

# Tennessee Board for Licensing Health Care Facilities



## Newsletter



2017

A regulatory agency of the State of Tennessee

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

### BOARD MEMBER

#### APPOINTMENTS/REAPPOINTMENTS

The Board for Licensing Health Care Facilities had the following new appointments, Chuck V. Griffin, Architect Representative; Dr. Evelyn J. Brock, Osteopath Representative; Patti Ketterman, Hospital Operated Nursing Home Administrator Representative and the following re-appointments, Joshua Crisp, Assisted Care Living Representative and Robert Breeden, Nursing Home Industry Representative at the June 7 & 8, 2017 Board meeting.

#### CURRENT COMPOSITION OF THE BOARD

The Board for Licensing Health Care Facilities is composed of the following members: René Saunders, MD, chairman; Roger Mynatt, nursing home industry representative; Patti Ketterman, hospital operated nursing home administrator representative; Carissa S. Lynch, Pharm.D., doctor of pharmacy representative; Thomas Gee, hospital administrator representative; Paul Boyd, consumer representative; Jennifer Gordon-Maloney, D.D.S., oral surgeon representative; Kenneth R. Robertson, MD, physician-surgeon representative; Annette Marlar, R.N., registered nurse representative; Robert Breeden, nursing home industry representative; Janet Williford, home health agency administrator representative; Chuck V. Griffin, architect representative; Joshua Crisp, RHA/assisted living representative; Evelyn J. Brock, D.O., osteopathic medicine representative; Sherry L. Robbins, MD, physician-medicine representative; Gina Thornberry, ambulatory surgical treatment center representative; Bobby Wood, consumer representative; Jim Shulman, Commission on Aging and Disability representative, ex officio. There is currently one vacancy of the Board's representatives, hospital administrator representative.

#### BOARD MEETING DATES

February 7<sup>th</sup> & 8<sup>th</sup>, 2018  
June 6<sup>th</sup> & 7<sup>th</sup>, 2018  
October 3<sup>rd</sup> & 4<sup>th</sup>, 2018

All board meetings begin at 9:00 a.m., Central Time. Board meetings are held at the board's office and are open to the public. Dates are subject to change, but are listed on the board's website. In the event of an electronic meeting, a conference room is made available to the public and is the location from which the electronic meeting is conducted.

#### BOARD STANDING COMMITTEES

The following standing committees of the Board met during the period from March 1, 2017 through August 31, 2017.

##### Performance Improvement Issues

**April 18, 2017:** The standing committee addressed two items at this meeting. The first item for discussion was revision of the ambulatory surgical treatment center (ASTC) rule 1200-08-10-.06(13) regarding chronic pain. This item was originally presented to the full Board at the February 2017 meeting. The Tennessee Medical Association (TMA) and Medtronic presented further agreed upon rule language to the standing committee for consideration. Standing committee members suggested a revision to the presented rule with this being accepted and the new revised rule language and development of an interpretative guideline (IG) being approved for presentation to the full Board. The second item was a request by two hospitals designated as rehabilitation hospitals to determine compliance with the Pediatric Emergency Care Facility (PECF) requirements for designation as one of the four levels of a PECF. An approval for a waiver was made for the two requesting facilities of the PECF rule

requiring designation at a PECF level and the development of an IG that a PECF designation level not be required for hospitals designated as rehabilitation to be presented to the full Board.

