

## Board for Licensing Health Care Facilities

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BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 1

SUBJECT: Hospitals in Penal Institutions

DATE: November 19, 1980

That: The interpretation of the Board is that hospitals in penal institutions do not come under jurisdiction of this Board.

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 5

SUBJECT: Change of Ownership Notification

DATE: March 17, 1982

That: The Board communicate to the health care facilities about changes in ownership requirements and bring before this Board anyone who does not properly notify the department of change in ownership.

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 6

SUBJECT: Night Light Switch

DATE: May 19, 1982

That: Matters regarding a continuously burning night light switch not be cited as a deficiency.

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 7

SUBJECT: Patient Room Door Closures

DATE: August 18, 1982

That: The Board recommend to the Task Force (on Fire Safety) that the requirement of self-closing devices for patient room doors be deleted from the regulations.



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PM 8 Amended

Board for Licensing Health Care Facilities

Policy Memorandum

SUBJECT: Emergency Admissions  
DATE: February 7, 2013  
POLICY: The Board requires prior approval by Office of Health Care Facilities' staff for an increase in patients above the licensed bed capacity for Residential Homes for the Aged (RHA) and Assisted Care Living Facilities (ACLF).  
EFFECTIVE: February 7, 2013

APPROVED:

Handwritten signature of Robert Gordon.

Robert Gordon, Chairman Pro Tem  
Board for Licensing Health Care Facilities

Handwritten signature of Ann R. Reed.

Ann R. Reed, RN, BSN, MBA  
Director of Licensure  
Board for Licensing Health Care Facilities

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 9

SUBJECT: Waiver Requests To Be From Chief Executive Officer

DATE: August 19, 1982

That: The waiver be granted subject to two conditions:  
The first condition (to) be the receipt of a formal  
request from the Chief Executive Officer of the  
hospital,  
and  
The second request (condition) being that the Board be  
provided with a written report in one year of this pro-  
ject.

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 10

SUBJECT: Reports on Sibling Visitation Waivers

DATE: August 19, 1982

That: The Board direct Staff to not require the appearance of a representative when the experience has been positive with sibling visitations.

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 11

SUBJECT: Pre-Board Meeting(s) With Facilities

DATE: August 19, 1982

That: The Staff, especially the Engineering Staff, have at least one meeting with the proper authorities of each facility in question, and try to resolve the problems before they come to the board.

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 12

SUBJECT: Home Health Agency Within Nursing Home

DATE: November 17, 1982

That: Staff be granted the authority to grant waiver requests which relate to locating a Home Health Agency within a long term care facility.

BOARD FOR LICENSING HEALTH CARE FACILITIES  
POLICY MEMORANDUM NUMBER 17

SUBJECT: Unannounced Inspections

DATE: April 6, 1983

That: All licensure inspections be made unannounced except those involving changes of ownerships or initial inspections.

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 21

SUBJECT: CON Requirements for Home Health Agencies

DATE: January 7, 1985

CON is required or approval from the Health Facilities Commission:

1. \*Change of ownership;
2. Sub-Units;
3. Addition of counties or service area;
4. New agencies;
5. To close or 60 days prior notice given.

CON is not required for:

1. Change of address only when in licensed service area;
2. Branch offices within licensed service area;
3. Addition of services.

\*On a change of ownership a form called Notification of Intent to Acquire an Existing Health Care Institution is required by the Health Facilities Commission.

## BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 23

SUBJECT: Emergency Admission Policy

DATE: October 27, 1986

That: To comply with the Board's determination that prior approval be obtained for emergency admissions and that facilities that continually request such be brought before them. The following procedures will be followed:

1. Facility administrator to submit in writing a request with, medical and social information, statement of lack of beds in area and how the patient will be housed.
2. Review facility file to verify that the facility is not currently overbedded and how often facility is requesting emergency admissions.
3. Obtain approval from Medical Director.
4. Notify facility by telephone of decision.
5. Send approval letter.
6. Place information in log.
7. Facility to notify the Department in writing, when it returns to licensed bed capacity.

BOARD FOR LICENSING HEALTH CARE FACILITIES  
POLICY MEMORANDUM NUMBER 24

SUBJECT: EMS Personnel - In Hospital Emergency Rooms

DATE: November 17, 1987

The Board approved the following policy on September 9, 1987:

Employees of the ambulance service cannot be used within the hospital as licensed nursing staff. Ambulance service personnel such as paramedics shall not function in the hospital as a licensed nurse (doing nursing duties) or in place of a licensed nurse. Certified EMS personnel may assist in the emergency room under the direct supervision of a Registered Nurse.

