

# Tennessee Board for Licensing Health Care Facilities



# Newsletter



2015/2016

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Division of Health Licensure and Regulation • Office of Health Care Facilities • 665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, TN 37243 Phone: (615) 741-7221, Toll Free: (800) 778-4504 Fax: (615) 741-7051 or (615) 253-8798 - [tennessee.gov/health](http://tennessee.gov/health)

## BOARD MEMBER APPOINTMENTS/REAPPOINTMENTS

The Board for Licensing Health Care Facilities is pleased to announce the appointment of Thomas Gee by Governor Haslam on November 23, 2015. Mr. Gee serves as the hospital administrator representative. His appointment expires February 28, 2019. Paul Boyd was appointed by Governor Haslam on November 16, 2015. Mr. Boyd serves as one of the consumer representatives. His appointment expires July 31, 2016.

## CURRENT COMPOSITION OF THE BOARD

The Board for Licensing Health Care Facilities is composed of the following members: René Saunders MD, Chairman; Roger Mynatt, nursing home industry representative; Carissa S. Lynch, Pharm.D., doctor of pharmacy; Thomas Gee, hospital administrator; John A. Marshall, hospital administrator; Jennifer Gordon-Maloney, D.D.S., oral surgeon; Kenneth Robertson MD, physician-surgeon; Sherry L. Robbins, physician-medicine; Annette Marlar, R.N., registered nurse; Robert Breeden, nursing home industry representative; Janet Williford, home health agency administrator; David A. Rhodes, architect; Joshua Crisp, RHA/assisted living representative; Michael Miller, D.O., osteopathic medicine representative; Bobby Wood, consumer; Paul Boyd, consumer; Jim Shulman, Commission on Aging and Disability, ex officio.

## BOARD MEETING DATES

May 4<sup>th</sup> & 5<sup>th</sup>, 2016

September 7<sup>th</sup> & 8<sup>th</sup>, 2016

All board meetings begin at 9:00 a.m., Central Time. Board meetings are held at the board's office and are open to the public. The board office location has changed and is now located at 665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, TN 37243. Dates are subject to change, but are listed on the board's website, <http://health.state.tn.us/hcf/board.htm>. In the event of an electronic meeting, a conference room is made available to the public and is the location from which the electronic meeting is conducted.

## BOARD STANDING COMMITTEES

The following standing committees of the Board met during the period from August 1, 2015 through January 31, 2016.

### Performance Improvement Issue

**September 17, 2015:** The standing committee addressed five items at this meeting. The first item was the approval of the interpretative guideline (IG) for hospital rule 1200-08-01-.07(4)(a)(b) regarding outpatient services and the provision of dialysis as an outpatient by the standing committee. The approved IG was moved to the full Board for final approval. The second item was the allowance of advance practice nurses (APN) to write admission orders in nursing homes. The standing committee voted to have the Office of General Counsel (OGC) to do a continued review of the CMS requirements for nursing homes and the utilization of APN. The standing committee did approve an IG for the admissions, transfers, & discharges section of the hospital rules which would allow APN to write admission orders and provide on-call services. The approved IG was moved to the full Board for final approval. The third item was consideration of recommended dietary rule language for the hospital

regulations. The standing committee approved a rule language change for rules 1200-08-01-.06(9)(e)1 & 2. The approved rule language was moved to the full Board for final approval. OGC was requested to do further review of rule 1200-08-01-.01(23), dietitian definition, recommended language changes. The fourth item was presentation of four IGs for the nursing home regulations regarding ventilator services. These were not approved by the standing committee, but identified as needing input/review by the respective provider associations. The final item was clarification of the professional support services rule 1200-08-34-.04(9) and the IG for 'Adequate Medical Screenings to Exclude Communicable Disease'. The standing committee deferred the item in order to hear discussion from the Assisted Care Living Facility (ACLF) Standing Committee on IGs being presented to this committee on communicable disease and infection control. The ACLF Standing Committee approved the presented IG on infection control, but denied the communicable disease IG.

**December 15, 2015:** The standing committee addressed six items at this meeting. The first item was a review of the IG for 'Adequate Medical Screening to Exclude Communicable Disease'. The standing committee tabled this item after much discussion and requested attendance and participation from provider associations of the listed provider types the IG addresses. The second item was consideration of proposed rule language for hospital rule 1200-08-01-.01(24), dietitian definition. OGC reviewed the definition of dietitian as found in TCA 63-25-104(b)(6) and the use of contracted employees by a hospital in the role of a dietitian. New rule language was proposed and approved for this definition by the standing committee. The proposed rule language will be moved to the full Board for final approval following OGC's presentation of the approved language to the Dietitian Association's attorney, John Williams. The third item was consideration of a rule language change for APN admission and on-call services in nursing homes. OGC reviewed the CMS guidelines for authority to allow the rule language change and did not find this authority. No change was made to the nursing home regulatory language at this time. The fourth item was the approval by the standing committee of the hospital rule language allowing APNs to write admission orders and to provide on-call services. This approved language was moved to the full Board for approval. The fifth item was the presentation again of the nursing home ventilator IGs. The relative provider associations gave approval of the recommended IG language. The IGs were approved by the standing committee and will be presented to the full Board for approval. The final item was the presentation by the Tennessee Ambulatory Surgery Center Association (TASCA) of modifications of the ambulatory surgical treatment center (ASTC) rule 1200-08-10-.06(2)(g) regarding the treatment of malignant hyperthermia. The standing committee adopted the proposed rule language of TASCA with one amendment. OGC is to determine if the hospital regulations also require this rule language. The standing committee also considered an IG put forth by TASCA for this same rule. The IG was approved with modifications. OGC requested to first research the appropriateness of using a product name in the IG before moving to the full Board for final approval.