**July 25, 2017:** There were five items before this standing committee on this date. The first item was approval of the December 12, 2016 PI Standing Committee minutes. These were approved. The second item was discussion of Pentec Health, Inc. a licensed home health agency's (HHA) request to waive home health agency rules 1200-08-26-.06(2) and 1200-08-26-.06(3)(b). This item was originally presented at the June 2017 Board meeting. Pentec Health, Inc presented additional information relative to other state requirements for their facility. It showed some states allowing waivers of the rule requirements for timing similar to Tennessee's HHA rules. The standing committee voted to deny the waiver requests. Pentec Health, Inc was agreeable to the vote. The third item was discussion of National Biological Corporation, Nolensville and The Richmond Light Company, Nolensville's request for waivers of several home medical equipment (HME) rules. This item was also originally presented at the June 2017 Board meeting. Representative for the two licensure applicants addressed the standing committee to determine if the requirement for licensure applied to the two providers. The standing committee determined and approved a vote that licensure as a HME provider was required. The facilities' representative then presented specific rules requested for waiver. The PI Standing Committee voted to approve certain requested HME rules. This approval will be presented to the full Board. The fourth item was discussion of National Healthcare Corporation's (NHC) proposed nursing home rule language relative to facility drug disposal based upon Public Chapter (PC) 355. An approval was not granted to this request and further work to be done on the proposed rule language. The fifth item was discussion with The Tennessee Committee on Pediatric Emergency Care's (CoPEC) request on guidance for further revision to the PECF regulations and the current interpretative guidelines. A list of items found in the PECF regulation's table were presented for exemption – laryngoscope handle and blades to omit 1 & ½ straight or Miller blade, omit Bretylium, omit, Ipecac, omit Sodium Bicarbonate 7.5%, omit Butterflies 19 gauge, tracheostomy tub sizes changed to sizes 3 to 6, 6 Fr feeding tube to be compliant for urinary catheterization for Foley 6-14 Fr size, omit requirement for oxygen blender, and change Activated Charcoal requirement from EED to EH in all facility levels. The standing committee approved an IG to exempt this list of items from the rule requirements until revised rules are passed. This will be presented to the full Board. The standing committee also directed CoPEC to continue with the current IG practice in place for the PECF regulations as a whole. The final item for discussion was consideration of ambulatory surgical treatment center (ASTC) rule 1200-08-10-.01(7)(b) to clarify the term 'routinely' in this rule. The item was brought forth to the standing committee by a licensed ASTC relative to a recent survey finding. Much discussion was given to the item by the ASTC and its representative and the standing committee members. The standing committee made a motion to table the item for further discussion and with more information being provided.

### **Assisted Care Living Facility**

**April 18, 2017:** There were three items before this standing committee on this date. The first item was to discuss the home for the aged (RHA) rule definition for the term "ambulatory". This discussion first occurred in a full Board meeting with movement to the standing committee for further discussion. Discussion was given to the legislative intent of the RHA facility type definition and need to review all three long-term care regulations. The standing committee voted to not make changes to the ambulatory definition in the RHA regulations and to perform due diligence of other services such as hospice care in RHAs. The second item was discussion of the home and community based services (HCBS) assisted care living facility (ACLF) administrative rule compliance. This item too was brought before the full Board and moved to the standing committee for further discussion. The item relates to TennCare's program for HCBS and meeting of federal requirements. Legal counsel for TennCare presented to the standing committee to add rule language that only applies to HCBS Medicaid recipient providers. It was also stated determination of compliance with the federal HCBS program requirements would be a function of the managed care organizations and not the Office of Health Care Facilities' (OHCF) surveyors. The standing committee requested OGC guidance on how to be compliant. OHCF's legal counsel would bring rule language to the ACLF Standing Committee at a future meeting. The final item for discussion was ACLF rule 1200-08-25-.02(12), definition of continuous nursing care, and 1200-08-25-.08(1)(b), requires continuous nursing care. This was a request of the administrative staff for clarification. The example provided the standing committee was of a resident with active dementia and an ostomy in place. The standing committee felt care to an ostomy did not require skilled nursing care and that staff of the facility could be trained to provide. The key term in rule 1200-08-25-.08(1)(b) was 'by a licensed nurse'. OGC confirmed no interpretative guideline or formal written direction was needed.

**May 15, 2017:** There were three items for discussion before this standing committee. The first item was approval of the April 18, 2017 standing committee minutes. The second item for discussion was to revisit RHA rule for 'ambulatory' definition. OGC presented a legal analysis for hospice in RHAs. OGC stated the term 'short-term' needs to be defined and the term ambulatory should not be the focus. The standing committee voted to develop an interpretative guideline to define 'short-term' as six months or less plus provide a summary of this agenda item to the full Board. The standing committee was also provided follow-up information on means of egress from these types of facilities. The Director of Facilities Construction provided one example of an alternative which was use of a slide from a window of the facility. The last item for discussion was to revisit the HCBS administrative rule compliance for ACLFs. OHCF's legal counsel stated CMS's deadline for compliance with the federal requirements was extended to 2022. OGC also recommended the Board move cautiously with this item and to not adopt the full TennCare rules. The standing committee voted to delay acting upon this directive.

## LICENSURE STATISTICS

The Board for Licensing Health Care Facilities has licensed the following number of health care facilities as of August 31, 2017:

Hospitals: 127

Nursing homes: 321

Homes for the aged (RHA): 68

Assisted care living facilities (ACLF): 287

Adult care homes (ACH): 2

Residential hospices: 7

Birth centers: 4

Home health agencies: 150

Ambulatory surgical treatment centers (ASTC): 144

End stage renal dialysis clinics (ESRD): 184

Home medical equipment providers (HME): 267

Hospices: 58

Professional support service providers (PSS): 121

Outpatient diagnostic centers (ODC): 37

Traumatic Brain Injury (TBI) Residential Home: 2

## INACTIVE LICENSES

Milan Health Care Center, Milan – nursing home; inactive status granted June 7, 2017 to be effective until the June 2018 Board meeting.

