
JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

*THE MISSION OF THE TENNESSEE DEPARTMENT OF HEALTH IS TO PROTECT, PROMOTE AND
IMPROVE THE HEALTH AND PROSPERITY OF PEOPLE IN TENNESSEE*

AGENDA

BOARD FOR LICENSING HEALTH CARE FACILITIES

MAY 4-5, 2016

IRIS CONFERENCE ROOM, FIRST FLOOR

**PLEASE REMEMBER TO SILENCE YOUR ELECTRONIC DEVICES WHEN
THE BOARD IS IN SESSION**

1. CALL THE MEETING TO ORDER AND ESTABLISH A QUORUM.

**2. RESPIRATORY TECHNOLOGIES, INC., MINNEAPOLIS-ST. PAUL,
MINNEAPOLIS D/B/A RESPIRTECH**

This home medical equipment facility is requesting for an Interpretation of Standards for Home Care Organizations Providing Home Medical Equipment Regulations at Tennessee Comp. R. & Regs. §1200-08-29-.06(5) regarding the physical location requirement through the location and use of individual equipment trainers in Tennessee who provide end-consumer training and assistance on its respiratory therapy products.

Representative(s): Chris Puri, Attorney and Bob Buehler, Chief Commercial Officer

3. CONTESTED CASE HEARING(S).

4. LICENSE STATUS REQUESTS.

**CLEVELAND HOME CARE SERVICES, CLEVELAND D/B/A TENNOVA
HOSPICE - CLEVELAND**

This hospice facility is seeking to place their license on inactive status. Tennova Hospice-Cleveland is withdrawing its Medicare/Medicaid certification due to the closure of the agency. The records and assets will be maintained in the licensed home health agency and the maintenance of medical records.

Representative(s): Chris Puri, Attorney

FRANKLIN TRANSITIONAL CARE UNIT, JOHNSON CITY

This 13 bed skilled nursing facility is requesting for a third extension waiver for their license to remain on inactive status for an additional twelve (12) months. Mountain State Health Alliance (MSHA) and Signature HealthCare are developing a partnership to create an assisted care living community and a skilled nursing facility. Negotiations have taken much longer than expected but the project is still moving forward so this is the reason for the extension request. Franklin Transitional Care's license was placed on inactive status for twelve (12) months on September 12, 2012 and an extension waiver for inactive status was granted for an additional one (1) year on September 12, 2013 and a second extension was granted on September 2014 for an additional one (1) year which will expire in June 2016.

Representative(s): Dan Elrod, Attorney

ASSOCIATES OF MEMORIAL/MISSION OUTPATIENT SURGERY CENTER, LLC, CHATTANOOGA

This Ambulatory Surgical Center is requesting an extension waiver for their license to remain on inactive status for an additional twelve (12) months as Memorial Hospital continues to actively evaluate options for reopening the facility as an ASTC. Associates of Memorial/Mission Outpatient Surgery Center, LLC, Chattanooga license was placed on inactive status for twelve (12) months on May 6, 2016.

Representative(s): Dan Elrod, Attorney

ELDEREED HEALTH AND REHAB, LIMESTONE AND JOHN M. REED ELDEREED HAUS ASSISTED LIVING CENTER, LIMESTONE

EldeReed Health and Rehab, Limestone, a sixty-three (63) bed nursing home facility and John M. Reed EldeReed Haus Assisted Care Living Facility, Limestone, a twenty (20) bed ACLF facility both facilities are seeking to place their licenses on inactive status. Both facilities have submitted a plan for a 30-day notice of discharge to their current residents.

Representative(s): Michael Denney, Administrator

JACKSON PARK CHRISTIAN HOME, INC., NASHVILLE

This twenty-eight (28) bed nursing home facility is seeking its fifth extension of their license to remain on inactive status for an additional twelve (12) months. Signature Healthcare continued to evaluate the best options for the licensed facility and had interest from at least two (2) purchasers during this past year but unfortunately both deals failed to be completed. Jackson Park Christian Home's license was placed on inactive status for twelve (12) months on May 2, 2012 and an extension waiver for inactive status was granted for an additional twelve (12) months on May 1, 2013 and a third extension was granted on May 8, 2014 for an additional twelve (12) months and the fourth extension was granted on May 6, 2015 for an additional twelve (12) months which will expire on May 6, 2016.

Representative(s): Chris Puri, Attorney

TENNOVA HEALTHCARE-MCNAIRY REGIONAL HOSPITAL, SELMER

This forty-five (45) bed hospital is seeking to place their license on inactive status as Tennova Healthcare-McNairy Regional Hospital has anticipated the closure of the hospital. Due to the deterioration and significant repairs required to the building and after extensive evaluation of the current situation the owner has decided to permanently close the hospital. The hospital is making arrangements to end all services at the hospitals and clinics on May 18, 2016 by 11:59 p.m. subject to all notice and regulatory requirements. The hospital has notified CMS of its cessation of services; the hospital anticipates that Medicare certification will be terminated after closure.

Representative(s): Chris Puri, Attorney

5. WAIVER REQUESTS.

A. THE FOLLOWING NURSING HOMES ARE REQUESTING TO WAIVE NURSING HOME REGULATIONS 1200-08-06-.04(1) FOR A TENNESSEE LICENSED NURSING HOME ADMINISTRATOR UNTIL A PERMANENT REPLACEMENT IS HIRED OR RECEIVES HIS/HER LICENSE IN TENNESSEE.

- (1) **DIVERSICARE OF MARTIN HEALTHCARE & REHABILITATION CENTER, MARTIN**
- Juanita Honeycutt, Regional Vice President
- (2) **REGIONAL ONE HEALTH SUBACUTE CARE, MEMPHIS**
- Cherilyn Murer, President/CEO Murer Consultants, Inc.

B. OTHER WAIVER REQUEST(S)

BARTON HOUSE, NASHVILLE (ACLF) #175
CARRICK GLEN SENIOR LIVING, MT. JULIET (ACLF) #347
FOUNTAINS OF FRANKLIN, FRANKLIN (ACLF) #395
NORTHPARK VILLAGE SENIOR LIVING, MADISON (RHA) #31
POPLAR ESTATE SENIOR LIVING, COLUMBIA #77
THE GARDENS AT PROVIDENCE PLACE, MT. JULIET #285
VILLAGES OF MURFREESBORO, MURFREESBORO (ACLF)

The following seven (7) facilities are seeking to waive the variance of Section 1008.1.9.6 Special locking arrangements be applicable to I-1 occupancies for the referenced project. Their justification are that the 2015 International Building Code (IBC) or later will be intentionally adopted by the State within 2 years and by adoption will incorporate the inclusion of section 1010.1.9.6 Controlled Egress doors in Groups I-1 and I-2. 2012 International Building Code (IBC) 1008.1.9.6 Special locking arrangements in Group I-2 and 2015 1010.1.9.6 Controlled egress doors in Groups I-1 and I-2 are essentially the same. In lieu of the adoption the updated 2015 edition while the balance of the project remains under 2012 IBC, it has been the policy and practice of the department to avoid the adoption of multiple editions of a code; therefore the adoption of a waiver within the existing adopted 2012 IBC is preferred.