**January 12, 2016:** The standing committee addressed two items at this meeting. The first item was a continued

discussion and review of the IG for 'Adequate Medical Screening to Exclude Communicable Disease'. Feedback was heard from various provider associations such as THA, THCA, Home Health Care Association, and other State of Tennessee departments with a vested interest in the subject. The standing committee voted to have another more informal meeting to include Dr. Marion Kainer and other representatives from the Tennessee Department of Health's Communicable Disease section, association representatives, and surveyors to discuss development of a core standard and the issues with the interpretation of the rule and IG. The last item was the Blakeford at Green Hills a licensed assisted care living facility seeking clarification from the standing committee regarding rule 1200-08-25-.06(2)(4) and the allowance of an electronic medium to provide the required information. The standing committee wanted further review of all licensed facility type regulations for this specific language prior to developing an IG. It was also requested that the provider bring an example of their current electronic sign to the next meeting of the committee.

#### Education

**September 17, 2015:** The standing committee addressed one item at this meeting. The item was relative to the IG for nursing home (NH) rule 1200-08-06-.15(2)(c)4 regarding nurse aide training program pass/fail rate calculation. The presentation of this IG fostered discussion on small facility programs, statistical issues, timing of training programs, and the presented IG language "...pass/fail rates will be calculated after the 3<sup>rd</sup> exam attempt." The presented IG was modified with the addition of new language. The approved IG was moved to the full Board for approval.

#### Assisted Care Living Facility

**September 17, 2015:** The standing committee addressed three items at this meeting. The first item was the IG for assisted care living facility (ACLF) rule 1200-08-25-.06(5)(a) regarding infection control. The standing committee approved this IG and moved this to the full Board for approval. The IG was originally heard by the August 18, 2015 ACLF Standing Committee. The second item was the IG for ACLF rule 1200-08-25-.08(1)(c) regarding reportable communicable diseases. The presented IG was the result of work from a prior ACLF Subcommittee which met in August 2013. This IG was not approved by the standing committee. The final item was the presentation by a Nursing Board representative on the medication aide certified program.

**January 7, 2016:** The standing committee addressed one item at this meeting. This item was the result of the Tennessee Board for Licensing Health Care Facilities 2015 Performance Audit. The standing committee indicated the following as the course of action to be taken by the ACLF Standing Committee – work on rule language amendments to clearly describe licensed medical practitioners as the only individuals qualified to administer and assist with the administration of medication in assisted care living facilities; review the existing Civil Monetary (CMP) Fee Structure and Grid, review penalties assessed since inception of the CMP system, request staff/counsel to provide trends and analysis showing facilities only cited once and those dates as well as facilities cited multiple times and those dates, the committee is to assess and

analyze the information provided to determine trends/cause and provide recommendations for revision if deemed necessary to the full Board, & work on the development of a set of penalties for the citation of deficiencies concerning unqualified staff administering medications; formerly refute the findings of the audit regarding ACLFs and medication administration by unlicensed/unqualified staff, specifically involving the finding that the Board has “allowed” unlicensed persons to administer medications, and the committee requests evidence that the Board has knowingly allowed unlicensed persons to administer medications and the specific finding; and place on record the auditors may not have had current ACLF regulations with revision date of 6/2015 which added rule language for the definition ‘assistance with self-administration of medication’.

### **ACLF/Facilities Construction**

**September 17, 2015:** This joint standing committee addressed three items at this meeting. The first item was the consideration of a waiver request by Governor’s Bend Assisted Living Facility, Erwin for rule 1200-08-25-.09(1) Building Standards for HVAC issue and wireless nurse call station. For the HVAC issue, NFPA 90A, 5.3.3.1, 5.4.4 was referenced. For the wireless nurse call station, UL 1069 Edition 7 is found in the AIA Guidelines and was referenced. History of the installation and approval of the wireless nurse call station was provided to the joint standing committee. This item was tabled until the January 2016 Board meeting for further research to be conducted by OGC. The result of OGC’s research is to be reported back to the joint standing committee for consideration of the waiver item if adequate supportive documentation for the facility’s current system is found. The HVAC issue and waiver request were denied support by the joint standing committee. The second item was further consideration and discussion of ACLF rule 1200-08-25-.10(2)(i) regarding ‘cooking appliance’. The joint committee voted to have OGC draft rule language on the ‘cooking appliance’ item which would allow more use in ACLFs and to use other state guidelines to assist in drafting the language. It was also approved and voted upon to have an IG developed for ACLF rule 1200-08-25-.10(2)(i) and to bring this back to the joint standing committee for approval prior to the January 2016 Board meeting. The final item was further discussion on ACLF rule 1200-08-25-.10(2)(f) and home for the aged (RHA) rule 1200-08-11-.08 regarding corridor requirements and the term ‘clear’. Also, a draft IG was provided to the joint committee as a starting point for discussion. This item was originally heard at the August 18, 2015 ACLF Standing Committee meeting. The IG was revised and approved by the joint committee and moved to the full Board for final approval.