Franklin Transitional Care Unit, Johnson City – nursing home; a fourth extension of inactive status was granted on June 7, 2017 until February 2019. The facility's license was first placed on inactive status on September 12, 2012, an extension was granted on September 12, 2013, a second extension was granted at the September 2014 Board meeting; and a third extension was granted on May 5, 2016.

Associates of Memorial/Mission Outpatient Surgery Center, LLC, Chattanooga – ambulatory surgical treatment center; a second extension of the inactive status was granted for this facility's license on June 7, 2017. The facility's license was first placed on inactive status on May 6, 2015, an extension of the inactive status for this facility's license was granted on May 4, 2016.

EldeReed Health & Rehab and John M. Reed EldeReed Haus ACLF, Limestone – nursing home and assisted care living facility; an extension of the inactive status was granted on June 7, 2017 for both licenses. The two facilities' licenses were first granted inactive status on May 4, 2016.

Jackson Park Christian Home, Inc., Nashville – nursing home; the fifth extension for inactive status was granted on June 7, 2017 until June 2018. The facility's license was first placed on inactive status May 2, 2012, a first extension was granted on May 1, 2013, a second extension was granted on May 8, 2014, a third extension was granted on May 6, 2015, and a fourth extension was granted on May 6, 2016.

Siskin Hospital's Subacute Rehabilitation Program, Chattanooga – nursing home; inactive status granted June 7, 2017 until June 2018 Board meeting.

Surgical Services, P.C., Sweetwater – ambulatory surgical treatment center; inactive status granted June 7, 2017 until June 2018.

## RATIFIED APPLICATIONS FOR June 2017

### INITIALS

#### Assisted care living facilities:

1. Dominion Senior Living of Hixson, Chattanooga
2. Dominion Senior Living of Bristol, Bristol
3. Memory Assisted Living at Uplands Village, Pleasant Hill
4. The Pointe at Lifespring Senior Living, Knoxville
5. The Waterford in Hermitage, Hermitage

#### Homes for the aged:

1. Grace House, Murfreesboro
2. His House, Cookeville
3. Lynch's Residential Home Care for the Elderly, LLC; Cedar Hill

#### Home medical equipment providers:

1. Ampro Medical, Chattanooga
2. Clay County Xpress Pharmacy, LLC; Celina
3. DIDD Seating and Positioning Clinics, Nashville
4. Insulet Corporation, Nashville
5. Novocure, Inc.; Memphis
6. RespirTech, Nashville
7. Synergy Health Solutions, LLC; Halls
8. WellSpring Medical Supply, LLC; Smyrna

#### Professional support services providers:

1. Better Life Therapies, LLC; Antioch
2. Compassionate Nursing and Home Care Services, LLC; Cordova
3. Complete Home Care Services of Tennessee, Columbia
4. Triumph Care, LLC; Nashville

#### End stage renal dialysis clinic:

1. Fresenius Medical Care Raleigh Bartlett, Memphis

#### Nursing home:

1. Life Care Center of East Ridge, East Ridge

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

1. Tennessee Imaging and Vein Center, Chattanooga

#### **Traumatic Brain Injury (TBI) Residential Homes:**

1. 21<sup>st</sup> Century Living Services, Inc.; Gallatin (Leigh Lane location )
2. 21<sup>st</sup> Century Living Services, Inc.; Gallatin (Hartsville Lane location)

#### **CHANGES OF OWNERSHIP (CHOW)**

##### **Hospice facility:**

1. HighPoint Hospice, Gallatin

##### **Nursing homes:**

1. Bethany Center for Rehabilitation and Healing, LLC; Nashville
2. Gallatin Center for Rehabilitation and Healing, LLC; Gallatin
3. Lakebridge, A Waters Community; Johnson City
4. Quality Center for Rehabilitation and Healing, LLC; Lebanon
5. The Waters of Clinton, Clinton
6. The Waters of Johnson City, Johnson City
7. The Waters of Smyrna, Smyrna
8. The Waters of Winchester, Winchester
9. Trevecca Center for Rehabilitation and Healing, LLC; Nashville

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

1. Athens Place, Athens
2. Foxbridge Assisted Living and Memory Care, Memphis
3. J.B. Knowles Home Assisted Living, Nashville
4. Oakwood Senior Living, Knoxville (Consideration application)

#### **CHANGE OF INFORMATION**

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

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

Keeping the board's administrative staff up to date on your facility's location and other important information concerning the operation of your facility facilitates the timely notification to you of important information such as your application for licensure renewal and important statutory and rule changes. You may fax your change to the board's administrative office

at (615) 253-8798 or by mail at: 665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, TN 37243. You also can e-mail the board at: [TN.Health@state.tn.us](mailto:TN.Health@state.tn.us).