Representative(s): Gary Keckley, Architect, CEO, GoodWorks Unlimited, LLC

****Denied by the Assisted Care Living Facility/Facilities Construction Standing Committee on April 29, 2016 Meeting – Plans Review to Develop Updated Interpretative Guideline for Secured Unit which will address the waiver request. This will be presented under Discussion Interpretative Guidelines Approval.**

UNICOI COUNTY MEMORIAL HOSPITAL, ERWIN

This forty-eight (48) bed general hospital is seeking to discontinue providing general surgery services under hospital rule 1200-08-01-.07(1) regarding surgery services. Unicoi County Memorial Hospital had a significant decline in surgery volumes and this has led to concerns in the ability of maintaining surgical staff and maintaining necessary competencies to ensure quality care. Unicoi County Memorial Hospital is seeking to (1) a determination by the Board that surgery services are optional and a waiver is not required; or (2) if a waiver is required Unicoi County wish to waive that requirement to provide surgical services.

Representative(s): Dan Elrod, Attorney and Eric L. Carroll, Administrator/AVP

MAYBELLE CARTER SENIOR ADULT HOME, NASHVILLE

This seventy-four (74) ACLF facility is seeking to waive ACLF Regulation 1200-08-25-.09(16)(b) regarding the number of beds in each bedroom. Maybelle Carter is seeking to renovate the facility and is considering modification that would provide up to three (3) residents sharing certain common space within a shared space configuration of a half wall providing privacy in the sleeping area only.

Representative(s): Chris Puri, Attorney

****Denied by Assisted Care Living Facility/Facilities Construction Standing Committee on April 29, 2016 Meeting for the Waiver Request; Proposal Did Not Meet the Intent of the Rule. Maybelle Carter Senior Adult Home would request that the BLHCF consideration of its request, and the recommendation from the ACLF subcommittee, be tabled and/or deferred until such time as the facility can have further discussions with TDH Plans Review staff.**

MAURY REGIONAL MEDICAL CENTER, COLUMBIA

This two hundred fifty-five (255) bed hospital is requesting to waive Hospital regulations 1200-08-01-.05(1) & (5) hospital admission and treatment shall be under supervision of a physician and concerning treatment shall be given or administered to a patient of a hospital except on order of a physician. Maury Regional Medical Center, Columbia therapy services are delivered in three (3) hospital facilities, Marshall Medical Center, Lewisburg, twenty-five (25) critical access hospital, Wayne Medical Center, Waynesboro, eighty (80) acute care hospital with 15 beds allocated for swing beds patients, and one (1) is located at the hospital location.

Representative(s): Paul Betz, Senior Vice-President/Chief Operating Officer and Cindy Kington, Director, Rehab Services

**VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC),
NASHVILLE**

Vanderbilt University Hospital, Nashville, is requesting to waive certain section of the 2010 Facility Guidelines Institute (FGI) guidelines regarding several rooms variance from the component project of 17-bed observation unit in the 7 South building. Fourteen (14) of the seventeen (17) rooms will be used for inpatients on a temporary basis. VUMC is requesting that the guidelines be waived for two (2) years.

Representative(s): Dan Elrod, Attorney, Mitch Edgeworth, CEO, Vanderbilt Hospital and Clinics, Ginna Felts, Vice President, Business Development and Luke Gregory, CEO, Monroe Carell, Jr, Children's Hospital at Vanderbilt

****Approved by the Facilities Construction Standing Committee on April 29, 2016 Meeting.**

AVALON HOSPICE, NASHVILLE

Avalon Hospice Agency is seeking a waiver to open three (3) new branch offices located in the Crossville (approximately 106 miles from the Nashville parent office), Bristol (approximately 284 miles from the Nashville parent office), and Sevier County areas (approximately 205 miles from the Nashville parent office). The Sevier County branch office will be in Pigeon Forge, Sevierville or Gatlinburg (all proposed locations are within 14 mile distance of one another). Avalon has a geographic service area of all 95 counties in Tennessee. Avalon Hospice has requested and received similar waivers from the Board in 2015, 2014 and in May 2009.

Representative(s): Gusti McGee, Director of Regulatory Services, Janet Sheeks, Area Vice President of Operations and James Cocke, Vice President of Operations

6. DISCUSSION(S).

A. Tennessee Board for Licensing Health Care Facilities 2015 Performance Audit Report Updates on progress to address identified items. – Vincent Davis, Director

B. UNICOI COUNTY MEMORIAL HOSPITAL, ERWIN

This forty-eight (48) bed general hospital is seeking to discontinue providing general surgery services under hospital rule 1200-08-01-.07(1) regarding surgery services. Unicoi County Memorial Hospital had a significant decline in surgery volumes and this has led to concerns in the ability of maintaining surgical staff and maintaining necessary competencies to ensure quality care. Unicoi County Memorial Hospital is seeking to (1) a determination by the Board that surgery services are optional and a waiver is not required; or (2) if a waiver is required Unicoi County wish to waive that requirement to provide surgical services.

Representative(s): Dan Elrod, Attorney and Eric L. Carroll, Administrator/AVP

C. Board approval of current editions of building codes to be utilized by Plans Review. – Bill Harmon, Facilities Construction Director

D. BOARD APPROVAL FOR THE FOLLOWING INTEPRETATIVE GUIDELINES

- (1) Approval of Interpretative Guideline language for Assisted Care Living Facility Rule 1200-08-25-.06(2)(4) regarding Sign Postings and the usage of electronic posting.
- (2) Approval of Interpretative Guideline language for Tennessee Ambulatory Surgery Center Association (TASCA) 1200-08-10-.06(2)(g) regarding the treatment of malignant hyperthermia (MH) with Rynadex.
- (3) Approval of Interpretative Guideline language revision for Assisted Care Living Facility Rule 1200-08-25-.02(36) Definition of a SecuredUnit.
- (4) Approval of Interpretative Guideline language for Home Health Agency (HHA) VA Physician Exemption 1200-08-26-.01(48) and 1200-08-26-.05(4)&(8).

