

Tennessee Department of Health
OCRC/Linton On-Site Survey Form

Date _____ (Pursuant to Title VI of the Civil Rights Act 1964 and Section 504 of the Rehabilitation Act of 1973)

Name of Facility _____ Provider # _____ License # _____

Address _____ Telephone # _____
 Street City County Zip Code

Administrator _____ Title VI/ Section 504 Coordinator _____ Single Admission List Coordinator _____

Licensed Beds _____ Average Census _____ Today Census _____

SNF Medicare Beds _____ # of Medicare Patients _____

Medicaid Beds NF _____ Daily Certified _____ # of Medicaid Patients _____

of Patient Discharges in past year _____ SNF _____ NF _____

of Board of Directors Members _____ # of Minorities _____ # of Non-minorities _____ # of Handicap _____

Single Admission list _____ # of Minorities _____ # of Non-minorities _____

of Handicap Program Participants _____ # of Minorities _____ # of Non-minorities _____

Proprietary _____ Non-Profit _____ Religious Affiliation _____

Patients Characteristics

	Minority	Non-Minority	Total
Male			
Female			
Medicare SNF			
Medicaid SNF			
Medicaid NF			
Private Pay			
Other-Pay			
# of Handicap			

of applications denied admission within the past year _____ state reason _____

Staff Characteristics

	MINORITY		NON-MINORITY		OTHER		TOTAL
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	
Administrative							
Clerical							
Dietary							
RN							
LPN							
Nurse Assistants							
Housekeeping							
Maintenance							
Counselors							
Social Workers							
Activities							
Specialized Rehab							
Consultants							
Other Staff Positions							
TOTAL							

Surveyor _____

Date _____

1200-8-16-.02 REQUIREMENTS FOR CIVIL RIGHTS COMPLIANCE

The Board for Licensing Health Care Facilities may deny, suspend, or revoke a facility's license, or otherwise discipline the facility for violations of the following requirements pursuant to T.C.A. 68-11-207 and 68-1-113. Licensed health care facilities must comply with the following:

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p>1200-8-16-.02(1)</p> <p>1. The Facility's policies regarding deposits, extension or credit and other financial matters are applied uniformly and without regard to race.</p> <p>Information regarding the price and availability of accommodation is uniformly made available to all.</p> <p>1200-8-16-.02(3)(5)</p> <p>2. The policy must state the criteria for admissions, room assignments/transfers and that services are available on a non-discriminatory basis.</p> <p>1200-8-6-.02(3)</p> <p>3. Shall include in their operational policies and procedures manuals measures to provide all services in a non-discriminatory manner (i.e., medical, dental, nursing, laboratory, pharmacy, skilled rehabilitative, social, volunteer, dietary, and housekeeping).</p>	<p>1. MET _____ NOT MET _____</p> <p>Yes _____ No _____</p> <p>2. MET _____ NOT MET _____</p> <p>3. MET _____ NOT MET _____</p>	

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p>1200-8-16-.02(4)</p> <p>4. Physical facilities including lounges, dining facilities, beauty and barber shops shall not be used in a segregated or discriminatory manner.</p>	<p>4. MET _____ NOT MET _____</p>	
<p>1200-8-16.02(5)</p> <p>5. Room Assignments and Transfers:</p> <p>a. A policy states that race, color, national origin will not determine room assignments.</p> <p>b. Policies are written to outline the order by room number, wing, medical section or floor to which the new admission will be assigned if multiple vacancies exist.</p> <p>c. The policy lists reasons for transfer.</p> <p>d. A list of all factors to consider in selecting a room for new admissions; i.e., sex, medical diagnosis, patient or physician request for private, semi-private accommodations.</p> <p>e. If there is a pre-admission procedure, please describe this procedure.</p>	<p>5. MET _____ NOT MET _____</p> <p>5a. Yes _____ No _____</p> <p>5b. MET _____ NOT MET _____</p> <p>5c. MET _____ NOT MET _____</p> <p>5d. MET _____ NOT MET _____</p> <p>5e. MET _____ NOT MET _____</p>	

