



**TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
227 French Landing, Suite 501
Heritage Place Metrocenter
Nashville, TN 37243**

ACLF RESIDENT RETENTION REQUEST

This form shall be completed by any facility requesting an extension of the twenty-one days allowed by TCA 68-11-201(5)(B) and Board Rule 1200-8-25-.05(5). The facility requesting the extension must submit this form to the address listed above.

Name of Facility _____ Resident's Name _____

Please identify the reason for the 21 day extension:

- _____ Intravenous or daily intramuscular injections or intravenous feeding;
- _____ Insertion, sterile irrigation and replacement of catheters, except for routine maintenance of Foley Catheters; or
- _____ Sterile wound care

Please include a detailed summary of the resident's condition including how long the condition is expected to last.

Signature and date of Resident's physician _____

Signature and date of Facility Administrator or Designee _____

This section is to be completed by the Department of Health

Department of Health Physician Comments _____

_____ Approved for _____

Physician signature and date _____

_____ Denied

Physician signature and date _____