If a hospital provides clinical facilities for the education and training of (Emergency Medical Technicians) or Paramedics, there must be a written agreement that defines the role and responsibility of the hospital, nursing service and the education program.

Emergency Department personnel shall be trained for their responsibilities through appropriate training and education programs. At a minimum, emergency room nursing staff must have ACLS training.

AN/G5127321

Board for Licensing Health  
Care Facilities

Policy Memorandum Number 26

Subject: One (1) Residential Home for Aged Administrator May Serve More Than  
One (1) Licensed Facility

Date: March 27, 1991

That: One (1) administrator may serve more than one (1) licensed facility  
if all licensed facilities are on the same campus, or if all  
licensed facilities do not exceed fifty (50) beds, nor are more  
than fifty (50) miles apart from the administrator's location based  
on the "Tennessee Official Highway Map". Every facility however,  
must have a "responsible attendant".

In addition, the certified residential home for aged administrator  
must visit each of the areas where a "responsible attendant" is  
located at least one (1) day or eight (8) hours per week.

BF/GS081178

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 28

**SUBJECT:** Course Curriculums for Certified RHA Administrators

**DATE:** June 13, 1990

**THAT:** The Board grant Staff the authority to review and approve course curriculums to be offered to certified administrators of Residential Homes for the Aged.

If Staff has a problem with the curriculum of any courses, Staff is directed to present them to the Board at its next available meeting.



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BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 29

SUBJECT: Consent Calendar  
DATE: December 30, 1991  
THAT: The Board Directs Staff to Develop a Consent Calendar.

The Board has requested that staff place certain types of waiver requests on the consent calendar. They are waiver requests which are recommended by staff for Board approval. The requests are well justified, do not have a detrimental effect on the health, safety, and welfare of the public and have routinely been approved by the Board.

A representative from the facility does not have to be present at the Board meeting.

Staff, as always, shall notify the facility of the Board's decision.

HB/G6071364



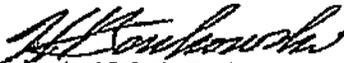
Board for Licensing Health  
Care Facilities

Policy Memorandum Number 31

**Subject:** Residential Home for Aged - Non Refundable Application Fee clause  
be deleted.

**Date:** March 27, 1991

**Policy:** Gives staff the authority to refund, if conditions warrant, the  
application fee for Residential Home for Aged, until such time as  
the regulations are amended to delete the non-refundability clause.

  
**Approved:** Halmut (John) Bonkowski, Director  
Board for Licensing  
Health Care Facilities

BF/65141113

**cc:** LBE  
BR  
RB  
AG  
OGC



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PM 32 AMENDED

Board for Licensing Health Care Facilities

Policy Memorandum

**SUBJECT:** Authority for Staff to Grant Waivers for Facilities to Provide Outpatient Therapy.

**DATE:** August 2, 2006

**POLICY:** Gives staff authority to grant waivers, subject to Board ratification, to nursing homes and residential homes for the aged to provide outpatient physical therapy, occupational therapy, speech therapy to non-residents if proper guidelines, criteria, staffing and protocol are submitted.

*Guidelines, criteria, staffing and protocol include, but are not limited to:*

- *Facility maintains adequate staff to meet the needs of residents and outpatients.*
- *Outpatient therapy services are accessible via separate entrance or entrance without going through resident care areas.*
- *If therapy services are provided to a resident of the facility, services are provided only in rehab designated areas and not in resident's living quarters.*

**APPLICABILITY:** This policy will apply to Nursing Homes and Residential Homes for the Aged.

**PROCEDURE:** A facility shall make a request in writing to the Director, Board for Licensing health Care Facilities. The request shall be placed on the Consent Calendar for the next scheduled Board Meeting.

**APPROVED:** Katy Gammon  
Director  
Health Care Facilities



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Policy Memorandum Number 36

Date: July 24, 1992

Subject: Labor Delivery Recovery Post-Partum Waiver requests being placed on Consent Calendar

Policy: That the staff place waiver requests to build or construct Labor Delivery Recovery Post-Partum Rooms which have appropriate staffing, and are within close proximity to Surgery, on the Consent Calendar.

Approved:  Helmut (John) Bonkowski, Director  
Board for Licensing Health Care Facilities

HJB/BF/G6132195

cc: LAB  
EK  
RB  
AG  
OGC  
JOC



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PM 39

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM  
AMENDED

**SUBJECT:** Nursing Home Administrators permitted to serve as administrators of Residential Homes for Aged and Assisted Care Living Facilities.