E. Assisted Care Living Facilities (ACLF) Administrators Testing Documents.
– Ann Rutherford Reed

7. APPROVAL OF MINUTES.

- (1) Assisted Care Living Facility Standing Committee Meeting –August 18, 2015
- (2) Assisted Care Living Facility Standing Committee Meeting –November 16, 2015
- (3) Assisted Care Living Facility Standing Committee Meeting –January 7, 2016
- (4) Assisted Care Living Facility and Facility Construction Standing Committee Meeting –January 7, 2016
- (5) Assisted Care Living Facility Standing Committee Meeting –April 29, 2016
- (6) Performance Improvement Issue Standing Committee Meeting –December 15, 2015
- (7) Performance Improvement Issue Standing Committee Meeting –January 12, 2016
- (8) Performance Improvement Issue Standing Committee Meeting – March 29, 2016

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

A. CONSIDERATION.

(INITIALS)

B. RATIFICATION.

1. QUALIFYING APPLICATIONS

(INITIALS)

AKM of Tennessee, Inc., Greeneville-Professional Support Services
Clover Hill Senior Living, Maryville-Assisted Care Living Facility
DJO, LLC, Nashville-Home Medical Equipment Facility
Fresenius Medical Care Bristol Home Therapies, Bristol-End Stage
Disease Facility
Grace Place, Hendersonville-Home for the Aged Facility
Help At Home, Inc., Greeneville-Professional Support Services
Jones Therapy Services, Franklin-Professional Support Services
Just Breathe Oxygen & Medical Equipment, Cookeville-Home Medical
Equipment Facility
Long Hollow Terrace Annex, Hendersonville-Home for the Aged
Morning Pointe of Franklin, Franklin-Assisted Care Living Facility
Providential Therapy Solutions, Huntsville-Professional Support Services
Rural Physician Partners, DME, Franklin-Home Medical Equipment
Facility
Satellite WellBound of Memphis, Memphis-End Stage Renal Disease
Facility
Signature Living of Rogersville, LLC, Rogersville-Assisted Care Living
Facility
Southeast Medical, Inc., South Pittsburg-Home Medical Equipment
Facility
The Courtyards Senior Living-Knoxville-Assisted Care Living Facility

2. **(CHOWS)**

Adoration Home Health, LLC, Nashville-Home Health Agency
Belcourt Terrace, Nashville-Nursing Home
EldeReed Haus Assisted Living Facility, Limestone-Assisted Care Living
Facility
EldeReed Health and Rehab, Limestone-Nursing Home
Hearthside Senior Living at Collierville, Collierville-Assisted Care Living
Facility
Madisonville Health and Rehab Center, Madisonville-Nursing Home
Facility
Memphis Surgery Center, Memphis-Ambulatory Surgical Treatment
Center
River Terrace Health and Rehab Center, Covington-Nursing Home
Facility
Still Waters Home Health Agency, Cordova – Home Health Agency

9. **LICENSE STATUS UPDATES.**

VANDERBILT UNIVERSITY MEDICAL CENTER, NASHVILLE

A waiver was granted on January 23, 2014 to allow Vanderbilt University Medical Center, Nashville to use an area of the first floor temporarily as an observation unit and to waive the space requirements of the rooms and cubicles located in the observation unit; and must submit a report in two (2) years to update on the continued temporary usage of this area. Vanderbilt University Medical Center continues to use a portion of

the first floor temporarily as an observation unit in accordance to the granted waiver and intends to continue such use for approximately two (2) more years.

ROSEWOOD MANOR, INC., COLUMBIA

A waiver was granted on January 20, 2010 to place their license on inactive status for 24 months. An extension waiver was granted on September 14, 2011 for additional 12 months and a second extension waiver was granted on September 11, 2013 for additional 36 months. Currently, Tennessee Health Management, Inc. has notified our office on March 7, 2016 that they have chosen to close Rosewood Manor's license upon expiration date effective June 29, 2016.

STARR REGIONAL MEDICAL CENTER, ATHENS

In May 2014 this hospital had temporarily discontinued acute care services for inpatient beds at its satellite location, Starr Regional Medical Center, Etowah. At the September 2014 Board meeting Starr Regional Medical Center was approved to allow these beds to be included in their license for a period of two (2) years so they can evaluate long-term plans and options for services provided at this facility. Starr Regional Medical Center is requesting that these beds continue to be included in their license for an additional period of two (2) years as they continue to evaluate the long-term plans and the options for services provided at this facility.

10. BOARD POLICY CONSENTS.

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

Alexian Village Health and Rehabilitation Center, Signal Mountain
Life Care Center of Blount County, Louisville
Signature HealthCare of Rogersville, Rogersville
Trenton Health and Rehabilitation, Trenton
WellPark at Shannondale, Knoxville
West Tennessee Transitional Care, Jackson

B. THE FOLLOWING FACILITIES ARE REQUESTING APPROVAL TO PERMIT A NURSING HOME ADMINISTRATOR TO SERVE AS ADMINISTRATORS BOTH A NURSING HOME AND RESIDENTIAL HOMES FOR AGED AND/OR ASSISTED CARE LIVING FACILITY ACCORDANCE WITH BOARD POLICY #39:

NHC Place at The Trace (Nursing Home) and NHC Place at The Trace (ACLF)
The Meadows, Nashville (Nursing Home) and The Meadows, Nashville (RHA)

11. REGULATION(S).

A. BOARD APPROVAL FOR RULEMAKING HEARING.

- (1) Approval of Rule language for ASTC Rule 1200-08-10-.06(2)(g) regarding the treatment of malignant hyperthermia (MH) with Rynadex usage.
- (2) Approval for Rule language for ACLF Rule 1200-08-25-.08(8) and RHA Rule 1200-08-11-.05(8) regarding the thirteen (13) minutes evacuate to be consistent for both regulations.
- (3) Approval for Rule language for ACLF Rules 1200-08-25 regarding "Medication Administration".

12. REPORTS

A. EMS REPORT - Robert Seesholtz

B. OFFICE OF GENERAL COUNSEL REPORT – Kyonzte' Hughes-Toombs

13. ORDERS.

A. Consent Orders.

B. Orders.

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
May 4-5, 2016

The Board for Licensing Health Care Facilities Board meeting began May 4, 2016.

Dr. René Saunders, chairman, called the meeting to order and requested roll call of attendance.

Dr. René Saunders, Chairman –here
Mr. Robert Breeden – here
Dr. Jennifer Gordon-Maloney – not here
Mr. Joshua Crisp – here
Ms. Carissa Lynch – here
Ms. Annette Marlar – here
Mr. John Marshall – here
Dr. Michael Miller – not here
Mr. David Rhodes - here
Mr. Jim Shulman, Chairman Pro Tem – here
Mr. Bobby Wood – here
Mr. Roger Mynatt – here
Dr. Sherry Robbins – not here
Dr. Kenneth Robertson – here
Ms. Janet Williford – here
Mr. Thomas Gee – here
Mr. Paul Boyd - here

A quorum was established.