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

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

#### **BOARD APPEARANCE PROCESS**

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

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

#### **EMS REPORT**

At the June 7, 2017 Board for Licensing Health Care Facilities meeting, Robert Seesholtz, EMS Trauma System Manager, presented the EMS report. He provided to the Board the minutes of the November 2016 Trauma Care Advisory Council meeting for review. Mr. Seesholtz then provided the Board for Licensing Health Care Facilities with a report on four (4) trauma center visits. He presented before the Board each of the four trauma center visits referenced below – Bristol Regional Medical Center was recommended for Provisional Level II Trauma designation for one year with a focused site review in one year. Holston Valley Medical Center was recommended to continue as a Level I Trauma designation. Johnson City Medical Center was recommended to continue as a Level I Trauma designation. Summit Medical Center was recommended to continue as a Provisional Level III Trauma designation for one year with a focused site review in one year.

**Mr. Shulman made a motion to accept the recommendations given; seconded by Dr. Robertson. The motion was approved.**

Mr. Seesholtz also petitioned the Board regarding representation by the Board for Licensing Health Care Facilities on the Trauma Care Advisory Council. Dr. Saunders, the Commissioner's designee on the Board, inquired if she would be able to fulfill that role as she was interested. The item was tabled for the next Board meeting and OGC would research if the Commissioner's designee could serve as the Board for Licensing Health Care Facilities representative.

## **NURSE AIDE REPORT**

Wanda King, Nurse Aide Program Manager, presented the Nurse Aide Report. She reported as of March 31, 2017 there were 36,902 active nurse aides certified in Tennessee. For the first quarter the following activity occurred with the nurse aide program: 2,040 new applicants were certified; four (4) certifications were revoked; and eight (8) were suspended for failure to pay student loans. The Abuse Registry as of May 31, 2017 has 2,215 individuals placed. Thus far for 2017 there have been 81 placements disbursed as follows:

County Courts: 36

TD Health: 7

DIDD: 30

APS: 7

MHSAS: 1

Training programs for nurse aides are comprised as follows for this year: 135 approved nursing home trainings programs and 156 approved private training programs for a total of 291 approved programs.

## **INTERPRETIVE GUIDELINES**

The following interpretive guidelines have been approved by the Board for Licensing Health Care Facilities and can be accessed in their final version at

[https://tn.gov/assets/entities/health/attachments/Interpretive\\_Guidelines.pdf](https://tn.gov/assets/entities/health/attachments/Interpretive_Guidelines.pdf) -

1. **SUBJECT:** Interventional Pain – ambulatory surgical treatment center (ASTC) rule 1200-08-10-.06(13) revision  
**DATE:** June 7, 2017  
**RULES:** The Board interprets the above regulation of the ASTC Standards to mean only a medical doctor, licensed pursuant to T.C.A. §63-9-101 et seq., who meet the following qualifications: 1. Board certified through the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) or the American Board of Physician Specialties (ABPS)/American Association of Physician Specialists (AAPS) in one of the following medical specialties: (i) Anesthesiology; (ii) Neurological surgery, or Neuromusculoskeletal medicine; (iii) Orthopedic surgery; (iv) Physical medicine and rehabilitation; Radiology, or any other

board certified physician who had completed an ABMS subspecialty board in pain medicine or complete an ACGME accredited pain fellowship; 2. A recent graduate in a medical specialty listed in part 1 not yet eligible to apply for ABMS, AOA, or ABPS/AAPS board certification; provided, there is a practice relationship with a medical doctor or an osteopathic physician who meets the requirements of part 1.; 3. A licensee who is not board certified in one of the specialties listed in part 1, but is board certified in a different ABMS, AOA, or ABPS/AOS specialty and has completed a post-graduate training program in interventional pain management approved by the board; 4. A licensee who serves as a clinical instructor in pain medicine at an accredited Tennessee medical training program; or 5. A licensee who has an active pain management practice in a clinic accredited in outpatient interdisciplinary pain rehabilitation by the Commission on Accreditation of Rehabilitation Facilities or any successor organizations;

will be permitted to perform invasive procedures of the spine, spinal cord, sympathetic nerves of the spine or block of major peripheral nerves of the spine, in each case, for the treatment of acute or chronic pain until the new regulation is effective.