**DATE:** May 12, 1999

**POLICY:** When a nursing home is adjacent or connected to a Home for Aged or Assisted Care Living Facility, a request for the administrator to serve both facilities may be placed on the Consent Calendar to be considered at the next board meeting.

**APPROVED:** <sup>K</sup> Katy Gammon, Director  
Board for Licensing  
Health Care Facilities



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PM 44

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM NUMBER 44

**SUBJECT:** Transportation of Contaminated Waste

**DATE:** March 24, 1993

**POLICY:** That in lieu of Section 1200-8-2-.02(8)(e) of the hospital Regulations pertaining to the required incineration or proper disposal of infectious wastes, hospitals shall follow the applicable OSHA Regulations found at 29 C.F.R. 1910-1030, et seq. when transporting explanted breast implants or similar infectious wastes to another party until the regulations can be amended.

**cc:** JMF  
HJB  
RAB  
MH  
SJ  
OGC  
JDC



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FM 45

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM 45

**SUBJECT:** Hospital Definitions for Licensure Purposes

**DATE:** December 14, 1994

**POLICY:** The definition of a hospital is: "A hospital means any institution, place, building or agency representing and held out to the general public as ready willing and able to furnish care, accommodations, facilities and equipment for the use and in connection with services of a physician or dentist for one or more non-related persons who may be suffering from deformities, injuries or disease or any other condition for which nursing, medical or surgical services would be appropriate for care, diagnosis or treatment."

The chronic disease classification is adopted for licensing of long term acute care hospitals until the regulations can be amended.

cc: JMF  
HJB  
RAB  
MB  
SJ  
OGC  
JOC



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CM 46

BOARD FOR LICENSING HEALTH CARE FACILITIES  
POLICY MEMORANDUM 46

SUBJECT: Hospital Licenses

DATE: December 14, 1994

POLICY: The Board's policy is that when a second hospital license is issued within a previously licensed hospital institution that it is considered a separate license but not a separate facility and falls under existing previously approved fire codes, unless there is major renovation. If there is major renovation, the new hospital has to be brought up to current fire safety standards, with major renovation being defined as renovation of fifty percent (50%) or more of the footage of the newly licensed facility.

cc: JMF  
HJB  
RAB  
NH  
SJ  
OGC  
JOC



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PM 47

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM 47

**SUBJECT:** Physician's Signature Requirement on Verbal Orders

**DATE:** March 15, 1995

**POLICY:** To extend the period of time for a physician to sign a verbal or telephone order from ten (10) days to thirty (30) days for Home Care Organizations.

**cc:** JMF  
HJB  
RAB  
MH  
SJ  
OGC  
JOC



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PM 48

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM 48

SUBJECT: Waiver Requests

DATE: February 14, 1996

POLICY: All waiver requests must be received (stamped in) in this office no later than two (2) weeks prior to the Board meeting.

APPROVED:  Helmut (John Bonkowski, Director  
Board For Licensing  
Health Care Facilities

cc: JMF  
HJB  
RAB  
MH  
SJ  
OGC  
JOC



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PM 49

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM

**SUBJECT:** Waiver Requests for Removal of Outdated Fire Protection Equipment

**DATE:** August 14, 1996

**POLICY:** Fire protection equipment such as deteriorating hose stored at facilities that local fire marshals have deemed no longer functional can be removed on the recommendation of the fire marshal.

**APPROVED:** Helmut (John) Bonkowski, Director  
Board for Licensing  
Health Care Facilities

cc: JMF  
RB  
MH  
SJ  
OGC  
LH  
CM



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PM 51 (AMENDED)

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM

**SUBJECT:** Nursing Homes and Hospitals sharing existing services / *all facility types*  
**DATE:** August 14, 1996  
**POLICY:** The Board's policy is that any licensed facility located within another licensed facility or located on the same campus be allowed to share the following services:

1. Dietary
2. Housekeeping
3. Laundry
4. Laboratory
5. Pharmacy
6. Maintenance
7. Security
8. Radiology
9. Physical Therapy
10. Speech Therapy
11. Respiratory Therapy
12. Occupational Therapy

The Board for Licensing Health Care Facilities request that staff place these waiver requests on the Consent Calendar when it does not pose a threat to public safety.