**RESPIRATORY TECHNOLOGIES, INC., MINNEAPOLIS-ST. PAUL, MINNEAPOLIS
D/B/A RESPIRTECH:**

Ann Reed, Director of the Board for Licensing Health Care Facilities, introduced the above item for discussion and consideration by the Board. Chris Puri, attorney for Respirtech, presented on behalf of the provider. He presented the interpretation/guidance request for rule 1200-08-29-06(5) regarding physical location in the state and how to accomplish. Mr. Puri stated to the Board the provider has a physical presence in the state. The home medical equipment is delivered to the customer by the provider's employees. Bob Buehler with Respirtech described the home medical equipment product to the Board. He explained one diagnosis the equipment is used to treat is cystic fibrosis. He explained the provider's service model stating there are two (2) employees in the state of Tennessee. There is a customer service group in St. Paul, Minnesota which coordinates the care of the recipient of the equipment in Tennessee. Mr. Buehler stated a physician prescribes the equipment, the prescription is sent to St. Paul, a representative in St. Paul informs the customer the product will be shipped, the device is shipped to the employee representative's (trainers) home in Tennessee who then takes the equipment to the customer's home for education, instruction, and training on the device. Patients of Respirtech have 24 hour access to Respirtech's Customer Service Group. The Customer Service Group will address questions from the consumer and if unable to fully address will forward to the representatives (trainers) in the state. Annette Marlar questioned if additional training is sometimes

needed by customers or is the training for a limited time. Mr. Buehler stated training is not limited and that follow-up with customers occurs on a quarterly basis. Ms. Marlar asked if the provider requires employees to live in the Tennessee. Mr. Buehler stated yes, but this is not in writing, but is understood by practice. He indicated this could be made a written requirement by the provider for its employees. Janet Williford questioned how the state would survey for licensure. Ms. Reed indicated the application for licensure would indicate an address in the state of Tennessee as the location of the provider which would also meet the physical location requirement. Mr. Puri stated he and the provider could work with the Department on how the survey process would work once a trainer's address is recognized as the physical location if the Board determines the physical location regulation is met by this model. John Marshall asked where patient records will be kept. Mr. Buehler stated in Minnesota. All records are electronic and can be accessed electronically. Jim Shulman asked if the employee representatives will have the equipment with them and will they service the equipment as needed. Mr. Buehler stated yes the equipment is with the employee representatives (trainers) as they have to train the customer on the use of the equipment. The trainers may do some limited servicing of the equipment, but major servicing is performed at the location in Minnesota. The customer is provided with a 'loaner' piece of equipment until their equipment is repaired. Mr. Shulman questioned the physical location requirements of other states. Mr. Puri stated most states don't require a physical location and that some states have an exemption from meeting a physical location requirement. Mr. Shulman stated it makes more sense for all states to have the same requirements. Dr. Saunders questioned if it was a hardship for Respiritech to have a store front. Mr. Buehler stated it would not be a hardship, but would be unnecessary and difficult to have work for a stationary employee to do. Dr. Saunders indicated could Respiritech follow the example of how Respiritech does business in California - work with a distributor to provide the product and service to the customer. Mr. Buehler prefers to do a store front than to work with a distributor. Dr. Saunders also indicated there may be difficulty gaining access to electronic records during an investigation. She questioned the Office of General Counsel on the level of difficulty this might create. Ashley Fine, paralegal, deferred to Kyonzté Hughes-Toombs for response. Ms. Hughes-Toombs was not present at this time. Mr. Puri put forth Respiritech is meeting the requirements of the physical location and will work with the Department for the purposes of the survey process. **Mr. Shulman made a motion to recognize the approach of Respiritech of individual employees' homes who provide training to end users suffices to meet the physical location requirements of the home medical equipment regulations; seconded by David Rhodes. The motion was approved.**

REPORTS:

EMS -

Robert Seesholtz, EMS Trauma System Manager, presented the EMS report. He provided to the Board the minutes of the November 2015 Trauma Care Advisory Council meeting for review. He informed the Board of the request for a waiver of Trauma Center rule 1200-08-12-.04(4)(a) by UT Medical Center. The facility presented its waiver request indicating their facility has received trauma center verification via the American College of Surgeons (ASC). UT Medical Center representative stated they would like for the ASC verification to stand in place of the state trauma site verification. Dr. Saunders asked for clarification of the waiver request stating the ACS verification would serve as the state verification. UT Medical Center confirmed this. Ms. Seesholtz also informed the Board this waiver was granted to Vanderbilt University Medical last year. Dr. Saunders asked the length of the verification. For the ACS and the state, the length is three years reported Mr. Seesholtz. **Mr. Marshall made a motion to approve the waiver request regarding rule 1200-08-12-.04(4)(a) for state trauma site verification to be waived given the facility's ACS trauma verification; seconded by Mr. Shulman. The motion was approved.** Mr. Seesholtz then provided the Board for Licensing Health Care Facilities with a report on

three (3) trauma center visits. He presented before the Board each of the three trauma center visits referenced below –

Regional One Medical Center's Level I site visit results were presented to the Board in January 2016. A corrective action plan has been submitted and approved. A revisit to the facility is to be scheduled.

Skyline Medical Center addressed all deficiencies found at the provisional site visit. Mr. Seesholtz stated the trauma site visit team recommended Skyline for Level II Trauma designation. **Mr. Marshall made a motion to accept the recommendation for Level II Trauma designation for Skyline Medical Center; seconded by Mr. Shulman. The motion was approved.**

Summit Medical Center underwent a one year provisional Level II trauma verification site review. The review revealed one deficiency. **Mr. Seesholtz stated the trauma site visit team recommended Summit Medical Center for a provisional Level III designation for one (1) year. The recommendation was approved by the Board.**

Mr. Seesholtz also made a request to the Board on behalf of EMS/Trauma for a waiver of the Trauma Center rule 1200-08-12-.04(2)(c)5 which is the requirement for an emergency room physician being present on a provisional site team. He indicated to the Board the provision site visit was the only time an emergency room physician was required. Mr. Seesholtz informed the Board this requirement has been removed during the rule revision for the Trauma Center rules which will be presented to the Board in September. **Mr. Shulman made a motion to grant the waiver of rule 1200-08-12-.04(2)(c)5; seconded by Mr. Marshall. The motion was approved.**

Mr. Seesholtz also informed the Board of upcoming action by the Trauma program. He indicated there are two (2) Level III provisional visits for the Fall of 2016, a new trauma registrar to start with the EMS/Trauma program, and rule revision for the Trauma Center rules has concluded and will be presented to the Board in September 2016.

**CONTESTED CASE – LEFT REGULAR BOARD AGENDA ITEMS AT THIS TIME.
TRANSCRIPT OF CONTESTED CASE PROCEEDINGS AVAILABLE THROUGH THE
OFFICE OF GENERAL COUNSEL.**

The Board for Licensing Health Care Facilities Board meeting began for the second day of business on May 5, 2016.

Dr. René Saunders, chairman, called the meeting to order and requested roll call of attendance.

Dr. René Saunders, Chairman –here
Mr. Robert Breeden – not here
Dr. Jennifer Gordon-Maloney – not here
Mr. Joshua Crisp – here
Ms. Carissa Lynch – not here
Ms. Annette Marlar – here
Mr. John Marshall – not here
Dr. Michael Miller – not here
Mr. David Rhodes - here
Mr. Jim Shulman, Chairman Pro Tem – here (late)
Mr. Bobby Wood – here

Mr. Roger Mynatt – here
Dr. Sherry Robbins – not here
Dr. Kenneth Robertson – here
Ms. Janet Williford – here
Mr. Thomas Gee – here
Mr. Paul Boyd - here

A quorum was established.