2. **SUBJECT:** Pediatric Emergency Care Facility (PECF) & Hospital Designation – hospital rule 1200-08-01-.01(37) & PECF rule 1200-08-30-.02  
**DATE:** June 7, 2017  
**RULES:** The Board interprets the above regulations of the PECF and Hospital Standards to mean that the PECF regulations and their requirements do not apply to specialty designated rehabilitation and chronic disease hospitals that only provide rehabilitation or chronic disease services to adult patients and also do not maintain any emergency department.
3. **SUBJECT:** Meaning of Home for the Aged ‘Short-Term’ in Rule – home for the aged rule 1200-08-11-.05(4)  
**DATE:** June 7, 2017  
**RULES:** The Board interprets the above regulation to define ‘short-term’ as six (6) months or less.

## **STATUTORY CHANGES OF INTEREST TO TENNESSEE HEALTH CARE FACILITIES**

The 2017 Legislative Session has ended and the Board for Licensing Health Care Facilities' administrative staff has monitored several bills that are of interest to the licensed health care facilities in the state of Tennessee. Below is a

brief summary of those bills. If you wish to review any of these public chapters in their entirety, please visit: <http://www.tn.gov/sos/acts/108/pub/pc0004.pdf> or follow the Public Chapter number link included below by (Ctrl + click).

**PUBLIC CHAPTER NO. [0392](#)**

This legislation authorizes the Department of Health, in cooperation with the Board of Pharmacy, to establish a prescription drug donation repository program under which a person or organization may donate prescription drugs and supplies for use by an eligible nonprofit organization. The law requires these nonprofit organizations to report data to the department about the number of donors, donations, types of prescriptions and other data. The law allows donated drugs to be dispensed at no cost if they are in their original sealed packaging, are inspected by a pharmacist, and are prescribed by a healthcare practitioner and dispensed by a pharmacist. Additionally, the law provides for limited civil and criminal liability for matters related to the donation, acceptance, or dispensing of drugs pursuant to this repository program. Finally, the law allows the department of health, in consultation with the Board of Pharmacy, to promulgate rules to effectuate the purposes of this part. This act will take effect on January 1, 2018.

**PUBLIC CHAPTER NO. [0355](#)**

This was a companion bill to the drug donation repository program legislation. This act allows nursing homes to participate in the repository program. Furthermore, it directs the board for licensing health care facilities to use emergency rulemaking to permit facilities to dispose of drugs by any DEA permitted manner including disposal by donation to a drug donation repository program. This legislation took effect on May 11, 2017.

**PUBLIC CHAPTER NO. [0215](#)**

This will require state governmental entities that establish or adopt guides to practice to do so through the promulgation of rules, rather than policy. The rules so promulgated must specify all provisions included in and relating to the guide to practice. Any changes to guides to practice made after the guides are adopted must also be promulgated by rule in order to be effective. For purposes of this part, guides to practice includes codes of ethics and other quality standards, but does not include tests, examinations, building codes, safety codes, or drug standards. This legislation took effect on April 28, 2017.

**PUBLIC CHAPTER NO. [0240](#)**

This legislation was brought by the Department of Health and was designed to address a number of issues throughout all licensing boards, committees, and councils. This legislation will:

- Insure the integrity of licensure examinations by making examination questions, answer sheets, scoring keys, and other examination data confidential and closed to public inspection.

- Allow the issuance of limited licenses to applicants who have been out of clinical practice or inactive, or who are engaged in administrative practice. Limited licenses may be of restricted scope, restricted duration, and have additional conditions placed upon them in order to obtain full licensure.

- Clarify that other documents prepared by or on behalf of the Department with regard to an investigation are confidential until such time as formal disciplinary charges are filed against the provider.

- Eliminate the “locality rule” for administrative law.

- Require the chief administrative official for each health care facility to report within 60 days any disciplinary action taken against an employee for matters related to ethics, incompetence or negligence, moral turpitude, or substance abuse, to the employee’s respective licensing board. All records pertaining to the disciplinary action shall be made available for examination to the licensing board.

This act became effective on May 2, 2017.