**November 16, 2015:** The joint standing committee addressed two items. The first item was to revisit the consideration of a waiver request by Governor’s Bend Assisted Living Facility, Erwin for rule 1200-08-25-.09(1) Building Standards regarding wireless nurse call station. The UL 1069 Edition 7 found in the AIA Guidelines was referenced for the source requirement for wireless nurse call station. At the September 2015 joint committee meeting, it was requested to table the item until the January 2016 Board meeting to allow OGC the opportunity to research the wireless nurse call station. OGC’s

research did not reveal any safety issues with the wireless system and the research supported that hard wired systems are found to be more reliable due to the use of batteries. The joint standing committee requested the provider to ask the manufacturer of the wireless system they have installed of intentions to bring the system into 2560 compliance and the life expectancy of wireless systems and report this back to the joint committee prior to the full Board meeting in January 2016. The last item was the presentation by OGC of rule language for ACLF rule 1200-08-25-.10(2)(i) regarding ‘cooking appliance’. Discussion of the joint committee focused on terminology and applicable codes and standards. A recommendation was made by the joint standing committee members rewording the proposed rule language. An IG was also developed to be effective until the proposed rule language completes the rulemaking process and becomes effective. The approved rule language and IG was moved to the full Board for final approval.

**January 7, 2016:** This joint standing committee addressed one item at this meeting. The item was a second revisit of the consideration of a waiver request by Governor’s Bend Assisted Living Facility, Erwin, for ACLF rule 1200-08-25-.09(1) Building Standards wireless nurse call station. Governor’s Bend provided the joint committee with requested information from the manufacturer of the facility’s installed system. The manufacturer indicated they were working on a newer model of the wireless system which would be compatible with the facility’s current system. The manufacturer also stated there is no prescribed life expectancy of the wireless systems. The joint committee approved the waiver request with the following language – ‘Grant waiver of UL 1069 7<sup>th</sup> edition ruling for five (5) years until provider can switch to 2560 compliant system’. This is to be presented to the full Board at the January 2016 meeting for final approval.

## **LICENSURE STATISTICS**

The Board for Licensing Health Care Facilities has licensed the following number of health care facilities as of January 31, 2016:

Hospitals: 129

Nursing homes: 324

Homes for the aged (RHA): 77

Assisted care living facilities (ACLF): 279

Adult care homes (ACH): 2

Residential hospices: 8

Birthing centers: 4

Home health agencies: 157

Ambulatory surgical treatment centers (ASTC): 150

End stage renal dialysis clinics (ESRD): 181

Home medical equipment providers (HME): 298

Hospices: 59

Professional support service providers (PSS): 123

Outpatient diagnostic centers (ODC): 37

## INACTIVE LICENSES

Nashville Surgery Center, Nashville – ambulatory surgical treatment center; the first inactive status was granted September 18<sup>th</sup>, 2015 thru September 2017.

Donelson Place Care & Rehabilitation Center, Nashville – nursing home; the first inactive status was granted September 18<sup>th</sup>, 2015 for three years until September 2018.

Baptist Memorial Hospital – Memphis Skilled Nursing Facilities, Memphis – nursing home; the first inactive status was granted February 7<sup>th</sup>, 2013 for twelve (12) months through February 7<sup>th</sup>, 2014. First extension of inactive status was granted January 23<sup>rd</sup>, 2014 for twelve (12) months. Second extension of inactive status was granted January 21<sup>st</sup>, 2015 for twelve (12) months until February 7<sup>th</sup>, 2016. Third extension of inactive status was granted January 14<sup>th</sup>, 2016 until February 7<sup>th</sup>, 2017.

Baptist Skilled Rehabilitation Unit – Germantown, Germantown – nursing home; the first inactive status was granted January 21<sup>st</sup>, 2015 for twelve (12) months until February 7<sup>th</sup>, 2016. First extension of inactive status was granted January 14<sup>th</sup>, 2016 until February 7<sup>th</sup>, 2017.

Southern Hills Surgery Center, Nashville – ambulatory surgical treatment center; the first inactive status was granted November 5<sup>th</sup>, 2008 for twelve (12) months through November 5<sup>th</sup>, 2009. First extension of inactive status was granted August 19<sup>th</sup>, 2009 for six (6) months. Second extension of inactive status was granted May 25<sup>th</sup>, 2010 for twelve (12) months through May 2011. Third extension of inactive status was granted May 4<sup>th</sup>, 2011 for eighteen (18) months to expire on November 4<sup>th</sup>, 2012. Fourth extension of inactive status was granted February 7<sup>th</sup>, 2013 for twelve (12) months to expire on February 7<sup>th</sup>, 2014. Fifth extension of inactive status was granted January 23<sup>rd</sup>, 2014 for twelve (12) months through February 7<sup>th</sup>, 2015. Sixth extension of inactive status was granted January 21<sup>st</sup>, 2015 until May 2015 Board meeting. Seventh extension of inactive status was granted May 6<sup>th</sup>, 2015 until September 2015. Eighth extension of inactive status was granted September 18<sup>th</sup>, 2015 to run concurrent with the expiration date of the facility's CON.

Tri-Cities Outpatient Surgery, Inc.; Johnson City – ambulatory surgical treatment center; the first inactive status was granted September 18<sup>th</sup>, 2015 through September 2017.

Paramount Health Care Services, Inc.; Nashville – professional support services agency; the first inactive status was granted January 14<sup>th</sup>, 2016 until September 2016 Board meeting.

Belcourt Terrace Nursing Home, Nashville – nursing home; the first inactive status was granted January 14<sup>th</sup>, 2016 until January 2017 Board meeting.

The Center for Oral & Facial Surgery, Chattanooga – ambulatory surgical treatment center; the first inactive status was granted January 14<sup>th</sup>, 2016 until January 2017 Board meeting.