DISCUSSION(S):

Tennessee Board for Licensing Health Care Facilities 2015 Performance Audit Report Update on Progress –

Vincent Davis, Director of Health Care Facilities, presented the update to the Board members. He provided the Board members with a handout of the audit findings and the current state of the findings. Mr. Davis directed the Board to focus on the bold items in the handout. Follow-up item 1 from the 2011 audit: as of July 30, 2015 the timeliness of nursing home surveys has been resolved meeting the required fifteen (15) month window for inspection. This does not include complaint surveys that must be completed. Based upon this fact, at a later date Mr. Davis will bring to the Board a request for an increase in licensure fees for approval. Notification to all licensees of the pending request will be made within the next 60 days. The last fee increase was in 2007. Mr. Crisp asked how many of the complaint surveys have been unsubstantiated and were found to be made by disgruntled workers, family, etc. Mr. Davis stated in 2015 14 to 17% of complaints were substantiated and thus far in 2016 22%. Complaints have increased over the last five (5) years. Mr. Crisp recognized a better vetting of the complaint information would be helpful. Mr. Davis indicated the complaints are prioritized when taken which determines the investigation timeframes. He further stated there have been multiple discussions on how to 'lean' the complaint process. Roger Mynatt suggested not taking anonymous complaints unless they are formally made. Mr. Davis stated that can't be done based upon statute. Annette Marlar stated complaints are similar to unusual occurrences. The facility is generally aware of a grievance and may have addressed. The surveyors could use the facility's data and work during the investigation. Follow-up item 2 from the 2011 audit: the Office of Health Care Facilities (OHCF) does not have the statutory authority to impose civil penalties on a facility for not following the Board's waiver policy. Proactive monitoring has been adopted by the Board which includes an increase in the frequency of written and telephonic outreach to providers that are granted waivers. For the 2015 audit findings, the standing committee, Assisted Care Living Facility, has approved rule language clarifying medication administration, medication assistance, and which health professionals are able to administer medications in an ACLF. The civil monetary penalties for rule violations will be reviewed by the OHCF Board for sufficiency. The above referenced rule language changes are to be presented to the full Board today. The final finding regarding backlog of documents to be scanned into LARS is being met by having ongoing scanning of material to the licensure files. All scanning will be completed on or before July 1, 2016. An observation from the audit concerning documentation of transfer of patients and residents from closed facilities has been address by updating OHCF policy #209. Another observation item was the housing of the facility sprinkler system compliance in multiple systems making determination of compliance difficult. Today all compliance information is current in all computer systems.

Unicoi County Memorial Hospital, Erwin –

Ms. Reed presented this discussion item to the Board for consideration. The hospital is a forty-eight (48) bed facility seeking to discontinue providing general surgery services under hospital rule 1200-08-01-

.07(1). Unicoi County Memorial Hospital has had a significant decline in surgery volumes which has led to concerns in the ability of the hospital to maintain surgical staff and necessary competencies to ensure quality care. The facility would first like for the Board to consider whether surgery services is truly optional and a waiver would not be required. If it is determined surgery services are required under the general hospital designation then the facility would request a waiver of the requirement. Kyonzté Hughes-Toombs, Office of General Counsel (OGC), stated to the Board it is her interpretation that the surgery service is a requirement to meet the general hospital designation. She does agree the language is confusing and it is under the purview of the Board to change its rule language. The Board recommended this item be moved to the Performance Improvement Issues Standing Committee for development of an interpretative guideline and the change of the rule language to address the general hospital definition regarding surgery services. **Mr. Rhodes made a motion to approve the above recommendation; seconded by Mr. Gee. The motion was approved.** Dan Elrod, attorney representative for the facility, indicated Unicoi County Memorial Hospital would like to request a waiver of rule 1200-08-01-.07(1). **Mr. Rhodes made a motion to grant the waiver ceasing surgical services; seconded by Mr. Shulman.** Discussion ensued by the Board members to make sure the waiver request is aligned with the interpretative guideline and rule language to be developed. **The motion was approved.**

Board Approval of Current Editions of Building Codes Utilized by Plans Review –

Bill Harmon, Director of Facilities Construction, presented this item to the Board. The members did not have questions regarding this item. Ms. Reed indicated this presentation of an update to the interpretative guideline of the current editions of the building codes aligns with the new rule language that went into effect under the Building Standards in the applicable facility rules. Chris Puri voiced concern to the Board about the adoption of this updated interpretative guideline for the building codes and the failure for notification to be made to the providers. He stated that his understanding of the new rule language was that notification would be made to providers in advance of the new codes to be placed in the interpretative guideline for the Board to approve. Mr. Harmon indicated the presented set of codes is what is currently being used. **Mr. Rhodes made a motion to approved the presented interpretative guideline of updated codes; seconded by Dr. Robertson. The motion was approved.**

Board Approval Interpretative Guidelines (IG) -

The following IGs were presented by Ms. Reed to the Board for approval – Assisted Care Living Facility rule 1200-08-28-.06(2)(4) sign postage, Ambulatory Surgical Treatment Center rule 1200-0810-.06(2)(g) regarding the treatment of malignant hyperthermia with Ryandex, Assisted Care Living Facility rule 1200-08-28-.02(36) regarding definition of secured unit, and Home Health Agency rules 1200-08-26-.01(48) and .05(4)&(8) regarding VA physician exemption. Mr. Crisp requested an explanation behind the development and reasoning for the interpretative guidelines. Ms. Reed indicated these were a result of items brought before the ACLF, ACLF and Facilities Construction, and Performance Improvement Issues Standing Committees.

Assisted Care Living Facilities (ACLF) Administrators Testing Documents –

Ms. Reed gave an overview of this agenda item. She stated a draft ACLF test was presented to the ACLF Standing Committee for consideration and review. The standing committee requested time to review the presented test and to include the relative associations in the review. Comments were to be brought back to the full Board meeting. Mr. Crisp stated the reason for the ACLF testing was based upon trends in deficiencies for ACLFs. It was felt the first step was to address administrators. Stacia Vetter, NHC representative, asked that as the Board began consideration of ACLF administrator testing requirements they consider Board Policy #39. Mr. Crisp didn't think would be a change in that particular Board Policy.