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p>1200-8-16-.02(6)</p> <p>6. Shall include in their operational policies and procedures manuals that all aspects of all their training programs--those operated by the facility, and those operated by other institutions within their facility for which the facility provides clinical training--are conducted without discrimination, on the basis of race, color, national origin or handicapping condition.</p>	<p>6. MET _____ NOT MET _____</p>	
<p>1200-8-16-.02(7)</p> <p>7. The facility utilizes reasonable efforts to recruit minority and handicapped individuals to training programs offered by the facility or contracted through the facility.</p>	<p>7. MET _____ NOT MET _____</p>	
<p>1200-8-16-.02(8)(a)</p> <p>8a. Are the non-discriminatory policies of the facility effectively communicated to patients and the community, e.g., brochures, pamphlets, advertising.</p>	<p>8a. MET _____ NOT MET _____</p>	
<p>b. patients</p>	<p>b. Yes _____ No _____</p>	
<p>c. community</p>	<p>c. Yes _____ No _____</p>	

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p>1200-8-16-.02(8)(b)</p> <p>8b. The Assurance of Compliance for Title VI and Section 504 is signed by the appropriate representative of the facility.</p> <p>A. Title VI Assurance of Compliance (Form-HHS 441)</p> <p>B. Section 504 Assurance of Compliance (Form-HHS-442)</p> <p>1200-8-16-.02(8)(c)</p> <p>8c. The facility utilizes its referral sources in a manner which assures an equal opportunity for admission without regard to race, color, national origin or handicapped condition.</p> <p>1200-8-16-.02(8)(d)</p> <p>8d. The Title VI/Section 504 policy is framed and permanently affixed in the entrance to the facility.</p> <p>1200-8-16-.02(9)</p> <p>9. Shall be responsible for conveying to all staff their non-discriminatory policy and how to file a complaint under Title VI or Section 504. This shall be accomplished by providing, as part of new employee's orientation and periodic retraining of permanent employees, information regarding the obligation, intent, and meaning of Title VI and Section 504 compliance.</p>	<p>8b. MET _____ NOT MET _____</p> <p>A. Yes _____ No _____</p> <p>B. Yes _____ No _____</p> <p>8c. MET _____ NOT MET _____</p> <p>8d. MET _____ NOT MET _____</p> <p>9. MET _____ NOT MET _____</p>	

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p>1200-8-16-.02(10)</p> <p>10. If the facility has 15 or more (FTE) employees, a Section 504 Coordinator has been designated.</p>	<p>10. MET _____ NOT MET _____</p>	
<p>1200-8-16-.02(11)</p> <p>11. The facility has established an acceptable grievance procedure.</p>	<p>11. MET _____ NOT MET _____</p>	
<p>1200-8-16-.02(12)</p> <p>12. The facility has ensured that minority and handicapped persons have the opportunity to participate in planning, policy, or advisory boards whose membership is open to the public.</p>	<p>12. MET _____ NOT MET _____</p>	
<p>1200-8-16-.02(13)</p> <p>13. The facility has developed an acceptable mechanism to review annually the policies for Title VI and Section 504.</p> <p>A. Title VI</p> <p>B. Section 504</p>	<p>13. MET _____ NOT MET _____</p> <p>13A. Yes _____ No _____</p> <p>13B. Yes _____ No _____</p>	

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p>C. The facility as developed policy on the use of courtesy titles, Mr., Mrs., and Miss when addressing patient/resident.</p>	<p>Yes _____ No _____</p>	
<p>1200-8-16-.02(14) 14. The facility has conducted a Title VI review and a Section 504 self-evaluation to determine the program accessibility to handicapped individuals.</p>	<p>14. MET _____ NOT MET _____</p>	
<p>120-8-16-.01(13) A. A list of handicapped persons consulted?</p>	<p>14A. Yes _____ No _____</p>	
<p>120-8-16-.02(13) B. Description of problems identified, areas examined, remedial steps taken.</p>	<p>14B. Yes _____ No _____</p>	
<p>1200-8-16-.02(15) 15. The facility's recruitment and employment practices are non-discriminatory and have no adverse effect on qualified handicapped individuals.</p>	<p>15. MET _____ NOT MET _____</p>	
<p>1200-8-16-.02(16) 16. The facility has developed an effective procedure for communicating with handicapped persons and persons with limited English Proficiency for the purpose of giving notice and providing emergency services. The facility has formal agreements for the provision of interpretive services as needed.</p>	<p>16. MET _____ NOT MET _____</p>	

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p>1200-8-16-.02(17)</p> <p>17. The facility should provide a description of auxiliary aides available to patients with impaired sensory, manual, speaking skills.</p> <p>The facility has a TTY/TDD typewriter or described its arrangement to share a TTY/TDD.</p> <p>1200-8-16-.02(18)</p> <p>18. All written contracts for services to the facility, including professional service agreements with health care providers, contain a non-discriminatory clause.</p>	<p>17. MET _____ NOT MET _____</p> <p>Yes _____ No _____</p> <p>18. MET _____ NOT MET _____</p>	

