

Tennessee Board for Licensing Health Care Facilities



Newsletter



2015

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

BOARD MEMBER APPOINTMENTS/REAPPOINTMENTS

The Board for Licensing Health Care Facilities is pleased to announce the new Commissioner designee, Dr. René Saunders, to the Board on May 6, 2015.

CURRENT COMPOSITION OF THE BOARD

The Board for Licensing Health Care Facilities is composed of the following members: René Saunders, MD, chairman; Roger Mynatt, nursing home industry representative; Carissa S. Lynch, Pharm.D., doctor of pharmacy representative; Diana Miller, hospital operated nursing home administrator representative; John A. Marshall, hospital administrator 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; David A. Rhodes, architect representative; Joshua Crisp, RHA/assisted living representative; Michael R. Miller, D.O., osteopathic medicine representative; Sherry L. Robbins, MD, physician-medicine representative; Bobby Wood, consumer representative; Jim Shulman, Commission on Aging and Disability representative, ex officio. There are currently two vacancies of the Board's representatives, hospital administrator and consumer.

BOARD MEETING DATES

September 17th & 18th, 2015
January 14th & 15th, 2016

All board meetings begin at 9:00 a.m., Central Time. Board meetings are held at the board's office and are open to the public. 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 February 1, 2015 through July 31, 2015.

Performance Improvement Issues

March 10, 2015: The standing committee addressed three items at this meeting. The first item was discussion and consideration for whom the reporting of communicable disease should be done i.e. patients and/or staff and what diseases are considered a communicable disease in the following set of regulations: Hospital, Nursing Home, Ambulatory Surgical Treatment Center, Residential Hospice, Birthing Center, HIV Supportive Living, End Stage Renal Dialysis Clinic, and Outpatient Diagnostic Center. The standing committee voted to have new rule language drafted by OGC and added to all applicable facility type regulations which will reference the TDH website listing of communicable diseases. Each regulation will inform that the reporting of a listed communicable disease is to be per patient case found. The second item was the consideration of hospital and nursing home rules to allow advance practice registered nurses (APRN) to provide on-call services and to write admission orders. CMS allows this for APRN in certified hospitals. The standing committee questioned the practice of other states – THA to compile this information. The standing committee voted to have OGC develop rule language allowing hospitals to follow CMS guidance and present this language back to the committee. The final item was review of the home medical equipment rules and regulations, specifically the interpretative guideline (IG) for 1200-08-29-.06(4) regarding

delivery of equipment. There was continued debate on the delivery of complex items and requirement for instruction, Board of Pharmacy rules and regulations for out-of-state providers, and the separation of supplies with the “Caution...” statement.

June 23, 2015: The standing committee addressed two items at this meeting. The first item was discussion and consideration of hospital rule 1200-08-1-.07(4)(a) and (b) for outpatient services to include the provision of dialysis services. The standing committee voted to have an interpretative guideline (IG) developed to capture the 2010 policy issued by the Board’s legal counsel with a reference to the CMS payment issue. There would be no CMS reimbursement; licensure regulations allow the provision of the services. The IG is to include the type of patient and patient situation. A draft of the IG is to be presented to the standing committee before presentation to the full Board.

Performance Improvement Issue/Facilities Construction

June 23, 2015: There was only one item taken up at this joint meeting of the two above standing committees. The item was discussion and consideration as to whether a provider’s proposed Independent Home Dialysis should be licensed as either an End Stage Renal Dialysis Clinic (ESRD) or a Home Health Agency. The provider’s model of service is to provide dialysis services to residents of a nursing homes that currently travel to a licensed and certified ESRD for their dialysis needs. OGC summation included: should this provider be licensed: Yes; need to keep provider in compliance with licensure laws; will location for training of personnel meet the definition of an ESRD?; waivers will need to be granted as this provider moves forward in the licensure process; and review current licensure rules for ESRD. The co-standing committees chose to table this discussion/determination for a future meeting and to have additional information gathered on how other states address this type of provider. Further, an industry representative offered to have current ESRD providers to speak to the full Board on the current home dialysis climate.