Best Nurses, Inc.; Memphis – home health agency; the first inactive status was granted January 14<sup>th</sup>, 2016 until January 2017 Board meeting.

## RATIFIED APPLICATIONS FOR September 2015

### INITIALS

#### **Assisted care living facilities:**

1. Carthage Assisted Living, LLC - Carthage
2. Dominion Senior Living of Johnson City – Johnson City
3. Green Crest Assisted Living Centers, Inc. – Parsons
4. Sycamore Springs Senior Living Community – Elizabethton
5. Vantage Pointe Village @ Ashland City – Ashland City

#### **Home medical equipment providers:**

1. A1 Diabetes & Medical Supply, Inc. - Memphis
2. First Community Care, LLC - Nashville
3. Medical Health Specialist of TN, LLC - Trenton
4. Medical Supply Services, LLC - Cookeville
5. Prism Medical Products, LLC – Memphis
6. Therapy Success, LLC - Bartlett

#### **Professional support services providers:**

1. Sprocket Therapy Solutions, LLC - Nashville

#### **End stage renal dialysis facilities:**

1. Fresenius Medical Care Knoxville Home Dialysis Therapies – Knoxville

#### **Home for the aged:**

1. Sunrise Homecare, LLC - Nashville

#### **Birthing center:**

1. Baby + Company Nashville 1, LLC – Nashville

#### **Home health agency:**

1. Hemophilia Preferred Care of Memphis, Inc. – Memphis

#### **Outpatient diagnostic center:**

1. The Imaging Center @ Wolf River - Germantown

### CHANGES OF OWNERSHIP (CHOW)

#### **Assisted care living facility:**

1. Maybelle Carter Senior Adult Home – Madison
2. The Hearth @ Franklin - Franklin

#### **Nursing home:**

1. Graceland Rehabilitation & Nursing Center - Memphis



**Home for the aged:**

1. Healthy Life Care, LLC - Portland

**Home medical equipment:**

1. Spring Creek Home Medical Supply - Clarksville

**January 2016****INITIALS****Home medical equipment providers:**

1. Action DME - Woodbury
2. Animas Diabetes Care, LLC - Wayne
3. Optigen, Inc. - Knoxville
4. Pink Ribbons, LLC - Memphis
5. Owens & Minor Distribution, Inc. - Knoxville
6. Rural Health Services Durable Medical Equipment - Rogersville
7. Soigne Health Care management, Inc. - Cleveland
8. T4 Medical, LLC - Goodlettsville
9. Volunteer Pharmacy - Knoxville
10. Volunteer Medical Devices, PLLC - Blountville

**Assisted care living facilities:**

1. Alexander Guest House – Oak Ridge

**Home for the aged:**

1. Rose Care Home - Nashville

**Nursing home:**

1. Christian Care Center of Memphis - Memphis

**Hospital:**

1. Health South Rehabilitation Hospital of Franklin - Franklin

**CHANGES OF OWNERSHIP (CHOWS)****Assisted care living facilities:**

1. Hearth @ Hendersonville - Hendersonville
2. Greenfield Assisted Living of Oak Ridge, LLC – Oak Ridge
3. Legacy Assisted Living & Memory Care @ Lenox Park - Memphis
4. Brookdale Newport - Newport

**Hospice:**

1. Adoration Hospice #616 – Nashville
2. Adoration Hospice #618 - Nashville

**CHANGE OF INFORMATION**

Change in your contact information must be reported (in writing or by e-mail) to the board's office within 30 days! Please include the following:

- Your name and license number;

- Your facility type;
- Your old address and phone number;
- Your new address and phone number, e-mail address, and/or your fax number;
- Your SIGNATURE!

Keeping the board's administrative staff up to date on your facility's location and other important information concerning the operation of your facility facilitates the timely notification to you of important information such as your application for licensure renewal and important statutory and rule changes. You may fax your change to the board's administrative office at (615) 253-8798 or by mail at: 665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, TN 37243. You also can e-mail the board at: [TN.Health@state.tn.us](mailto:TN.Health@state.tn.us).

Board's Fax Number: (615) 253-8798

Board's Website: [www.state.tn.us/health](http://www.state.tn.us/health)

**BOARD APPEARANCE PROCESS**

To make an appearance before the Board for Licensing Health Care Facilities, your facility must make a written request regarding the reason for appearing before the board i.e. waiver request, consent calendar request, etc. The written request must be received in the board's administrative office two (2) weeks prior to the scheduled board meeting date. Address your request to Mrs. Ann Rutherford Reed, R.N., director of the Board for Licensing Health Care Facilities. You may fax your request to the board's administrative office at (615) 741-7051 or (615) 253-8798 or by mail to: 665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, TN 37243. A letter specifying that your request has been accepted and placed on the agenda will be sent to you with the date, time, place, location and the need of a representative if required to appear before the board. If more information is needed, the department will inform you immediately. **Please note: If you have not received a letter informing you that your facility has been placed on the board agenda following submission of your request, please contact this office immediately.**

If you have any questions or concerns regarding the board agenda or meeting, please contact Wanda E. Hines, board administrator at (615) 741-7586 or [wanda.e.hines@tn.gov](mailto:wanda.e.hines@tn.gov).