**APPROVED:** Melane Hill, Director *MH*  
Board for Licensing  
Health Care Facilities



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PM 52

BOARD FOR LICENSING HEALTH CARE FACILITIES  
POLICY MEMORANDUM

**SUBJECT:** Door Width Requirements for Residential Homes for the Aged and Institutional Homes for the Aged

**DATE:** August 14, 1996

**POLICY:** The Board's policy is to allow RHAs and IHAs to utilize thirty six inch (36") wide patient room doors.

The Board for Licensing Health Care Facilities request that staff place these waiver requests on the consent calendar when it does not pose a threat to public safety.

**APPROVED:** Helmut (John) Bonkowski, Director  
Board for Licensing  
Health Care Facilities

cc: JMF  
RB  
MH  
SJ  
OGC  
LH  
CM



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PM 57

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM

**SUBJECT:** Policy Memorandum on Hospital Regulations, Section 1200-8-1-.02(1)(c) as it applies to general hospitals.

**DATE:** November 12, 1997

**POLICY:** That general hospitals be allowed to discontinue obstetrical services when the Health Facilities Commission has granted the facility a waiver to discontinue this service.  
The Board for Licensing Health Care Facilities request that staff place these waiver requests on the Consent Calendar when it does not pose a threat to public safety

**APPROVED:** Melanie Hill, Director  
Board for Licensing Health Care Facilities *MH*



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PM 58 AMENDED

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM

- SUBJECT:** Substantial Renovation
- DATE:** Proposed Amendment November 12, 1997; Amended February 7, 2007
- POLICY:** The following are criteria for which projects would require review by the engineering department under the substantial renovation requirement:
- (1) Projects that renovate more than ten percent (10%) of any smoke compartment.
  - (2) Areas renovated less than ten percent (10%) must meet the following to be exempt from submitting plans to the engineering department:
    - (a) All work must be executed in accordance with currently adopted codes.
    - (b) Only one renovation shall be initiated during any one year period.
    - (c) No licensure deficiencies are cited as of last survey.
    - (d) Shall not involve combustible or medical gas or be classified as hazardous.
    - (e) Does not change or alter the existing life safety classification.
    - (f) Does not change or alter construction type or life safety of the facility.
    - (g) Does not alter any of the following systems:
      1. Fire Alarm System
      2. Fire Suppression System
      3. Mechanical System
      4. Electrical System
  - (3) Projects that are strictly cosmetic in nature need not be submitted provided that improvements are limited to surface treatments and do not change any existing life safety conditions and such improvements shall meet all applicable codes.

When any project meets that above criteria for exemption from plans submittal, the licensee shall submit a statement of the project scope and justification. Upon review of the data, the Director of Engineering may require additional information from an architect or engineer registered in the State of Tennessee.

**EFFECTIVE:** April 16, 2007

**APPROVED:** Ann Thompson, RN, Director  
Board for Licensing Health Care Facilities  
Board Approved February 7, 2007



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Effective Date: June 24, 1998

PM 59

DRAFT BOARD POLICY MEMORANDUM  
HOME CARE ORGANIZATIONS PROVIDING HOME HEALTH SERVICES

**PURPOSE:** To clarify the intent of the Board's regulations governing Home Care Organizations providing Home Health Services.

The Board has voted to clarify the intent of the regulations pertaining to licensed Home Care Organizations providing Home Health Services by adopting the following policy as guidance in surveying such agencies:

**POLICY:**

The Board for Licensing Health Care Facilities "Standards for Home Care Organizations Providing Home Health Services" are not applicable if a patient served by the home care organization only receives homemaker services. It is the responsibility of the home care organization to identify such patients to the surveyor.

**Example:** A licensed home health agency is not required to develop a plan of care for anyone that is only receiving homemaker services from the agency.

**EFFECTIVE:** Until amended or revoked by the Board.



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PM 62

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM

**SUBJECT:** Standards for Medical Equipment Providers

**PURPOSE:** To establish uniform standards for medical equipment providers

**DATE:** February 10, 1999

**POLICY:** Medical equipment delivery technicians, who install respiratory equipment shall be deemed competent with their employer prior to independently delivering and setting up the respiratory equipment. The home medical equipment supplier must maintain documentation to demonstrate that competency requirements are met.

Standard competencies will include at a minimum the following: Role responsibilities; Cylinders; Pressure regulators/Flow controllers; Home liquid oxygen systems; Oxygen concentrators; Oxygen Administration; Oxygen Analyzers; Humidifiers; and Aerosol generators.