**PUBLIC CHAPTER NO. [0481](#)**

This legislation creates a new violation of a healthcare practitioner’s practice act if that practitioner refuses to submit to or tests positive for any drug the practitioner does not have a lawful prescription for or a valid medical reason for using the drug. It is the duty of the employer to report any violation to the Department of Health. If the practitioner fails a drug test, the practitioner has 3 business days to either produce the requisite prescription or medical reason, or report to their board approved peer assistance program. If the practitioner does not comply with any of these measures, it is the duty of the employer to report this violation of the practice act to the employee’s licensing board for investigation and action. If the practitioner reports to the peer assistance program and obtains and maintains advocacy of the program, the employer is not required to notify the board.

As long as a practitioner obtains, maintains and complies with the terms of a peer assistance program, the board shall not take action on the licensee for the sole reason of a failed or refused drug test. If a practitioner fails to obtain or maintain advocacy from the peer assistance program, the program is required to report that information to the appropriate licensing board. The board SHALL suspend the license of a practitioner who fails to comply with the terms of the program. Employer drug testing must be compliant with the Drug-free Workplace requirements. This legislation allows a quality improvement committee to share information regarding substance abuse by a practitioner with other quality improvement committees. Additionally, this legislation specifies that the Department of Health is not required to obtain prior approval from the Attorney General in order to take any emergency action on a licensee. This legislation took effect on July 1, 2017.

**PUBLIC CHAPTER NO. [0230](#)**

This legislation authorizes commissioners or supervising officials of departments to evaluate certain actions by a regulatory board to determine whether the action may constitute a potentially unreasonable restraint of trade.

Supervising officials must ensure that the actions of regulatory boards that displace competition are consistent with a clearly articulated state policy. If a board action constitutes a potentially unreasonably restraint of free trade, the supervising official must conduct a further review of the action and either approve, remand or veto the action. The supervising official may not be licensed by, participate in, or have a financial interest in the occupation, business or trade regulated by the board who is subject to further review, nor be a voting or ex officio member of the board. The supervising official must provide written notice of any vetoed actions to the senate and house government operations committees.

Prior to filing a regulatory board's rule with the secretary of state, the commissioner or chief executive officer of the administrative department under which a regulatory board operates or to which a regulatory board is administratively attached, or a designee to the extent a conflict of interest may exist with respect to the commissioner or chief executive officer, must remand a rule that may constitute a potentially unreasonable restraint of trade to the regulatory board for additional information, further proceedings, or modification, if the rule is not consistent with a clearly articulated state policy or law established by the general assembly with respect to the regulatory board. This act took effect on April 24, 2017.

#### **PUBLIC CHAPTER NO. [0242](#)**

This legislation sets the inspection schedule for certain healthcare facilities at 3 years from the date of the last inspection as opposed to the typical 15 month schedule of other facilities. The facilities now on the 3 year schedule are all facilities except the ones specified in T.C.A. 68-11-210(a)(1) and include: end stage renal dialysis centers, prescribed child care centers, birthing centers, home care organizations, HIV supportive living centers, and outpatient diagnostic centers.

Additionally, the legislation defines "independent living facilities" as being excluded from regulation by the Board for Licensing Health Care Facilities. Finally, the law states that a residential home for the aged is authorized to administer medications to residents only if it employs or contracts with a physician, nurse or physician assistant to administer them. This legislation took effect on May 2, 2017.

#### **PUBLIC CHAPTER NO. [0327](#)**

This sunset provision extends the board for licensing health facilities until June 30, 2020.

### **REGULATION UPDATE**

#### **EFFECTIVE 5/9/17:**

1. All Facility Type Rules – Advance Care Directive Form

### **TOP CITED DEFICIENCIES - March 1, 2017 thru August 31, 2017**

#### **TOP FIVE -**

##### **Homes for the aged:**

5. Tag 228, Licensing Procedures, 1200-08-11-.02(6); Tag 418, Administration, 1200-08-11-.04(6)(f); Tag 420, Administration, 1200-08-11-.04(6)(h); Tag 427, Administration, 1200-08-11-.04(7); Tag 603, Personal Services, 1200-08-11-.06(3); Tag 610, Personal Services, 1200-08-11-.06(10); Tag 705, Building Standards, 1200-08-11-.07(5); Tag 802, Life Safety, 1200-08-11-.08(2); Tag 804, Life Safety, 1200-08-11-.08(4); Tag 808, Life Safety, 1200-08-11-.08(8), Tag 1007, Records and Reports, 1200-08-11-.10(1)(g), & Tag 1307, Disaster Preparedness, 1200-08-11-.13(2)
4. Tag 602, Personal Services, 1200-08-11-.06(2); Tag 807, Life Safety, 1200-08-11-.08(7); & Tag 1303, Disaster Preparedness, 1200-08-11-.13(1)(c)
3. Tag 713, Building Standards, 1200-08-11-.07(13) & Tag 815, Life Safety, 1200-08-11-.08(15)
2. Tag 701, Building Standards, 1200-08-11-.07(1)
1. Tag 821, Life Safety, 1200-08-11-.08(21)