Martha Gentry, TN ALFA, stated to the Board that it was essential for the administrator of the ACLF to know the ACLF rules and regulations. A clarification of the purposed fee was sought. Ms. Reed indicated that those initially applying for an ACLF administrator certification would pay a fee of \$200.00. There was much support for the testing to be initiated. It was also recommended that training requirements be prior to receipt of a certification as an administrator versus after two years. **Dr. Kenneth Robertson made a motion send this back to the ACLF Standing Committee to flush out the details and bring back to the full Board at the next meeting and to approve the testing process; seconded by Bobby Woods. The motion was approved.**

APPROVAL OF MINUTE(S):

Ms. Reed presented the following minutes for approval by the full Board –
Assisted Care Living Facility Standing Committee Meeting August 18, 2015
Assisted Care Living Facility and Facilities Construction Standing Committee Meeting November 16, 2015
Assisted Care Living Facility Standing Committee Meeting January 7, 2016
Assisted Care Living Facility and Facility Construction Standing Committee Meeting January 7, 2016
Mr. Shulman made a motion to accept all of the above standing committee meeting minutes; seconded by Mr. Gee. The motion was approved.

Ms. Reed presented the following minutes for approval by the respective standing committees before presentation to the full Board for approval –
Assisted Care Living Facility Standing Committee Meeting April 29, 2016
Performance Improvement Issues Standing Committee Meeting December 15, 2015
Performance Improvement Issues Standing Committee Meeting January 12, 2016
Performance Improvement Issues Standing Committee Meeting March 29, 2016
All were approved by the respective committees. The above were then presented to the full Board for approval. **Mr. Shulman made a motion to accept all of the above standing committee meeting minutes; seconded by Mr. Boyd. The motion was approved.**

LICENSE STATUS REQUEST(S):

Ms. Reed presented the seven (7) licensure status requests.

Cleveland Home Care Services, Cleveland d/b/a Tennova Hospice – Cleveland –

This facility sought to place its license on inactive status and to withdraw from the Medicare/Medicaid program due to closure of the agency. Mr. Puri represented the facility stating the inactive status request would be for a period of twelve (12) months. He also stated the facility was undergoing a change of ownership. **Mr. Shulman made a motion to grant the inactive status request until the June 2017 Board meeting; seconded by Mr. Rhodes. The motion was approved.**

Franklin Transitional Care Unit –

This facility was seeking its third extension to have the license remain on inactive status for an additional twelve (12) months. Mr. Elrod represented the facility stating the change of ownership for the facility was almost complete with Signature HealthCare. **Mr. Shulman made a motion to grant the inactive status request until the June 2017 Board meeting; seconded by Mr. Rhodes. The motion was approved.**

Associates of Memorial/Mission Outpatient Surgery Center, LLC –

This facility was seeking an extension of the inactive status of its license for an additional twelve (12) months. Mr. Elrod also represented this facility stating the owner, Memorial Hospital, of the facility is evaluating options for the facility. **Mr. Shulman made a motion to grant the inactive status request until the June 2017 Board meeting; seconded by Mr. Rhodes. The motion was approved.**

EldeReed Health & Rehab (Nursing Home) and John M. Reed EldeReed Haus ACLF (Assisted Care Living Facility) –

These two facilities are making the first request to place each respective license on inactive status. Michael Denney, Administrator, represented the facility stating there were only three nursing home residents when this decision was made and they have all been discharged as of this date. The assisted care living facility continues to have residents and for both facilities a plan for a thirty (30) day notice of discharge to the residents had been submitted to the Office of Health Care Facilities. **Mr. Shulman made a motion to grant the inactive status request until the June 2017 Board meeting for the nursing home; seconded by Paul Boyd. The motion was approved. Mr. Shulman then made a motion to grant the inactive status to begin on the date after the last ACLF resident is discharged until the June 2017 Board meeting for the ACLF; seconded by Mr. Boyd. The motion was approved.**

Jackson Park Christian Home, Inc. –

This facility is seeking a fifth extension of the inactive status of its license for an additional twelve (12) months. Mr. Puri represented the facility stating to the Board that Signature Healthcare continues to evaluate the best options for this facility and has had interest during the past year from two (2) potential buyers. **Mr. Shulman made a motion to grant the inactive status request until the June 2017 Board meeting; seconded by Mr. Rhodes.** Dr. Robertson questioned the impact the continued inactive status of the facility's license has on other providers and what is the benefit in keeping the license as such. Ms. Reed stated the certificate of need (CON) is the benefit of continuing with the inactive status of the license. She further stated if the licensed closed then the beds would 'go away'. Ms. Reed also informed the Board that beds essentially are already taken and that each year there is a 125 bed pool for other nursing homes to request beds from. She further stated the fact the facility remains in existence could impact the level of need in the area for nursing home beds. The question was also asked by a Board member of whether the facility continues to pay a bed tax. Mr. Puri indicated yes and explained how the bed tax is now determined. **After the discussion, the motion was approved.**

Tennova Healthcare – McNairy Hospital –

This facility is seeking to place its license on inactive status. Due to the deterioration and significant repairs needed by this hospital, the facility has decided to close and cease providing services to the public. The hospital has notified the Center for Medicaid and Medicare Services (CMS) of its cessation of services. The facility is anticipating cessation of services to be on May 18 by 11:59 pm. **Mr. Shulman made a motion to grant the inactive status request to begin on May 19, 2016 until the June 2017 Board meeting; seconded by Dr. Robertson. The motion was approved.**

WAIVER REQUEST(S):

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

Diversicare of Martin Healthcare & Rehabilitation Center, Martin -

This licensed nursing home is seeking to waive nursing home regulation 1200-08-06-.04(1) for a Tennessee licensed nursing home administrator until a permanent replacement can be hired or receives

his/her license in Tennessee **Mr. Shulman made a motion to grant the waiver request until the September 2016 Board meeting; second by Dr. Robertson. The motion was approved.**

Regional One Health Subacute Care, Memphis --

This licensed nursing home is seeking to waive nursing home regulation 1200-08-06-.04(1) for a Tennessee licensed nursing home administrator until a permanent replacement can be hired or receives his/her license in Tennessee **Mr. Shulman made a motion to grant the waiver request until the September 2016 Board meeting; second by Mr. Boyd. The motion was approved.**

Barton House, Nashville (ACLF); Carrick Glen Senior Living, Mt. Juliet (ACLF); Fountains of Franklin, Franklin (ACLF); Northpark Village Senior Living, Madison (RHA); Poplar Estate Senior Living, Columbia (ACLF); The Gardens at Providence Place, Mt. Juliet (ACLF); Villages of Murfreesboro, Murfreesboro (ACLF) -

These seven (7) facilities were seeking to waive the variance of Section 1008.1.9.6 special locking arrangements applicable to I-1 occupancies. The justification for the request was that the 2015 International Building Code (IBC) or later edition will be adopted by the state within two (2) years and by this adoption will incorporate section 1010.1.9.6 controlled egress doors in Groups I-1 and I-2. The two referenced codes above are essentially the same. This request was presented to the Assisted Care Living Facility (ACLF) and Facilities Construction Standing Committee with the request being denied. Bill Harmon with Plans Review is to develop an updated interpretative guideline (IG) for secured unit which would address the waiver request. The updated IG was presented under the Discussion Interpretative Guidelines Approval. Representative, Gary Keckley, for the facility withdrew the request.