**APPROVED:** *Ky* Katy Gammon, Director  
Board for Licensing  
Health Care Facilities



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PM 68

BOARD FOR LICENSING HEALTH CARE FACILITIES  
POLICY MEMORANDUM

- SUBJECT:** Consistent Board Definition of "Justified Emergency" for exceeding licensed bed capacity.
- DATE:** May 13, 1998
- POLICY:** In the event of a justified emergency, a hospital may exceed its licensed bed capacity. A "Justified emergency" includes, but is not limited to, the following events/emergencies:
1. An influx of mass casualties;
  2. Localized and/or regional catastrophes, i.e., storms, earthquakes, tornadoes; and,
  3. Epidemics or episodes of mass illness, i.e., influenza, salmonella, etc.
- PROCEDURE:** When a hospital determines the need to, and then does subsequently, exceed its licensed bed capacity the following procedures must be followed:
1. The hospital's administrator must make written notification to the Department within forty-eight (48) hours of exceeding its licensed bed capacity;
  2. The notification must include a detailed description of the emergency including:
    - a. Why the licensed bed capacity was exceeded, i.e., lack of hospital beds in vicinity, specialized resources only available at the facility, etc.;
    - b. The estimated length of time the licensed bed capacity is expected to be exceeded; and,
    - c. The number of admissions in excess of the facility's licensed bed capacity.
  3. As soon as the hospital returns to its licensed bed capacity, the administrator must notify the Department in writing of the effective date of its return to compliance;
  4. Staff will review all exceeding bed capacity notifications with the Chairman of the Board and if, upon review, Department staff concurs that a justified emergency existed, staff will notify the facility in writing and then report the occurrence to the Board at the next regularly scheduled Board meeting as information only.

PM 68 continued

5. However, if Department staff does not concur that a justified emergency existed, the facility will be notified in writing that a representative is required to appear at the next regularly scheduled Board meeting to justify the need for exceeding its licensed bed capacity.

**EFFECTIVE:** Until such time as the Board determines the need to modify the policy and/or procedure..

**APPROVED:** Katy Gammon, Director  
Board for Licensing  
Health Care Facilities

Effective: May 12, 1999

**PURPOSE:** Allow the Department to use exceptions permitted by the codes.

**POLICY:** Allow the Department to apply the code related exception, whether more or less restrictive, when there are conflicts between the requirements in codes and regulations.

**APPLICABILITY:** This policy would apply to the following regulations

- |  |                     |
|--|---------------------|
| 1. Hospitals                           | 1200-8-2-.01(1)(a)  |
| 2. Homes for the Aged                  | 1200-8-110.07(3)    |
| 3. A & D Res. Rehabilitation Treatment | 1200-8-17-.09(1)(b) |
| 4. A & D Primary Prevention Treatment  | 1200-8-20-.08(1)    |
| 5. A & D Non Res. Methadone Treatment  | 1200-8-21-.08(1)    |
| 6. A & D Halfway House Treatment       | 1200-8-22-.09(1)(b) |
| 7. A & D Res. Detoxification Treatment | 1200-8-23-.09(1)(b) |
| 8. Birthing Centers                    | 1200-8-24-.07(4)    |
| 9. Assisted Care Living                | 1200-8-25-.07(3)    |

Language stated in the above regulations is: Where there are conflicts between Requirements in the above listed codes\* and regulations and provisions of this Chapter, the most restrictive shall apply.

Proposed Language for amendments to regulations are: Where there are conflicts between requirements in the above listed codes, regulations and provisions of this chapter, the Department shall have the option to apply the exceptions.

\*Codes includes: Standard Building Codes, Handicap Code as required by T.C.A. 68-120-204(a), the 1997 edition of the Standard Mechanical Code, Standard Plumbing Code, Standard Gas Code, the most current edition of the ASHRAE Handbook of Fundamentals, and the 1997 edition of the National Fire Protection Code (NFPA), NFPA 1 including Annex A which code incorporates the 1997 edition of the Life Safety Code and the 1997 National Electrical Code.



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
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PM 73

BOARD FOR LICENSING HEALTH CARE FACILITIES

POLICY MEMORANDUM

**SUBJECT:** Testing Skills for Nurse Aides

**DATE:** February 5, 2003

**POLICY:** Nurse aide candidates be required to pass five critical testing skills selected randomly for each registrant from a pool of skills evaluation tasks ranked according to degree of difficulty, with at least one task selected from each degree of difficulty.

**EFFECTIVE:** Until such time as the Nursing Home Regulations are amended to reflect this revision and become effective.

