. Gordon made a motion to approve the request for a waiver of the licensed nursing home**

administrator requirement until the Board's next meeting in January 2015; seconded by Mr. Rhodes. The motion was passed.

Huntsville Manor, Huntsville –

This is a licensed 96 beds nursing home requesting to waive the nursing home rule 1200-08-06-.06(9)(b) for the dietary manager requirements. Representatives for the facility are Carla Buttram and Anna Day.

Ms. Buttram provided information of the location of the facility and the labor pool in the area. She indicated the facility is currently working with a registered dietitian who is requiring certification and is having to retake the test for such certification. The test is scheduled for October 15th, 2013. **Mr. Rhodes made a motion to approve the request for a waiver of the nursing home rule 1200-08-06-.06(9)(b) to January 2015; seconded by Mr. Gordon. The motion was passed.**

Princeton Transitional Care, Johnson City –

This is a licensed 34 bed nursing home requesting to waive the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Mr. Ryan Youngblood has received his initial approval which will be ratified by the Nursing Home Administrator's Board in November. Mr. Youngblood is with us via phone. He indicated to the Board he did the administrator in training program in Tennessee, but has had paperwork issues with acquiring his license. **Mr. Gordon made a motion to approve the request for a waiver of the licensed nursing home administrator requirement through January 2014; seconded by Mr. Rhodes. The motion was passed.**

Spring Meadows Health Care Center, Clarksville –

This is a licensed 121 bed nursing home requesting to waive nursing home rule 1200-08-06-.06(9)(b) for meeting the dietary manager requirements. Representatives for the facility are Brain Vermillion and Olana Whitney. Mr. Vermillion stated to the Board the desire for a waiver of the above requirement until Ms. Whitney can complete the certified dietary manager course. He indicated she has been a dietary manager for five (5) years in Kentucky which does not have a requirement for certification. **Mr. Marshall made a motion to approve the request for a waiver of the nursing home rule 1200-08-06-.06(9)(b) for one (1) year; seconded by Mr. Gordon. The motion passed.**

Pioneer Community Hospital of Scott, Oneida Previously Scott County Hospital, Oneida –

Pioneer Community Hospital is requesting to waive hospital rules 1200-08-01-.01(36)(a)5&6 regarding obstetrical services (OB) and the emergency department. Representative for the facility is Morgan Dunn. Ms. Dunn stated to the Board the filing of a certificate of need application for the removal of OB services. She stated for the emergency department waiver request the facility's license is inactive so no patients are being treated. Ms. Dunn expressed the desire of the facility to phase in services to help with cost. She further stated the hospital will seek critical access hospital (CAH) status once the license is back in active status and the critical access status requires 24 hour emergency room service. Mr. Marshall asked about a transfer facility agreement which is a requirement of the CAH designation. Transfer agreements were acknowledged to be in place. Mr. Gordon asked about the certificate of need

addressing the OB and emergency department services. Ms. Reed indicated the certificate of need would only address the OB portion. Mr. Gordon questioned whether the facility has an emergency department. Ms. Reed indicated the facility did prior to the inactive status of the license. Mr. Marshall asked if the facility was previously an acute care facility. Ms. Reed indicated the facility had a CAH designation. Mr. Gordon asked how the emergency needs of the patients of the county would be addressed. Ms. Dunn indicated the hospital would have an urgent care clinic available. She anticipates the emergency department opening no later than November or December 1. She emphasized the urgent clinic would be staffed by physicians, would not provide 24 hour care, or emergency care. **Mr. Rhodes made a motion to approve the request for no longer than the January Board meeting.** Mr. Gordon expressed concern about the expectations of the community for care when the hospital reopens. He further stated the facility should move forward with the certificate of need process and do a follow-up with the Board in January with all worked out and a certificate of need in place at that time and an opened emergency room on a limited basis. Ms. Dunn explained that Medicare will not allow a hospital to open as a CAH that a conversion from one designation to this must occur. Mr. Gordon continued to support the facility completing the certificate of need process and providing some emergency department services. Mr. John May, Scott County attorney, spoke to the Board. He informed the Board that the community is very aware of the plans of Pioneer Community Hospital and is behind the facility. He does not feel confusion will occur. Mr. Gordon again asked how long before the opening of the emergency department. Ms. Dunn stated six (6) to eight (8) weeks. She further indicated the surveyors will be back in the facility to survey and will look at the emergency department. Ms. Dunn indicated the desire to get ancillary departments open to support the clinic. She then indicated a conversation with the state would occur regarding a survey of the emergency department. Mr. Gordon indicated a desire for the emergency department to be in place. **Dr. Arnold indicated the motion previously made died due to the lack of a second. Mr. Gordon made another motion to not grant the request of Pioneer Community Hospital and suggests completion of the work with the CON process and brings that back to the Board after completion; to go ahead and open the facility with emergency services.** Ms. Reed sought clarification from the Board and clear direction for the surveyors based upon the motion. She stated the certificate of need process that will be completed is for OB services only and can be addressed by the Board in January if the certificate of need is approved without the facility coming back before the Board. Ms. Reed further stated not granting the waiver would require an operational emergency department for our surveyors to survey when they go back to the facility for a revisit. If the emergency department is operational and all is in place programmatically and from the building perspective and no deficiencies are cited this would suffice to lift the inactive status. Mr. Gordon indicated yes. **Mr. Rhodes seconded the motion.** Ms. Dunn asked for clarification on the emergency department survey. Ms. Reed indicated an emergency department would be required in order for the facility to move forward. Ms. Dunn further asked if the OB services would be waived until the next Board meeting so the facility could open. Ms. Reed indicated the facility could, but a citation relative to be OB services would be made and the facility could indicate the certificate of need application is in process as a response. Mr. Marshall asked when the certificate of need application was to be heard. Ms. Reed stated December. **The motion was passed.**

Golden Living Centers, Union City –

This is a licensed 80 bed nursing home requesting to waive the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Ms. Chasity Doss is serving as the interim administrator. Ms. Doss is the facility's director of nursing and is serving in the interim capacity until the facility is able to hire an administrator. She indicated the request is for at least 90 days. She further stated two (2) applicants have been interviewed, but they were not found to be suitable. **Mr. Marshall made a motion to approve the request for a waiver of the licensed nursing home administrator requirement for 90 days until the January 2014 Board meeting; seconded by Ms. Carissa Lynch. The motion was passed.**

BOARD POLICY CONSENT(S):

Ms. Reed made the Board aware that the requests for Board Policy #39 will not be heard as a quorum of the Board will be lost if heard. These will be moved to the January 2014 Board meeting.

Ms. Reed presented the Board Policy Consent requests for Board Policy #32, Nursing Homes and Residential Homes for the Aged to provide outpatient therapy services.

Board Policy #32 requests –
Life Care Center of Ooltewah, Ooltewah
The Wexford House, Kingsport

A motion was made, 'to approve the requests according to Board Policies #32'. The motion was approved.

A motion was made, 'to adjourn'. The motion was approved.