**EMS REPORT**

At the September 18<sup>th</sup>, 2015 Board for Licensing Health Care Facilities meeting, Rob Seesholtz, Trauma Manager with the Office of Emergency Medical Services (EMS), provided the Board with the Trauma Care Advisory Council (TCAC) meeting minutes of February 11, 2015 for review. Mr. Seesholtz presented to the Board Vanderbilt University Medical Center's waiver request of Trauma rule 1200-08-12-.04(4)(a) specific to trauma center verification. A representative for the facility, Dr. Jeff Miller, Division Chief of Trauma and Surgical Critical Care, was present to make the waiver request to the Board. Dr. Miller stated that Vanderbilt had recently undergone an American College of Surgeons

(ACS) trauma verification site visit. He informed the Board Vanderbilt had one deficiency cited via this verification process and that ACS is due back to the facility in October for focus review on this deficient item. Dr. Miller is asking the Board for Licensing Health Care Facilities to accept the American College of Surgeons verification in lieu of state verification. He indicated to the Board that other states follow this process whereby ACS verification trumps state verification. He also indicated the ACS verification visit is much more stringent than the state verification. Dr. Miller also stated that Mr. Seesholtz was present during the visit. The Board members discussed the process of ACS verification and how it differs from the state verification process. Mr. Seesholtz indicated this would be a one-time waiver as the rules for Trauma Centers are undergoing a revision at this time whereby there will be an allowance for ACS verification to serve as state verification. The waiver request was approved by the Board contingent upon the October 2015 focus site review visit being passed. The results of the October ACS review will be presented to the Board at the January 2016 Board meeting. The next facility presented by Mr. Seesholtz was Skyline Medical Center. The facility had its one year provisional review in April 2015. There were deficiencies noted at the provisional review. A corrective action plan has been requested within 60 days and to the Board a request to have the facility's trauma center designation to remain at a provisional level. Mr. Seesholtz made the Board aware the facility had already submitted its corrective action plan. The Board accepted the corrective action plan submitted by Skyline Medical Center. The next facility presented by Mr. Seesholtz was Erlanger Medical Center. The facility's trauma center verification site visit was held May 1, 2015. There were many improvements noted. There were also some areas of improvement needed. Mr. Seesholtz wanted to highlight for the Board that Erlanger Medical Center has improved in the trauma registry data submission. The results of the site team verification are to continue Erlanger Medical Center as a Level I Trauma Center. The Board approved the continued Level I Trauma Center designation for Erlanger Medical Center. Mr. Seesholtz had a few other items to present to the Board. He informed the Board that Johnson City Medical Center and Holston Valley Medical Center have continued to submit neurosurgical call schedules and will continue to do so through February 2016 if remaining complaint the facilities will no longer have to submit after February 2016. Mr. Seesholtz also stated to the Board that rule revision for the Trauma Center rules continues.

At the January 14, 2016 Board meeting the EMS report was submitted by paper by Rob Seesholtz. Ms. Ann Reed presented the written report to Board. The items contained in the written report were the results of Vanderbilt's focus site review by the ACS. Vanderbilt passed the focus site review and received full ACS verification thereby placing the waiver request received from this Board in September 2015 into effect. In Mr. Seesholtz's report, he requested that the Board allow the submission of neurosurgical call schedules by Holston Valley Medical Center and Johnson City Medical Center to cease after the end February. Both facilities have been complaint in submitting these schedules. The Board approved the cessation of the submitted reports at the end of

February 2016. Regional One Medical Center at Memphis underwent trauma center site verification on November 6, 2015. There were several improvements noted since the last verification visit, but two deficiencies were noted to include failure of the patient safety and process improvement program and two surgeons lacked the appropriate amount of trauma CMEs. The site team recommended that the facility submit a corrective action plan in 60 days and that a focused site evaluation occurs in one year. The Board approved the recommendation.

## **NURSE AIDE REPORT**

At the September 10<sup>th</sup>, 2014 Board for Licensing Health Care Facilities meeting, Wanda King, Nurse Aide Program Manager with the Office of Health Care Facilities, presented to the Board a recap of last year's twelve (12) poor performing certified nurse aide training programs. Five (5) programs were noted with improvement and five (5) were noted with continued fourth consecutive poor performance having pass rates less than 70%. Ms. King requested of the Board direction on addressing the continued poor performing training programs. The Board voiced concerns on trainer capabilities, test taking abilities of students, and number of students in each program. Development of a plan to address poor performing nurse aide training programs was requested by the Board. Also, the Board indicated poor performers receive a letter concerning new rule to be in effect in the future regarding poor performance, the potential for closure of program, and review of 2014 training performance data by Health Care Facilities (HCF).

No Nurse Aide Report was provided at the January 21<sup>st</sup>, 2015 Board meeting.

## **INTREPRETATIVE GUIDELINES**

The following interpretive guidelines have been approved by the Board for Licensing Health Care Facilities.

- SUBJECT:** Assisted Care Living Facility (ACLF) and Home for the Aged (RHA) Disaster Plan, HVAC, and Emergency Generator Regulations 1200-08-25-.16(4) and 1200-08-11-.13(3)  
**DATE:** September 18, 2015  
**RULES:** For the above regulations, it is the intent of the Board to apply in lieu of the current regulatory language for ACLF and RHA the Nursing Home (NH) regulation 1200-08-06-.14(2)(a)2 until the change in the ACLF and RHA regulatory language found at 1200-08-25-.16(4) and 1200-08-11-.13(3), respectively, is effective.
- SUBJECT:** Nursing Home Nurse Aide Training Program Pass/Fail Rate Calculation  
**DATE:** September 18, 2015  
**RULES:** 1200-08-06-.15(2)(c)4 – Facility pass rates will be determined per student on the written as well as the skills examination. Facility pass/fail rates will be calculated after the maximum number of

examination attempts. Programs who have trained 20 or more students annually will have their pass/fail rates evaluated annually on the previous twelve (12) months. Programs who have trained less than 20 students annually will have their pass/fail rates evaluated annually on the previous twenty-four (24) months.