**APPROVED:** Cathy Green, Director  
Board for Licensing  
Health Care Facilities *approved 2/5/03 (CG)*



STATE OF TENNESSEE  
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PM 74

Board for Licensing Health Care Facilities

Policy Memorandum

**SUBJECT:** Dantrolene in ASTC

**DATE:** February 4, 2004

**POLICY:** If a licensed Ambulatory Surgical Treatment Center does not administer general anesthesia, the ASTC shall not be required to maintain thirty-six (36) ampules of dantrolene for injection on site as required in ~~1200-8-10-06(g)~~: 1200-8-10-.06(2)(g).

**EFFECTIVE:** February 4, 2004

**APPROVED:** Cathy Green, RN, Director *CA*  
Board for Licensing Health Care Facilities  
Board Approved February 4, 2004



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[www.tennessee.gov/health](http://www.tennessee.gov/health)

PM 76

**Board for Licensing Health Care Facilities**

**Policy Memorandum**

**SUBJECT:** Licensure Approval by Board

**DATE:** March 12, 2008

**POLICY:** Health Care Facilities administrative staff shall initially approve licensure applications without disqualifying information. These applications shall be presented at the next scheduled Board meeting for ratification by the Board.

Applications presenting with disqualifying information shall be presented at the next scheduled Board meeting for review and subsequent approval or denial by the Board.

**EFFECTIVE:** March 12, 2008

**APPROVED:**

Larry Arnold, M.D., Chairman  
Board for Licensing Health Care Facilities

Ann R. Thompson, RN, BSN, MBA  
Director of Licensure  
Board for Licensing Health Care Facilities



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PM 77

**Board for Licensing Health Care Facilities**

**Policy Memorandum**

**SUBJECT:** Granted Waiver Request by the Board

**DATE:** May 7, 2008

**POLICY:** After a waiver request has been granted by the Board for Licensing Health Care Facilities, a Board letter is sent to the requesting facility informing them that their waiver has been granted. The letter includes a request that the facility notify the Board for Licensing Health Care Facilities in writing when there is a change in the waiver status. Granted waivers are recorded in the Waiver Request notebook with the expiration date of the waiver.

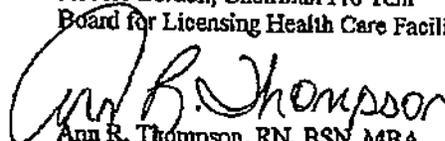
Health Care Facilities' administrative staff reviews the Waiver Request notebook prior to the upcoming Board meeting for expiring waivers. After this review, HCF administrative staff notifies those facilities having waivers by telephone of the waivers upcoming expiration date. Any facility that has not satisfied the waiver requirement will then notify the Board for Licensing Health Care Facilities in writing requesting a waiver extension. The waiver extension request will be presented at the next scheduled Board meeting for consideration by the Board. If no waiver extension request is received in writing, Board staff will presume the facility is in compliance and will be held to the standards of their licensure type.

Facilities that have been granted a waiver and who are now in compliance with the regulations shall notify the Board for Licensing Health Care Facilities in writing that they are now meeting all requirements.

**EFFECTIVE:** May 7, 2008

**APPROVED:**

  
Robert Gordon, Chairman Pro Tem  
Board for Licensing Health Care Facilities

  
Ann R. Thompson, RN, BSN, MBA  
Director of Licensure  
Board for Licensing Health Care Facilities



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PM 78

Board for Licensing Health Care Facilities

Policy Memorandum

**SUBJECT:** Department Authority on Change of Ownership (CHOWS) Applications

**DATE:** January 20, 2010

**POLICY:** Public Chapter 323 codified as Tennessee Code Annotated 68-11-1630 authorizes the Board for Licensing Health Care Facilities to grant the Department the authority to issue a new license to a successor/owner of a health care facility when there has been a change of ownership or control provided the Department determines that the successor/owner meets the following qualifications for licensure:

- (1) The successor/owner meets the qualifications for license;
- (2) The health care facility has no outstanding license or certification deficiencies; and
- (3) The successor/owner already owns or controls at least one (1) other health care facility in the state.

**EFFECTIVE:** January 20, 2010

**APPROVED:**

Larry Arnold, M.D., Chairman  
Board for Licensing Health Care Facilities

Ann R. Reed, RN, BSN, MBA  
Director of Licensure  
Board for Licensing Health Care Facilities



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
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PM 79

Board for Licensing Health Care Facilities

Policy Memorandum

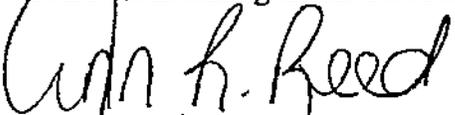
**SUBJECT:** POST Form and 2013 Legislation

**DATE:** May 1, 2013

**POLICY:** Board approves that individuals referenced in SB257/HB1019 may sign their name and list their credentials on the line designated on the POST Form for the physician's signature until the form is amended for all licensed facility types.