DETERMINATION	RECOMMENDATIONS
<p>1. Based on the data obtained during this review OCRC finds the facility in compliance with the applicable provisions of Title VI, Section 504 and PL 977. _____</p> <p>2. Based on the data obtained during this review and the agenda upon corrective action, OCRC finds the facility in apparent compliance with the applicable provisions of Title VI, Section 504 and PL 977. _____</p> <p>3. Data obtained during this review indicate that the facility is in non-compliance with the following regulations(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

LINTON

REQUIREMENTS	RESPONSE		EXPLANATORY STATEMENTS
<p><u>1200-13-1-.08 Admissions To Long-Term Care Facilities</u></p> <p>(1) Admission Policies and Single Waiting List</p> <p>(a) Name of applicant</p> <p>(b) Name of contact person/designated representative other than the applicant</p> <p>(c) Address of the applicant</p> <p>(d) Telephone number of the applicant</p> <p>(e) Name of the person or agency referring</p> <p>(f) Sex and race of applicant</p> <p>(g) Date and time of the request for admission</p> <p>(h) Reason(s) for refusal to admit</p> <p>(i) Staff person's name and title</p> <p>(j) Applicant anticipated to be Medicaid eligible at time of admission</p>	<p><u>Met</u></p> <p>_____</p>	<p><u>Not Met</u></p> <p>_____</p>	

REQUIREMENTS	RESPONSE		EXPLANATORY STATEMENTS
	<u>Met</u>	<u>Not Met</u>	
(2) Quarterly Up-date and Revisions	_____	_____	
(a) Refusals for Chronological Placement Change	_____	_____	
(3) Waiting List Confirmation Sent and Verified	_____	_____	
(4) Admissions of Applicants in Chronological Order	_____	_____	
(5) Documented Justification for Deviation	_____	_____	
(a) Medical need	_____	_____	
(b) Applicant's sex	_____	_____	
(c) Implement affirmative action plan	_____	_____	
(d) Emergency placements	_____	_____	
(e) Other reasons - Medical Director Approval	_____	_____	
(f) Extended hospitalization or therapeutic leave	_____	_____	
(g) Facility withdrawals from Medicaid	_____	_____	
(6) Documented Telephone Requests	_____	_____	
(7) Oral Requests Recorded and Preserved	_____	_____	

REQUIREMENTS	RESPONSE		EXPLANATORY STATEMENTS
	<u>Met</u>	<u>Not Met</u>	
(8) Waiting List Accessible to Applicants and Other Authorized Persons 1200-13-1-.05 <u>Providers</u>	_____	_____	
(15) Voluntary Termination (b) 1. Approval notice to current Medicaid eligible residents 2. Approved notice to all other current residents 3. Approved notice for current applicants on wait list	_____	_____	
(17) Restrictive Conditions of Admissions to or Continued Stay	_____	_____	
(a) Source of payment transfers or discharges	_____	_____	
(b) Excessive patient liability for Medicaid eligibles	_____	_____	
(c) Excessive patient liability for pending PAE	_____	_____	
(d) Foregoing Title XIX Medical Assistance benefits	_____	_____	
(e) Requiring third party signature except as required	_____	_____	

REQUIREMENTS	RESPONSE		EXPLANATORY STATEMENTS
	<u>Met</u>	<u>Not Met</u>	
(18) Conditions of Compliance for Transfers, Discharges and/or Readmissions	_____	_____	
(a) Transfer and discharge rights	_____	_____	
(b) Pre-transfer and Pre-discharge notice	_____	_____	
(c) Timing of notice	_____	_____	
(d) Pre-transfer and Pre-discharge notice contents	_____	_____	
(e) Orientation documented	_____	_____	
(f) Bed Hold policy and readmission	_____	_____	
(g) Notice upon transfer	_____	_____	
1200-13-1-.05 <u>Providers</u>			
(g) Written policies and procedures addressing admissions, transfers and discharges	_____	_____	

REQUIREMENTS	RESPONSE		EXPLANATORY STATEMENTS
<p>1200-24-1-.05 <u>Providers</u></p> <p>(1) Discriminatory Acts which Impact Negatively on Minority Applicants</p> <p>(a) Applicants denied admission during the past three (3) months.</p> <p>(d) Applicants not admitted on a first-come, first served basis, during the past three (3) months.</p>	<p><u># Non Min</u></p> <p>_____</p> <p>_____</p>	<p><u># Min</u></p> <p>_____</p> <p>_____</p>	

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