3. **SUBJECT:** Outpatient Services for Hospitals to include Dialysis Services  
**DATE:** September 18, 2015  
**RULES:** 1200-08-01-.07(4)(a)(b) – 2010 Tennessee Department of Health’s Office of General Counsel (OGC) opined/determined outpatient dialysis services may be provided by a hospital under the licensure of the hospital as long as the services meet the needs of patients in accordance with acceptable standards of practice and are appropriately organized and integrated with inpatient services. These services may be provided to patients in any of the following situations: undocumented alien, charity care, and/or with behavior management issues. The provision of dialysis services on an outpatient basis is not typically reimbursed by the Centers for Medicare and Medicaid Services (CMS).
4. **SUBJECT:** Assisted Care Living Facility Infection Control regulation 1200-08-25-.06(5)(a)  
**DATE:** September 18, 2015  
**RULES:** For the above regulation, it is interpreted to mean no specific screening requirement such as documentation by a licensed healthcare provider be present in facility personnel or patient records to ‘ensure’ no reportable communicable disease. ‘*Shall ensure*’ interpreted to mean if a facility determines staff or resident has a communicable disease an approved protocol by the Board’s administrative staff must be present in the facility. How determination is made of the presence of a communicable disease would be through facility policy.
5. **SUBJECT:** Licensed Practitioners Admission Privileges and Provision of On-Call Services in Hospitals  
**DATE:** September 18, 2015  
**RULES:** 1200-08-01-.05 Admissions, Discharges, and Transfers Section – The above does not preclude the admission of a patient to a hospital by licensed practitioners, licensed to practice in Tennessee under the supervision of a credentialed MD/DO also licensed to practice in Tennessee. The licensed practitioners may also provide on call services to patients in the hospital. The name of the attending licensed practitioners shall be recorded in the patient medical record as well as the name of the credentialed supervising MD/DO. If a hospital allows these practitioners to admit and care for patients, as allowed by state law, the governing body and medical staff would have to establish practices and bylaws to ensure that the requirement of 42 CFR 482 are met.

6. **SUBJECT:** Corridor Width Requirements in Assisted Care Living Facilities (ACLF) and Homes for the Aged (RHA)  
**DATE:** September 18, 2015  
**RULES:** ACLF 1200-08-25-.10(2)(f) and RHA 1200-08-11-.08(8) – Define the term ‘clear’ in the above rule as an area of unobstructed egress that conforms to a minimum established criteria based on calculations as defined by applicable life safety code.
7. **SUBJECT:** Cooking Appliances  
**DATE:** January 14, 2016  
**RULES:** Assisted Care Living Facility, 1200-08-25-.10(2)(i) – Until the new standards are effective for the above citation, the Board for Licensing Health Care Facilities interprets the above regulation to be met if the cooking appliance is provided by the facility in accordance with facility policies or is provided by the resident or his or her representative and meets applicable codes and standards as well as facility safety standards. Each cooking appliance shall have an automatic shut off.
8. **SUBJECT:** Nursing Home Ventilator Services Guidance  
**DATE:** January 14, 2016  
**RULES:** 1200-08-06-.06(a)4(d) – “Readily available” indicates onsite vs offsite. Noninvasive technology is preferred over Arterial Blood Gas (ABG) sampling in the SNF. Continuous ETCO2 and Pulse oximetry monitoring is noninvasive and provides safety monitoring of patients who are actively weaning.
9. **SUBJECT:** Nursing Home Ventilator Services Guidance  
**DATE:** January 14, 2016  
**RULES:** 1200-08-06-.06(12)(a) – “Physically present” in the designated ventilator unit.
10. **SUBJECT:** Nursing Home Ventilator Services Guidance  
**DATE:** January 14, 2016  
**RULES:** 1200-08-06-.06(12)(a)1 – Includes any device FDA approved as a ventilator used either invasively or noninvasively, regardless of the mode of use.
11. **SUBJECT:** Nursing Home Ventilator Services Guidance  
**DATE:** January 14, 2016  
**RULES:** 1200-08-06-.06(12)(a)4(b) – A physician board certified in pulmonary disease or critical care medicine as recognized by either the American Board of Medical Specialties (for M.D.s) or the American Osteopathic Association (for D.O.s) or an intensivist currently in ICU practice.

## **REGULATION UPDATE**

**EFFECTIVE 12/14/15:**

1. Prescribed child care centers, 1200-08-02-.01 & .06 – clinical fellow, speech language pathologist definition & speech therapy services
2. Nursing homes, 1200-08-06-.01 & .06 – clinical fellow, speech language pathologist definition & speech therapy services
3. Residential hospices, 1200-08-15-.01 & .06 – clinical fellow, speech language pathologist definition & speech therapy services
4. Home health services, 1200-08-26-.01 & .06 – clinical fellow, speech language pathologist definition & speech therapy services
5. Hospice services, 1200-08-27-.01 & .06 – clinical fellow, speech language pathologist definition & speech therapy services
6. HIV supportive living centers, 1200-08-28-.01 & .06 – clinical fellow, speech language pathologist definition & speech therapy services
7. Professional support services, 1200-08-34-.01 & .06 – clinical fellow, speech language pathologist definition & speech therapy services