Facilities Construction

March 24, 2015: There were three items before this standing committee on this date. The first item was consideration of the definition/language for the term “beds” in all applicable facility regulations. The standing committee approved a motion for beds to represent an individual when the facility has licensed beds. This would exclude hospitals. The standing committee approved the language for a rulemaking hearing after OGC reviews the regulations for appropriate inclusion of the language. An interpretative guideline (IG) was also approved for development. The next item for discussion was regarding NFPA 99 17.3.5 for all applicable codes pertaining to hard piped gas, suction systems, and ventilator service(s)/unit(s). A presentation was made by Gene Gantt and Ben Stiles regarding the current state of respiratory care in healthcare. The standing committee directed administrative staff with assistance from Mr. Gantt to draft IG for Plans Review staff when reviewing ventilator unit plans. The final item for discussion was the HVAC issue in assisted care living facilities (ACLF). The standing committee indicated the current rule regarding the use of the HVAC would be based upon the contents of the facility’s disaster

plan. The nursing home regulations on disaster preparedness was reviewed by the standing committee resulting in the standing committee making a motion for rule language change to the ACLF and home for the aged (RHA) regulations to reflect the language of the nursing home regulations regarding disaster preparedness and HVAC/essential needs.

May 5, 2015: There was one item before this standing committee on this date. An interpretative guideline (IG) for NFPA 99 17.3.5 and hard piped gas in nursing homes providing ventilator services was presented to the standing committee for approval. The standing committee approved the IG and moved this to the next full Board meeting for final approval.

June 23, 2015: There were two items before this standing committee on this date. The first item was consideration of an interpretative guideline (IG) for assisted care living facility (ACLF) and home for the aged (RHA) disaster plan, HVAC, and emergency generator regulations 1200-08-25-.16(4) and 1200-08-11-.13(3) for approval – the IG was approved by the standing committee and moved to the full Board meeting September 2015. The second item for consideration was the ACLF rule 1200-08-25-.10(2)(i) focusing on the term “cooking appliance”. The genesis of this issue was from an ACLF provider with a resident family questioning the term “cooking appliance” and the terms relation to a sandwich maker. The standing committee desired research of other state allowances and requirements in this regard with a motion made to investigate alternative language to match the intent of the ACLF regulations.

Assisted Care Living Facility

March 24, 2015: There were multiple items brought before this standing committee at this meeting date. The first item was consideration of administrator requirement language. The standing committee recommended that more information be gathered from NAB on Assisted Care Living Facility (ACLF) testing, other state testing requirements (THCA to compile), an example of fee and testing process, domains of practice to be tested, and trends in ACLF and Nursing Home administrators such as total number of each administrator type. The trend information to be presented to the full Board in future and will be a collaboration of the associations to create the presentation. The second item was consideration of pharmacy services which was tabled for the next ACLF Standing Committee meeting. The third item was consideration of medication administration which resulted in THCA taking initiative to coordinate all relevant Boards i.e. Nursing, Pharmacy, HCF reps to discuss medication administration by non-licensed personnel and the current law for medication technicians; development of best practices in ACLFS. The recommendation of the standing committee was to allow this concept to reach fruition. It may be discussed at the next standing committee if a meeting of the relevant Boards occurs. The fourth item was the presentation of the Top ACLF deficiencies to the standing committee. The overall top ten (10) deficiencies were presented which showed life safety and building standard tags to be the most cited. The top CMP recommendation deficiencies were presented to the standing committee. Educated the committee on how the CMP deficiencies were determined with CMP Grid shared