#### **TOP FIVE -**

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

5. Tag 1026, Life Safety, 1200-08-25-.10(5)(e)
4. Tag 1023, Life Safety, 1200-08-25-.10(5)(b), Tag 1024, Life Safety, 1200-08-25-.10(5)(c), Tag 1010, Life Safety, 1200-08-25-.1092(i), & Tag 817, Admissions, Discharges, and Transfers, 1200-08-25-.08(5)(a)
3. Tag 1607, Disaster Preparedness, 1200-08-25-.16(1)(a) & Tag 1028, Life Safety, 1200-08-25-.10(5)(g)
2. Tag 901, Building Standards, 1200-08-25-.09(1)
1. Tag 1035, Life Safety, 1200-08-25-.10(8)(a)

##### **Nursing home:**

There was only one licensure tag were cited for nursing homes during this time period – Tag 901, Life Safety, 1200-08-6-.09(1)



### **DISCIPLINARY ACTION 2017**

The board and/or Commission of Health took action against the following licensed health care facilities:

#### **MARCH 2017**

**Licensee:** Signature at St. Francis, Memphis – nursing home  
**Violation:** Deficiencies cited rising to the level of a Type A penalty and Suspension of Admissions (SOA).

**Action:** Assessment of civil penalty in the amount of \$12,000.00 and SOA effective 3/24/17. SOA was lifted 4/7/17.

### MAY 2017

**Licensee:** Metro Community Care Home, Memphis - home for the aged

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

**Action:** Board Summarily Suspended the facility's license on May 12, 2017.

### JUNE 2017

**Licensee:** Metro Community Care Home, Memphis – home for the aged

**Violation:** Deficiencies cited rising to the level of immediate detriment to the health, safety, and welfare of residents and requiring Board action and failure to submit acceptable Plans of Correction (POC). May 2017 facility's license was summarily suspended.

**Action:** Board Agreed Order has facility to Voluntarily Surrender its RHA license which has the same legal effect as Revocation effective June 7, 2017.

**Licensee:** Autumn Hills Assisted Living, Nashville – assisted care living facility

**Violation:** Failure to submit acceptable POCs.

**Action:** Board Consent Order to place facility license on probation for no less than six (6) months effective June 7, 2017.

**Licensee:** Brookdale Greeneville, Greeneville – assisted care living facility

**Violation:** Deficiencies cited rising to the level of civil monetary penalty (CMP) imposition.

**Action:** CMP assessed in amount of \$500.00.

**Licensee:** Morning Pointe of Powell, Powell – assisted care living facility

**Violation:** Deficiencies cited rising to the level of civil monetary penalty (CMP) imposition.

**Action:** CMP assessed in amount of \$500.00.

**Licensee:** Oakwood Senior Living, Knoxville – assisted care living facility

**Violation:** Deficiencies cited rising to the level of civil monetary penalty (CMP) imposition.

**Action:** Two CMPs assessed in the total amount of \$1,000.00.

**Licensee:** Lauderdale Community Living Center, Ripley–nursing home

**Violation:** Deficiencies cited rising to the level of a Type A penalty and Suspension of Admissions (SOA).

**Action:** Assessment of civil penalty in the amount of \$4000.00 and SOA effective 6/16/17. SOA was lifted 7/7/17.

## DEFICIENCY FREE SURVEYS

### MARCH 2017

#### HOME HEALTH AGENCIES:

Intrepid USA Healthcare, Madison  
Encompass Home Health of Tennessee, Winchester  
Premier Home Health, Madison  
Careall Home Health, Nashville  
Careall Home Care Services, Knoxville  
Coram CVS Specialty, Nashville

#### HOSPICE:

Amedisys Hospice, Nashville  
Kindred Hospice, Cleveland

#### HOME MEDICAL EQUIPMENT PROVIDER:

Novocure, LLC; Memphis

#### TRAUMATIC BRAIN INJURY (TBI) RESIDENTIAL HOMES:

21<sup>st</sup> Century Living Services, Inc.; Gallatin  
21<sup>st</sup> Century Living Services, Inc.; Gallatin