**EFFECTIVE 1/18/16:**

1. Nursing home, 1200-08-06-.04 – criminal background check language
2. Ambulatory surgical treatment centers, 1200-08-10-.06 – execution of informed consent
3. Outpatient diagnostic centers, 1200-08-35-.06 – registered nurse requirements during invasive diagnostic procedures & recovery period

**EFFECTIVE 1/26/16:**

1. Traumatic brain injury residential homes, 1200-08-37 – full set of regulations for a new licensed facility type

**TOP TEN CITED DEFICIENCIES - AUGUST 1, 2015 thru January 31, 2016**

**Homes for the aged (only top 5 cited):**

5. Tag 414, Administration, 1200-08-11-.04(5)(c); Tag 503, Admissions, Discharges, & Transfers, 1200-08-11-.05(3)(a); Tag 509, Admissions, Discharges, & Transfers, 1200-08-11-.05(3)(f); Tag 815, Life Safety, 1200-08-11-.08(15)
4. Tag 1306, Disaster Preparedness, 1200-08-11-.13(1)(f); Tag 1305, Disaster Preparedness, 1200-08-11-.13(1)(e); Tag 1303, Disaster Preparedness, 1200-08-11-.13(1)(c); Tag 1302, Disaster Preparedness, 1200-08-11-.13(1)(b); Tag 801, Life Safety, 1200-08-11-.08(1); Tag 701, Building Standards, 1200-08-1-.07(1)
3. Tag 417, Administration, 1200-08-11-.04(5)(f); Tag 417, Administration, 1200-08-11-.04(5)(j)
2. Tag 807, Life Safety, 1200-08-11-.08(7)
1. Tag 821, Life Safety, 1200-08-11-.08(21)

**Assisted care living facility:**

10. Tag 917, Building Standards, 1200-08-25-.09(18); Tag 1026, Life Safety, 1200-08-25-.10(5)(e); Tag 1027, Life Safety, 1200-08-25-.10(5)(f)
9. Tag 918, Building Standards, 1200-08-25-.09(18)

8. Tag 1010, Life Safety, 1200-08-25-.10(2)(i)
7. Tag 1016, Life Safety, 1200-08-25-.10(3)(a)
6. Tag 1223, Resident Records, 1200-08-25-.12(5)(a)
5. Tag 1023, Life Safety, 1200-08-25-.10(5)(b)
4. Tag 901, Building Standards, 1200-08-25-.09(1)
3. Tag 1028, Life Safety, 1200-08-25-.10(5)(g)
2. Tag 1001, Life Safety, 1200-08-25-.10(1)
1. Tag 1035, Life Safety, 1200-08-25-.10(8)(a)

**Nursing home:**

Only one deficiency was cited during this timeframe – Tag 901, Life Safety, 1200-08-06-.09(1)



**DISCIPLINARY ACTION 2015/2016**

The board took action against the following licensed health care facilities:

**SEPTEMBER 2015**

**Licensee:** Broadmore Assisted Living, Johnson City – assisted care living facility

**Violation:** Deficiencies cited rising to the level of civil monetary penalty imposition

**Action:** Assessment of civil monetary penalty in the amount of \$2,000.00

**Licensee:** Carriage Court of Memphis, Memphis – assisted care living facility

**Violation:** Deficiencies cited rising to the level of civil monetary penalty imposition

**Action:** Assessment of civil monetary penalty in the amount of \$1,000.00

**Licensee:** Grace Manor, Nashville– assisted care living facility

**Violation:** Deficiencies cited rising to the level of civil monetary penalty imposition

**Action:** Assessment of civil monetary penalty in the amount of \$1,000.00

**Licensee:** Northcliff, Inc., Lexington – assisted care living facility

**Violation:** Deficiencies cited rising to the level of civil monetary penalty imposition

**Action:** Assessment of civil monetary penalty in the amount of \$250.00

**Licensee:** Olive Branch Assisted Living, Dickson – assisted care living facility

**Violation:** Deficiencies cited rising to the level of civil monetary penalty imposition

**Action:** Assessment of civil monetary penalty in the amount of \$500.00



**Licensee:** Clare Bridge of Cleveland, Cleveland – assisted care living facility

**Violation:** Deficiencies cited rising to the level of civil monetary penalty imposition

**Action:** Assessment of civil monetary penalty in the amount of \$1,000.00

**Licensee:** Southern Manor Living Centers of Winchester, LLC; Winchester – assisted care living facility

**Violation:** Deficiencies cited rising to the level of civil monetary penalty imposition

**Action:** Assessment of civil monetary penalty in the amount of \$750.00

**Licensee:** John M. Reed Health and Rehabilitation, Limestone – nursing home

**Violation:** Deficiencies cited rising to the level of Type A penalty

**Action:** Assessment of civil monetary penalty in the amount of \$4,000.00 and suspension of admissions (SOA)(SOA lifted 1/15/16)

**Licensee:** Golden Years, Cordova – home for the aged

**Violation:** Deficiencies cited rising to the level of immediate detriment to the health, safety, and welfare of residents requiring Board action

**Action:** Board hearing for summary suspension. License summarily suspended effective 7/31/15 and moved to final hearing