**EFFECTIVE:** May 1, 2013

**APPROVED:**   
Larry Arnold, M.D., Chairman  
Board for Licensing Health Care Facilities

  
Ann K. Reed, RN, BSN, MBA  
Director of Licensure  
Board for Licensing Health Care Facilities



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
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PM 80

Board for Licensing Health Care Facilities

Policy Memorandum

SUBJECT: Fire Sprinkler/NFPA 13

DATE: January 23, 2014

POLICY: Consistent with CMS requirements and practices of surrounding states who utilize the IBC Core Code without modification allow a single facility separated into individual buildings by common firewalls can be served by a single sprinkler system and riser subject to NFPA 13 codes.

EFFECTIVE: January 23, 2014

APPROVED:

Robert Gordon, Chairman Pro Tem  
Board for Licensing Health Care Facilities

Ann R. Reed, RN, BSN, MBA  
Director of Licensure  
Board for Licensing Health Care Facilities

\*\*\*Attached are supporting CMS requirements and practices of surrounding states.

## I. CMS – Question and Response

The following question was sent to CMS in Baltimore.

### Question to CMS:

"In a single existing or new nursing home under 52,000 sq. ft. under one roof/owner that has multiple fire areas separated by 4 hour fire walls would CMS allow the building to be supplied by a single sprinkler riser and allow the interior sprinkler piping to penetrate the 4 hour fire walls if the penetrations were properly protected and the sprinkler system installed in accordance with the applicable edition of NFPA 13?"

### Answer from CMS:

*"I spoke to the Atlanta RO about this and they were aware of this and have told TN that it is not a CMS requirement but the State insists that it is a building code requirement and that is how they are citing it. States can have a more stringent requirement although this one is bit much and pretty costly too. I have asked our leadership where we want to go with your request. I should know in a day or so what we want to do."*

From:

James Merrill  
DEPARTMENT OF HEALTH  
& HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850  
410-786-6998  
James.Merrill@cms.hhs.gov

## II. State AHJ – Question and Responses

### Question to State AHJ

The following question was sent to several state agencies that regulate nursing home construction around Tennessee.

"In a single existing or new nursing home under 52,000 SQ. FT. and under one roof/owner that has multiple fire areas separated by 4 hour fire rated (or 3 or 2 hour fire rated as now permitted by IBC) Fire Walls, would you allow the building to be supplied by a single sprinkler riser and allow the interior sprinkler piping to penetrate the 4 hour fire rated (or 3 or 2 hour fire rated as now permitted by IBC) Fire Walls if the penetrations were properly protected and the sprinkler system was installed in accordance with the applicable edition of NFPA 13?"

The following answers are from the various jurisdictional authorities that regulate the design and construction of nursing homes.

**Responses from State AHJ**

**Alabama: YES**

Vic Hunt, Director  
Office of Facilities Management  
The Alabama Department of Public Health  
The RSA Tower, Suite 1550  
PO Box 303017  
Montgomery, AL 36130-3017  
Phone 334-206-5218  
[victor.hunt@adph.state.al.us](mailto:victor.hunt@adph.state.al.us)

*Comment: Our practice will typically be to show the number of the code paragraph that a facility is not complying with. If you can't do that, you are likely to enforce your opinions, good ideas and bad ideas. Philosophically, when a jurisdiction adopts a code to be enforced, the jurisdiction's employees don't have the authority to enforce their ideas and opinions.*

**Arkansas: YES**

Paul Acre, PE  
Manager Health Facilities  
Arkansas Department of Health  
4815 West Markham Street  
Little Rock, Arkansas 72205  
501-661-2201  
[paul.acre@arkansas.gov](mailto:paul.acre@arkansas.gov)

*Comment: To answer your statement/question, we would not have any issues with penetration of Fire Barriers, Fire Barrier Walls, or even Fire Walls, unless they were Party Walls, regardless of the rating.*

**Florida: YES**

Wayne Young, AIA  
Bureau Chief  
Office of Plans and Construction  
Agency for Health Care Administration  
Tallahassee, Florida 32303  
850-412-4470  
[wayne.young@AHCA.myflorida.com](mailto:wayne.young@AHCA.myflorida.com)

**Comment: None**

**Texas: YES**

Fred Worley, Architect  
Architectural Unit Manager  
Survey Operations Section  
Regulatory Services Division  
Texas Department of Aging and Disability Services  
512-438-2311  
[fred.worley@dads.state.tx.us](mailto:fred.worley@dads.state.tx.us)

Comment: NFPA 13 system protection areas limit systems with single risers to 52,000 square feet. NFPA 101 penetrations and miscellaneous openings in fire barriers must be protected with materials or devices capable of maintaining the fire resistance of the fire barrier. Texas DADS would approve the single system riser with sprinkler pipe penetrations through four-hour walls for a nursing facility.