#### NURSING HOME:

West TN Transitional Care, Jackson

#### OUTPATIENT DIAGNOSTIC CENTERS:

East Tennessee Diagnostic Center, Knoxville  
Summit Open MRI, Inc.; Winchester

#### END STAGE RENAL DIALYSIS CLINIC:

Mt. Juliet Dialysis, Mt. Juliet

### APRIL 2017

#### HOME HEALTH AGENCIES:

Advanced Home Care, Inc.; Greeneville  
Maxim Healthcare Services, Johnson City  
Advanced Home Care, Inc.; Kingsport  
Blount Memorial Hospital Home Health Services, Maryville

#### ASSISTED CARE LIVING FACILITY:

Memory Assisted Living at Uplands Village, Pleasant Hill

#### HOME MEDICAL EQUIPMENT:

Wellspring Medical Supply, Inc.; Smyrna

#### PROFESSIONAL SUPPORT SERVICES AGENCIES:

Com-Care, Inc.; Greeneville  
Omni Visions, Inc. East; Greeneville  
Bridgewater Balance & Hearing, Knoxville  
RHA Health Services, Inc.; Knoxville  
Core Services of Northeast TN, Johnson City  
Procure Home Health Services, Johnson City



Summit View Health Services, Knoxville  
Cumberland Mountain Industries, Inc.; Tazewell  
Healing Hearts, Inc.; Mt. Juliet (*initial*)  
Sertoma Center, Inc.; Knoxville  
Sunrise Community of TN, Inc.; Greeneville  
AKM of Tennessee, Inc.; Greeneville  
Help at Home, Inc.; Greeneville

**HOSPICE PROVIDERS:**

Wellmont Hospice, Bristol  
Covenant Hospice, Knoxville

**HOME FOR THE AGED:**

His House, Cookeville

**OUTPATIENT DIAGNOSTIC CENTER:**

Outpatient Diagnostic Center of Knox, Knoxville

**END STAGE RENAL DIALYSIS CLINIC:**

Fresenius Medical Care Raleigh-Bartlett, Memphis

**MAY 2017**

**ASSISTED CARE LIVING FACILITY:**

Dominion Senior Living of Bristol, Bristol

**HOME MEDICAL EQUIPMENT PROVIDERS:**

Insulet Corp.; Nashville  
Post Op Planners, LLC; Brentwood  
Xpress Pharmacy Celina, Celina  
DIDD Seating and Positioning Clinics, Nashville  
Lambert's Health Care, Knoxville  
Choice Medical, Knoxville  
Mooney's Home Medical Equipment, Johnson City  
Riggs Hospital Supplies, Powell  
E Tenn Urological Supplies, Powell  
Rural Health Services Durable Medical, Rogersville  
Advanced Home Care, Kingsport

**OUTPATIENT DIAGNOSTIC CENTER:**

Tennessee Image and Vein Center, Chattanooga

**HOSPICE PROVIDERS:**

Hancock Home Health & Hospice Agency, Sneedville  
Caris Healthcare, Murfreesboro

**JUNE 2017**

**HOME HEALTH AGENCIES:**

Quality Private Care, Jamestown  
Suncrest Home Health, Jefferson City  
Intrepid USA Healthcare Services, Sweetwater  
Medical Center Homecare Services, Johnson City (license #269)  
Medical Center Homecare Services, Johnson City (license # 271)  
NHC Homecare Johnson City, Johnson City  
Professional Case Management of Tennessee, Oak Ridge

**NURSING HOME:**

Life Care Center of East Ridge, East Ridge (*initial*)

**JULY 2017**

**NURSING HOME:**

Ft. Sanders Sevier Nursing Home, Sevierville

**HOME HEALTH AGENCY:**

Smoky Mountain Home Health, Newport

**PROFESSIONAL SUPPORT SERVICES AGENCY:**

All Ways Therapies, LLC; Memphis

**AUGUST 2017**

**NURSING HOME:**

Holston Health and Rehabilitation Center, Knoxville

**HOME MEDICAL EQUIPMENT PROVIDERS:**

Reliance Mobility, LLC; Columbia  
Spring Creek Home Medical Supply; Clarksville

**HOME HEALTH AGENCIES:**

Amedisys Home Health of Tennessee, Tazewell  
Careall, McMinnville

**HOSPICE PROVIDERS:**

Covenant Hospice, Knoxville  
Gentiva Hospice, Cookeville

**RESIDENTIAL HOSPICE PROVIDER:**

Hospice of Chattanooga at Walker Road Residential Hospice, Chattanooga

**ASSISTED CARE LIVING FACILITY:**

The Pavilion Assisted Living, Lebanon

**OUTPATIENT DIAGNOSTIC CENTER:**

Diagnostic PET/CT Chattanooga, Chattanooga