with standing committee members. The fifth item was consideration of transfer requirements for ACLFs. TN ALFA to have feedback available when the standing committee next meets. The sixth item was consideration of MD orders after hospital discharge. This led to discussion on what the average ACLF resident looks like and what level of care do facilities provide. This item tabled to the next meeting of the standing committee for HCF rules and regulations to be explored with specifics to clinical requirements provided. The seventh item was discussion of abuse reporting. This item was removed from the ACLF Standing Committee's agenda as it is covered under the unusual incident reporting system. The eighth item was discussion of life safety/building standards regarding exterior lighting. Codes in place which address this item. This item was also moved from the ACLF Standing Committee's agenda. The final item was discussion of admission paperwork timeframe. The ACLF Standing Committee moved this item from the agenda as well. Rules allow family/resident time to review admission paperwork.

Education

July 8, 2015: There was one item before this standing committee on this date. The item discussed was the nurse aide training programs in nursing homes and the pass/fail rate calculations for these programs. It was felt by the standing committee the current pass/fail computation was over inflating the nursing home programs fail rates. The standing committee made a motion to have facility rates determined after the third attempt per student on the written and oral examinations with the facility's overall rate being calculated after the third attempt. An interpretative guideline was approved for development by staff.

LICENSURE STATISTICS

The Board for Licensing Health Care Facilities has licensed the following number of health care facilities as of July 31, 2015:

- Hospitals: 129
- Nursing homes: 325
- Homes for the aged (RHA): 78
- Assisted care living facilities (ACLF): 272
- Adult care homes (ACH): 2
- Residential hospices: 8
- Birthing centers: 3
- Home health agencies: 155
- Ambulatory surgical treatment centers (ASTC): 153
- End stage renal dialysis clinics (ESRD): 176
- Home medical equipment providers (HME): 298
- Hospices: 58
- Professional support service providers (PSS): 127
- Outpatient diagnostic centers (ODC): 37

INACTIVE LICENSES

Jackson Park Christian Home, Inc., Nashville – nursing home; third extension of inactive status granted May 6, 2015 for twelve (12) months through May 2016. First inactive status granted May 2, 2012 for twelve (12) months. First extension of inactive status granted May 1, 2013 for one year until May 1, 2014. Second extension of inactive status granted May 8, 2014 for one year until May 2, 2015.

Associates of Memorial/Mission Outpatient Surgery Center, LLC, Chattanooga - ambulatory surgical treatment center; Inactive status granted May 6, 2015 to be effective June 26, 2015 for twelve (12) months until the May 2016 Board for Licensing Health Care Facilities meeting.

Southern Hills Surgery Center, Nashville – ambulatory surgical treatment center; the first inactive status was granted November 5, 2008 for twelve (12) months through November 5, 2009. First extension of inactive status granted August 19, 2009 for six (6) months. Second extension of inactive status granted May 25, 2010 for twelve (12) months through May 2011. Third extension of inactive status granted May 4, 2011 for eighteen (18) months to expire on November 4, 2012. Fourth extension of inactive status granted February 7, 2013 for twelve (12) months to expire on February 7, 2014. Fifth extension of inactive status granted January 23, 2014 for twelve (12) months through February 7, 2015. Sixth extension of inactive status granted January 21, 2015 until the May 2015 Board for Licensing Health Care Facilities meeting. Seventh extension of inactive status granted May 6, 2015 until September 2015 Board for Licensing Health Care Facilities meeting.

**RATIFIED APPLICATIONS FOR
May 2015**

INITIALS

Assisted care living facilities:

1. NHC Place, Sumner; Gallatin
2. Quail Ridge Alzheimer's Special Care Center, Bartlett

Home for the aged:

1. In Touch Elder Care, LLC; Knoxville

Home medical equipment providers:

1. All American Medical, Memphis
2. Breathe America Sleep Supplies, LLC; Nashville
3. Burden Drug Center, Inc.; Jamestown
4. Jensen Medical, Inc.; Hendersonville

Professional support services providers:

1. New Haven, LLC; Powell

2. Premier Health Care, LLC; Bartlett
3. Tanya Gibbs, M.S., CCC-SLP; Antioch

End stage renal dialysis clinic:

1. Satellite Healthcare South Germantown, Memphis

Home health agency:

1. Coram Alternative Site Services, Inc. d/b/a Coram CVS/Specialty Infusion Services; Shelby

Nursing home:

1. NHC Place, Sumner; Gallatin

CHANGES OF OWNERSHIP (CHOW)

Ambulatory surgical treatment center:

1. Memphis Gastroenterology Endoscopy Center East, Germantown

Home medical equipment provider:

1. Scooters Unlimited/Jackson Medical Supply, Jackson

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, 2nd Floor, Nashville, TN 37243. You also can e-mail the board at: TN.Health@state.tn.us.

Board’s Fax Number: (615) 253-8798

Board’s Website: 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. 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, 2nd 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.

EMS REPORT

At the May 6th, 2015 Board for Licensing Health Care Facilities meeting, Rob Seesholtz, Trauma Manager with the Office of Emergency Medical Services, provided the Board with a report on four (4) trauma center visits. He also provided the Board members with the Trauma Care Advisory Council’s minutes from the November 12th, 2014 meeting. Mr. Seesholtz addressed before the Board each of the four trauma center visits referenced above –

Starr Regional Medical Center f/k/a Athens Regional Medical Center underwent a focus site review on April 8th, 2014 with a finding the facility did not have a viable process improvement program relative to loop closure. The facility provided to Mr. Seesholtz corrective paperwork on this item. Mr. Seesholtz recommended the facility for full designation as a Level 3. The Board approved this recommendation.

Johnson City Medical Center underwent a trauma center focus site visit in January 22nd, 2015 to evaluate deficiencies identified during the facility’s three (3) year rotational review visit. The site team noted improvements and the deficiencies identified at the last site visit were addressed and continued to be evaluated and monitored. The site team recommends full designation as a Level 1. The Board approved this recommendation.

Wellmont Health Systems’ facilities, Bristol Regional and Holston Valley Medical Center, came before the Board in August of 2014 to request a waiver of the requirement for neurosurgical coverage and to enter into a share call agreement for neurosurgical staffing. This request was denied by the Board. An unannounced site visit was made to each facility to review their current neurosurgical staffing. As the Johnson City Medical Center focus site visit was being conducted neurosurgical staffing was reviewed as well. There was found to be overlap of neurosurgical staff coverage between Holston Valley Medical Center and Johnson City Medical Center. Bristol Regional’s coverage was deemed appropriate. Corrective action plans were requested from Holston Valley Medical Center and Johnson City Medical Center. These were received and found acceptable. Monthly

neurosurgical call schedules have been and will continue to be forwarded to Mr. Seesholtz's office for review until February 2016. Mr. Seesholtz further stated the two facilities have appropriate back-up call schedules for neurosurgical coverage. **Skyline Medical Center** underwent their one (1) year provisional review on April 30th, 2015. At this review, three (3) deficiencies were cited: nurse surgical response time immediately available and timely intervention undeterminable from chart review and records; lapses in recognition of patient shock and airway compromise; and these items were recognized via the PI process, but did not have appropriate loop closure. The recommendation of the trauma site team is for Skyline to remain on provisional Level 2 status for the next calendar year with another site review to occur in 2016. The Board approved this recommendation.