**Virginia: YES**

Ed Altizer, P. E.  
State Fire Marshal  
State Fire Marshal's Office  
VA Department of Fire Programs  
1005 Technology Park Drive  
Glen Allen, Virginia 23059  
804-612-7267  
[ed.altizer@vdfp.virginia.gov](mailto:ed.altizer@vdfp.virginia.gov)

Comment: *In response to your question, the Virginia SFMO in applying the Life Safety Code to health care buildings would be guided by Section 8.2.4 of NFPA 13- 2013.*

*8.2.4 Multiple buildings attached by canopies, covered breezeways, common roofs, or a common wall(s) shall be permitted to be supplied by a single fire sprinkler riser.*

*I think this clearly defines that two buildings or portions of one building may be supplied from one riser if their combined areas do not exceed the maximum square footage allowance. This is our interpretation of the code and we would be guided by it for both new and retrofit installations even though CMS uses the 2000 LSC. Editions of NFPA 13 prior to the 2007 edition did not include the above language. However, I have been guided by that intent for many years.*

*I also must point out that our state code also must be considered. As you know, the Virginia Uniform Statewide Building Code (USBC) applies to all new and retrofit construction in Virginia. I would point out that Section 706.1.1 of the USBC would not allow penetrations of a party wall except for mall buildings. I do not believe this would be an issue in the LSC though.*

*In answer to your question, the bottom line is that we would not require a separate riser for those health care buildings subject to the LSC and under one roof, attached by a common wall, or connected by breezeways or canopies. We would also advise that NFPA 13 would permit a single riser not to exceed the maximum per floor area specified in NFPA 13. I*

*would also opine that the Virginia Building and Fire Codes would not require a separate riser unless the maximum floor areas are exceeded or a party wall is breached. The rating of the wall is not an issue only if it is a party wall, so a 4 hour fire wall would also be OK. However, again I would point out that the Building Official may have a different opinion.*

*FYI Claude Hutton copied above is an engineer with the SFMO and has extensive sprinkler experience. I asked him to look at what I have said just to see if I have missed anything. He pointed out the USBC party wall requirement and researched other items along with me. We wanted to make sure we did not miss anything.*

**Georgia: YES**

Dwayne Garriss  
State Fire Marshall  
Office of State Fire Marshal  
Office of Regulatory Services  
Georgia Department of Regulatory Services  
2 Martin Luther King Drive, 7<sup>th</sup> Floor West  
Tower, Room 916  
Atlanta, Georgia 30334  
404-657-1168 Email: dgarriss@sfm.ga.gov

*Comment: Based on discussions with Mr. Garriss by Thomas Jaeger, Georgia allows a single riser to supply multiple fire areas in a single building that is installed in accordance with NFPA 13 and allows sprinkler piping to penetrate fire walls, other than party walls, to include 4 hour rated fire walls. See attached letter sent to Mr. Jaeger.*

**Mississippi: YES**

Dwayne Madison, Director  
Div. of Health Facilities  
Fire Safety and Construction  
Mississippi State Dept of Health  
P.O. Box 1700  
Jackson, Mississippi 39215  
601-364-1111 Email: Dwayne.madison@msdh.state.ms.us

*Comment: To the question: "In a single existing or new nursing home under 52K ft<sup>2</sup> under one roof/owner that has multiple fire areas separated by 4 hour fire walls would CMS allow the building to be supplied by a single sprinkler riser and allow the interior sprinkler piping to penetrate the 4 hour fire walls if the penetrations were properly protected and the sprinkler system installed in accordance with the applicable edition of NFPA 13?" I can, with complete confidence, respond with the statement below.*

*Based on a 22 year application of CMS life and fire safety requirements, I find nothing under the jurisdiction of the Mississippi State Department of Health, Bureau of Health Facilities Licensure and Certification, or CMS, that precludes penetration of a four-hour, fire rated separation by fire sprinkler piping notwithstanding the qualifiers for such an action as mentioned in your query. Also, please accept this as attestation that no record of such action was ever suggested, proposed, ordered, or enforced in Mississippi.*