**Licensee:** Mighty Hearts Home Care, Inc.; Antioch – professional support services agency

**Violation:** Failure to maintain DIDD/TNCare contract for PSS services

**Action:** License revoked

**Licensee:** Benchmark Health Care of Puryear, Inc.; Puryear – nursing home

**Violation:** Failure to pay NH assessment fee

**Action:** Suspension of admissions (SOA) if no payment after ninety (90) days of order

**Licensee:** The Cambridge House, Bristol – nursing home

**Violation:** Failure to pay NH assessment fee

**Action:** Suspension of admissions (SOA) if no payment after ninety (90) days of order

**Licensee:** John M. Reed Health & Rehabilitation, Limestone – nursing home

**Violation:** Failure to pay NH assessment fee

**Action:** Suspension of admissions (SOA) if no payment after ninety (90) days of order

**Licensee:** Mabry Health Care & Rehab Center, Gainesboro – nursing home

**Violation:** Failure to pay NH assessment fee

**Action:** Suspension of admissions (SOA) if no payment after ninety (90) days of order

**Licensee:** Mt. Pleasant Health & Rehabilitation, Mount Pleasant – nursing home

**Violation:** Failure to pay NH assessment fee

**Action:** Suspension of admissions (SOA) if no payment after ninety (90) days of order

## **JANUARY 2016**

**Licensee:** Golden Years, Cordova – home for the aged

**Violation:** Deficiencies cited rising to the level of immediate detriment to the health, safety, and welfare of residents and requiring Board action

**Action:** Final hearing set for 1/14/16. Facility entered into an agreed order resulting in license remaining suspended for forty-five (45) days effective immediately then move license to probation status for at least two (2) years.

## **DEFICIENCY FREE SURVEYS**

### **AUGUST 2015**

#### **OUTPATIENT DIAGNOSTIC CENTER:**

Premier Radiology Murfreesboro – Murfreesboro, TN

#### **PROFESSIONAL SUPPORT SERVICES AGENCIES:**

Connexus, Inc. – Nashville, TN

Stellar/Home Care Solutions – Nashville, TN

Tennessee Family Solutions – Nashville, TN

Tennessee Personal Assistance – Nashville, TN

Prospect Inc. – Nashville, TN

Hilltoppers Inc. – Crossville, TN

Compassionate Care Inc. – Nashville, TN

Frontier Industries – Bristol, TN

Scott Appalachian Industries, Inc. – Huntsville, TN

Community Health of East TN – Jacksboro, TN

Communication Therapies, Inc. – Nashville, TN

#### **ASSISTED CARE LIVING FACILITIES:**

Southern Manor Living Center of Lebanon – Lebanon, TN

Dominion Senior Living Center of Johnson City – Johnson City, TN

Carthage Assisted Living, LLC – South Carthage, TN

#### **NURSING HOMES:**

Holston Health & Rehab Center – Knoxville, TN

Hardin Home Nursing Home – Savannah, TN

#### **HOSPICES:**

Adoration Hospice – Nashville, TN

Alive Hospice – Nashville, TN

### **SEPTEMBER 2015**

#### **HOME MEDICAL EQUIPMENT PROVIDERS:**

Pink Ribbon, LLC – Memphis, TN

Medical Health Specialist of TN, Inc. – Trenton, TN

#### **OUTPATIENT DIAGNOSTIC CENTERS:**

Chattanooga Outpatient Center – Chattanooga, TN

Vanderbilt Imaging Belle Meade – Nashville, TN

**PROFESSIONAL SUPPORT SERVICES AGENCIES:**

Care Choices of TN – Knoxville, TN  
Anthony Brent Kirby – Knoxville, TN  
Omni Visions Inc. Middle – Nashville, TN  
Rhea of Sunshine – Dayton, TN  
Enhanced Support Services – Johnson City, TN  
Envisions Inc. – Jonesborough, TN  
Exceptional Enterprises Inc. – Coalmont, TN  
Sertoma Center – Knoxville, TN  
Core Services of Northeast TN – Johnson City, TN

**ASSISTED CARE LIVING FACILITY:**

Oakwood Senior Living – Knoxville, TN

**OCTOBER 2015**

**OUTPATIENT DIAGNOSTIC CENTER:**

Premier Diagnostic Imaging Center – Cookeville, TN

**HOSPICE:**

Northcrest Home Health & Hospice – Springfield, TN

**PROFESSIONAL SUPPORT SERVICES AGENCIES:**

Fulfillment Tender Care – Nashville, TN  
Mid TN Supported Living, Inc. – Nashville, TN  
RHA Health Services, Inc. – Goodlettsville, TN  
Emory Valley Center – Oak Ridge, TN

**NOVEMBER 2015**

**HOME MEDICAL EQUIPMENT PROVIDER:**

Medical Rentals, Inc. – Martin, TN

**HOMES FOR THE AGED:**

Lakeshore Heartland – Nashville, TN

**PROFESSIONAL SUPPORT SERVICES AGENCIES:**

Hope Services – Nashville, TN  
Life Bridges – Cleveland, TN  
Timeck Care, Inc. – Nashville, TN

**DECEMBER 2015**

**HOME MEDICAL EQUIPMENT PROVIDER:**

DJO, LLC – Nashville, TN

**JANUARY 2016**

**AMBULATORY SURGICAL TREATMENT CENTER:**

Van Dyck ASC, LLC – Paris, TN

**OTHER NOTABLE INFORMATION**

An audit of the Tennessee Board for Licensing Health Care Facilities was conducted for the period of January 2014 to August 2015 by the State of Tennessee Comptroller of the Treasury's Division of State Audit. The complete findings of the Tennessee Board for Licensing Health Care Facilities 2015 Performance Audit Report may be accessed at <http://www.comptroller.tn.gov/repository/SA/pa15002.pdf>.