NURSE AIDE REPORT

Wanda King, Manager Nurse Aide Program, presented to the Board three (3) facilities with continued poor performance of their nurse aide training courses which were initially before the Board in September 2014. In addition to the three (3) poor performing facility programs from September of last year, approximately twelve (12) facilities with poor performance over the period of 2012, 2013 and 2014 were present before the Board. Ms. King also brought to the Board recommendations for a plan of improvement as asked for by the Board. The recommendations for improvement brought forth by Ms. King were from the Nurse Aide Advisory Panel. The recommendations were (1) utilizing the Hand and Hand training series put forth by CMS in 2012; (2) training programs consist of a minimum of 120 clock hours with no less than 80 hours in the classroom and no less than 40 hours clinical; and (3) all CNA instructors should attend at least one (1) instructor workshop presented by the testing agency during their two (2) year approval period. Ms. King presented the Office of Health Care Facilities recommendations which included a CNA candidate practice under the direct supervision of the program instructor at all times, develop an action plan for remediation and the action plan would be designed to assist the CNA in their areas of deficiencies as a result of their testing, and the program coordinator work with the CNA to improve skills that would be tested. Per the request of the Board, Ms. King will bring new testing numbers to the September 2015 Board meeting for the first six (6) months of this year. The Board moved the discussion of the calculation of pass/fail rates for the nurse aide training programs to the Education Standing Committee for further consideration and discussion.

STATUTORY CHANGES OF INTEREST TO TENNESSEE HEALTH CARE FACILITIES

The 2015 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. [0039](#)

This public chapter as enacted sets requirements for radiological services that are provided in ambulatory surgical treatment center amending TCA 68-11-2. Effective 7/1/15.

PUBLIC CHAPTER NO. [0094](#)

This public chapter as enacted adds defined terms and rulemaking authority concerning the registry of persons who have abused, neglected, or misappropriated the property of vulnerable individuals and increase from 30 days to 60 days the time within which placement on the registry may be appealed based on administrative error amending TCA 68-11-10. Effective 4/10/15.

PUBLIC CHAPTER NO. [0153](#)

This public chapter as enacted amends TCA section 33-2-403, 68-11-202, and 71-2-412 by authorizing the Board for Licensing Health Care Facilities and the Departments of Mental Health and Substance Abuse Services, Human Services, and Intellectual and Developmental Disabilities to amend licensure rules to be consistent with the federal home-based and community-based settings final rule. The public chapter further requires that licensure survey and enforcement be conducted in a manner consistent with any rule issued under this act. Effective 4/16/15.

PUBLIC CHAPTER NO. [0154](#)

This public chapter as enacted amends TCA 63-1-1 and TCA 68-11-3 that upon request by the Commissioner of Health or Commissioner's designee, requires that Commissioner or designee be given certain access to medical records in order to facilitate investigations and inquiries when responding to an immediate threat to public health. Effective 4/16/15.

PUBLIC CHAPTER NO. [0187](#)

This public chapter as enacted amends TCA 39-14, 40, and 71-6-1 by classifying the financial exploitation by a caretaker of an adult as a Class D felony and requiring the district attorney to freeze the assets of anyone charged with taking property valued at \$5,000 or more until the criminal proceedings are complete. Effective 7/1/15.

PUBLIC CHAPTER NO. [0203](#)

This public chapter as enacted amends Title 71 and Chapter 961 of the Public Acts of 2014 extending the elder abuse task force from January 15, 2015 to January 15, 2016. Effective 4/20/15.

PUBLIC CHAPTER NO. [0360](#)

This public chapter as enacted amends TCA Title 68 and 71 by extending the Nursing Home Assessment Trust Fund by one year to terminate on June 30, 2016. The public chapter further increases the aggregate amount of assessments from 4.5 percent in present law to 4.75 percent and revises other related provisions. Effective 7/1/15.

PUBLIC CHAPTER NO. [0399](#)

This public chapter as enacted amends TCA 29-26-1 by placing restrictions on the use of certain surveys, inspections and investigations of a healthcare provider in healthcare liability actions. Effective 5/8/15

PUBLIC CHAPTER NO. [0411](#)

This public chapter as enacted amends TCA 68 by clarifying that Alzheimer's-related dementia, includes, but is not limited to, dementia with Lewy bodies and frontotemporal dementia for purposes of the required disclosure of specialized care at any entity, facility, programs, or any instrumentality of the state or political subdivision of the state that advertises, markets, or offers to provide specialized care, treatment, or therapeutic activities for one or more persons with a probable diagnosis of Alzheimer's disease or Alzheimer's-related dementia. Effective 5/8/15.