Maybelle Carter Senior Adult Home, Nashville -

This seventy-four (74) bed licensed ACLF is seeking to waive regulation 1200-08-25-.09(16)(b) regarding the number of beds allowed in each bedroom. The facility is considering modification to the facility that would allow three (3) residents to share certain common space within a shared space configuration. The request was presented to the ACLF and Facilities Construction Standing Committee with the request being denied. The standing committee members did not feel the proposal met the intent of the rule. The facility subsequently asked that the request presented for the Board for Licensing Health Care Facilities' consideration and the recommendation from the standing committee be tabled and/or deferred until such time as the facility can have further discussions with the Tennessee Department of Health's Plans Review staff. No action was taken on this item.

Maury Regional Medical Center, Columbia --

This two hundred fifty-five (255) bed licensed hospital requested to waive the following hospital regulations, 1200-08-01-.05(1) & (5) under hospital admission and treatment shall be under the supervision of a physician and concerning treatment shall be given or administered to a patient of a hospital except on the order of a physician. Maury Regional Medical Center's therapy services are delivered in three (3) locations, Marshall Medical Center, Lewisburg; Wayne Medical Center, Waynesboro; and at the location of Maury Regional Medical Center. Cindy Kington representative for the facility indicated this would only apply to outpatient therapy services provided by the hospital. She further indicated this is being done by other hospitals. **Mr. Rhodes made a motion to grant the waiver request for hospital regulations, 1200-08-01-.05(1) & (5); seconded by Dr. Robertson. The Board embarked on discussion regarding the motion to approve the waiver request. Ms. Reed informed the Board that they have already approved this same waiver request for certain hospitals located in the eastern region of the state. She further informed the Board members that rule language has been approved and is currently moving through the rulemaking process. The motion was approved.**

Vanderbilt University Medical Center (VUMC), Nashville –

Vanderbilt University Hospital, Nashville requested to waive certain sections of the 2010 Facility Guidelines Institute (FGI) guidelines for room variance for a seventeen (17) bed observation for a period of two (2) years. Dan Elrod represented the facility. He stated to the Board this would be a temporary use of space. This item was heard by the Facilities Construction Standing Committee who approved the waiver request. **Mr. Rhodes made a motion to approve the waiver request accepting the Facilities Construction Standing Committee's approval; seconded by Mr. Shulman. The motion was approved.**

Avalon Hospice, Nashville -

This licensed hospice agency sought a waiver to open three (3) new branch office locations more than 100 miles from the parent location in Nashville. The locations are as follows – Crossville, approximately 106 miles from Nashville; Sevier County area, approximately 205 miles from Nashville; and Bristol, approximately 284 miles from Nashville. Avalon Hospice serves all ninety-five (95) counties in Tennessee and has been granted similar waivers in 2009, 2014, and 2015. James Cocke, Vice President of Operations, presented on behalf of the facility. Janet Williford questioned the licensure fees paid by the facility. Mr. Cocke indicated only one licensure fee was paid for the parent office location. There are no fees associated with each branch location. Ms. Williford also questioned the oversight capabilities. Mr. Cocke stated the surveyors don't come to the branch locations only to the parent when surveying for an annual survey. He further stated all records are kept electronically and can be sent from branch location to the parent office. Ms. Williford stated concern that all branch offices might not function as the parent. Avalon Hospice has established a process to ensure the like functioning from branch to parent through the function of the Director of Nurses (DON). Mr. Cocke indicated Avalon has been a good provider in the state of Tennessee based upon the facility's survey history. Mr. Shulman questioned the inspection of other facilities for example the branch office locations. Avalon stated they have taken surveyors to the branch office locations when asked to do so by the surveyors. Ms. Williford indicated interview of all patients may be difficult since some patients are so far from the parent location. **Mr. Shulman made a motion to approve the waiver request and to all Avalon Hospice to open three (3) new branch office locations more than 100 miles from the parent location in Nashville; seconded by Mr. Wood.** The Board members entertained discussion. Ms. Marlar stated revenue is lost by the state due to one location paying only one fee, but having many branch locations. Mr. Shulman asked where the farthest branch locations are. Avalon stated Memphis and Johnson City. **The motion was approved with a vote of 10 yeas, 1 nay (Ms. Williford).**

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

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

The following initial applications were processed by the Board's administrative staff without concern – AKM of Tennessee, Inc.; Greeneville – Professional Support Services (PSS); Clover Hill Senior Living, Maryville – Assisted Care Living Facility (ACLF) (Mr. Crisp recused from the vote on this facility); DJO, LLC; Nashville – Home Medical Equipment (HME); Fresenius Medical Care Bristol Home Therapies, Bristol – End Stage Renal Dialysis (ESRD); Grace Place, Hendersonville – Home for the Aged (RHA); Help At Home, Inc.; Greeneville – PSS; Jones Therapy Services, Franklin – PSS; Just Breathe Oxygen & Medical Equipment, Cookeville – HME; Long Hollow Terrace Annex, Hendersonville – RHA; Morning Pointe of Franklin, Franklin – ACLF; Providential Therapy Solutions, Huntsville – PSS; Rural Physician Partners,

DME; Franklin – HME; Satellite WellBound of Memphis, Memphis – ESRD; Signature Living of Rogersville, LLC; Rogersville – ACLF; Southeast Medical, Inc.; South Pittsburg – HME; The Courtyards Senior Living, Knoxville – ACLF. **The applications were presented to the Board as initial applications and were ratified by the Board.**

The following CHOW applications were presented to the Board for approval without staff concern – Adoration Home Health, LLC; Nashville – Home Health Agency (HHA); Belcourt Terrace, Nashville – Nursing Home; EldeReed Haus Assisted Living Facility, Limestone – ACLF; EldeReed Health and Rehab, Limestone – Nursing Home; Hearthside Senior Living at Collierville, Collierville – ACLF; Madisonville Health and Rehab Center, Madisonville – Nursing Home; Memphis Surgery Center, Memphis - Ambulatory Surgical Treatment Center (ASTC); River Terrace Health and Rehab Center, Covington – Nursing Home; Still Waters Home Health Agency, Cordova – HHA. **The applications were presented to the Board as CHOW applications and were ratified by the Board.**

LICENSURE STATUS UPDATE(S):

Ms. Reed presented licensure status updates on the following three (3) facilities – Vanderbilt University Medical Center, Nashville; Rosewood Manor, Inc., Columbia; and Starr Regional Medical Center, Athens. Vanderbilt University Medical Center was granted a waiver in 2014 to allow the facility to use an area of the first floor as a temporary observation unit and to waive certain space requirements of the rooms and cubicles located in this area. The hospital was required to report in two (2A) years an update on the continued temporary usage of this space. Vanderbilt University Medical Center continues to use this area on a temporary basis as an observation unit and continues to do so for an additional two (2) years. Rosewood Manor, Inc., Columbia placed their license on inactive status in January of 2010 for twenty-four (24) months. An extension was granted in 2011 for an additional twelve (12) months and a second extension was granted in 2013 for thirty-six (36) months. The owner, Tennessee Health Management, Inc., of the facility has notified the Office of Health Care Facilities (OHCF) that they have chosen to close the license for this facility on the expiration of the license on June 29, 2016. Starr Regional Medical Center in May of 2014 temporarily discontinued acute care services for inpatients at its satellite location in Etowah. At the September 2014 Board meeting Starr Regional Medical Center was approved to allow these beds to be included in their license for a period of two (2) years to evaluate long-term plans and options. The facility is requesting that these beds continue to be included in the facility's license for another two (2) years and the facility continues to evaluate its long-term plans and options for services provided at the facility.

BOARD POLICY CONSENTS:

Ms. Reed presented the Board Policy Consent requests. The requests were for Board Policy #32, Nursing Homes and Residential Homes for the Aged to provide outpatient therapy services, and Board Policy #39, permit a Nursing Home administrator to serve as administrator for both a Nursing Home and Residential Home for the Aged (RHA) and/or Assisted Care Living Facility (ACLF).

Board Policy #32 requests –
Alexian Village Health and Rehabilitation Center, Signal Mountain
Life Care Center of Blount County, Louisville
Signature HealthCare of Rogersville, Rogersville
Trenton Health and Rehabilitation, Trenton
WellPark at Shannondale, Knoxville
West Tennessee Transitional Care, Jackson

Mr. Shulman made a motion to approve the requests for Board Policy #32 waivers to be issued to Alexian Village Health and Rehabilitation Center, Signal Mountain; Life Care Center of Blount County, Louisville; Signature HealthCare of Rogersville, Rogersville; Trenton Health and Rehabilitation, Trenton; WellPark at Shannondale, Knoxville; West Tennessee Transitional Care, Jackson; Mr. Marshall seconded. The motion was approved.

Board Policy #39 requests –

NHC Place at The Trace (Nursing Home) and NHC Place at The Trace (ACLF)

The Meadows, Nashville (Nursing Home) and The Meadows, Nashville (RHA)

Mr. Shulman made a motion to approve the requests for Board Policy #39 waivers to be issued to NHC Place at The Trace (Nursing Home) and NHC Place at The Trace (ACLF) & The Meadows, Nashville (Nursing Home) and The Meadows, Nashville (RHA); seconded by Dr. Robertson. The motion was approved.

REGULATION(S):

Board Approval for Rulemaking Hearing –

Ms. Reed presented to the Board newly drafted rule language for ambulatory surgical treatment center regulation, 1200-08-10-.06(2)(g) regarding the treatment of malignant hyperthermia with Rynadex for review and approval for rulemaking hearing. This language was presented to the Performance Improvement Issues (PI) Standing Committee and approved for movement to the full Board. **Mr. Shulman made a motion to move the presented language to rulemaking hearing accepting the PI Standing Committee's approval; seconded by Dr. Robertson. The motion was passed.** The language to be presented for ACLF rule 1200-08-25-.08(8) and RHA rule 1200-08-11-.05(8) regarding thirteen (13) minute evacuation requirements was removed from the agenda due to additional rule language being identified in the RHA regulation. The item will move back to the ACLF and Facilities Construction Standing Committee for further review. Ms. Hughes-Toombs presented a second set of draft rules for the ACLF rules, 1200-08-25, regarding medication administration. This presentation of rule language is in response to the recent Board of Licensing Health Care Facilities' audit. The rule language was presented to the ACLF Standing Committee and was approved by them for movement to the full Board. Dr. Saunders questioned moving this language forward given the new law in place regarding medication aides certified. Ms. Hughes-Toombs indicated this would not be an issue as the new law would not change the rule language content substantially. **Mr. Shulman made a motion to move the presented language to rulemaking hearing accepting the ACLF Standing Committee's approval; seconded by Dr. Robertson. The motion passed.**

REPORTS Continued:

OGC -

Ms. Kyonzté Hughes-Toombs, General Counsel, presented the Office of General Counsel's (OGC) report. She stated the legislative report for the 2015-2016 session would be given by Ben Simpson from the Legislative Office of the Commissioner of Health. Mr. Simpson spoke to the following bills as having some impact on the Board for Licensing Health Care Facilities –

SB1499 – Sunset Bill for the Board for Licensing Health Care Facilities. This bill did not pass. The Board will go into a wind down phase with another audit to occur. Mr. Simpson reported that it is not the

intention of the legislature to abolish this Board, but to have some questions answered so as to not sunset. The committee of the legislator reviewing this will look closely at the audit findings of the Board.

PC921 – increase Board composition by one (1) to nineteen (19) to include an ambulatory surgical treatment center (ASTC) representative.

PC683 – TNCare bill offering change in health benefit.

PC591 – change to nurse licensure compact when more than twenty-six (26) states participate.

SB1842 – reconstitutes the certificate of need process.

PC959 – directs the Tennessee Department of Health to work with the Tennessee Hospital Association on overdose deaths in Tennessee – make overdose death a disease.

PC984 - removes 8 resident maximum from the traumatic brain residential home licensure type.

PC 986 – requires ASTC and hospitals to have written consent for abortions.

PC1003 – deals with fetal remains. The addition of forms to be completed by facilities that perform abortions.

PC2383– addresses the certified medication administration aides.

PC1004 – the Board for Licensing Health Care Facilities to report to the legislature about central service technicians in hospitals.

Ms. Hughes-Toombs then presented the litigation actions currently in the OGC. She stated there are ten (10) open cases. For the status of rules, Ms. Hughes-Toombs stated Building Code Rules became effective April 20, 2016; the Influenza Vaccination Rules were sent to the Attorney General's Office for legal review on January 28, 2016; the Advance Care Directive Form Rules will be heard in a rulemaking hearing on September 7, 2016; there are many combined rules for example ASTC rules; hospital admissions, transfers, and discharges; fire safety; repacking of medications; etc under internal review; and the Rural Area Definition Rule will become effective July 24, 2016.

ORDER(S):

Consent Orders -

Ms. Hughes-Toombs presented one consent orders for the Board's review and approval. The consent order was for Brookewood Nursing Home. The facility had appealed the state suspension of admission (SOA) based upon a recent survey where jeopardy level deficiencies were cited. A \$3,000.00 civil monetary penalty (CMP) was assessed as a result of this survey. The facility reached compliance with the state regulations and the SOA was lifted. All federal action was resolved as well with the federal CMP being reduced by 70%. In turn, the state CMP was reduced by 70% to \$900.00. The facility withdrew its appeal of the state SOA. The order presented reflects these items. **Mr. Rhodes made a motion to accept the consent order; seconded by Mr. Shulman. The motion was approved.**

The meeting was adjourned by Dr. Saunders.