PUBLIC CHAPTER NO. [0419](#)

This public chapter as enacted amends TCA 68-11 by requiring facilities or physician offices where more than 50 abortions are performed in a calendar year to be licensed as ambulatory surgical treatment centers. Effective 7/1/15.

PUBLIC CHAPTER NO. [0473](#)

This public chapter as enacted amends TCA 37-10-3, 39-15-2, 63-6, 63-9, and 68-11-2 by implementing a 48-hour waiting period on procuring an abortion. The public chapter also establishes a requirement for informed consent and provides for a medical emergency exception. Effective 7/1/15.

****REGULATION UPDATE****

EFFECTIVE 6/25/15:

1. All Licensed Facility Types, 1200-08 – POST Form amendments
2. Nursing home, 1200-08-06-.15(2)(c)(5) – nurse aide training program performance language
3. Assisted care living facility, 1200-08-25-.02; .06; .07; & .08 sections – definition of medication administration, influenza vaccination, administration of IV medications, and medication disposal & policy language

**TOP CITED DEFICIENCIES -
FEBRUARY 1, 2015 thru JULY 31, 2015**

TOP FIVE -

Homes for the aged:

5. Tag 421, Administration, 1200-08-11-.08(21); Tag 701, Building Standards, 1200-08-11-.07(1)
4. Tag 821, Life Safety, 1200-08-11-.08(21)
3. Tag 801, Life Safety, 1200-08-11-.08(1)
2. Tag 426, Administration, 1200-08-11-.04(6)
1. Tag 807, Life Safety, 1200-08-11-.08(7)

TOP TEN -

Assisted care living facility:

10. Tag 1608, Disaster Preparedness, 1200-08-25-.16(3); Tag 1202, Resident Records, 1200-08-25-.12(2)(a); Tag 1038, Life Safety, 1200-08-25-.10(8)(d); Tag 832, Admissions, Discharges, & Transfers, 1200-08-25-.08(9)(a); Tag 711, Services Provided, 1200-08-25-.07(5)(b)
9. Tag 708, Services Provided, 1200-08-25-.07(5)(b); Tag 828, Admissions, Discharges, & Transfers, 1200-08-25-.08(6)(j); Tag 1016, Life Safety, 1200-08-25-.10(1); Tag 1605, Disaster Preparedness, 1200-08-25-.16(1)(e); Tag 1609, Disaster Preparedness, 1200-08-25-.16(4)
8. Tag 712, Services Provided, 1200-08-25-.07(6)(c); Tag 917 Building Standards, 1200-08-25-.09(17); Tag 1026, Life Safety, 1200-08-25-.10(5)(e)
7. Tag 629, Administration, 1200-08-25-.06(5)(c)
6. Tag 1028, Life Safety, 1200-08-25-.10(5)(g)
5. Tag 623, Administration, 1200-08-25-.06(5)(a); Tag 1223, Resident Records, 1200-08-25-.12(50)(a)
4. Tag 732, Services Provided, 1200-08-25-.07(7)(c)5; Tag 1001, Life Safety, 1200-08-25-.10(1)
3. Tag 901, Building Standards, 1200-08-25-.09(1)
2. Tag 1035, Life Safety, 1200-08-25-.10(8)(a)
1. Tag 1001, Life Safety, 1200-08-25-.10-(8)(a)

Nursing home:

Tag 901, Life Safety, 1200-08-6-.09(1) was the most frequently cited deficiency.



**DISCIPLINARY ACTION
2015**

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

APRIL 2015

Licensee: Life Care Center of East Ridge, East Ridge – nursing home

Violation: Deficiencies cited rising to the level of a Type B penalty

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

MAY 2015

Licensee: Pendleton House of Love, 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 hearing for summary suspension. License summarily suspended effective 5/6/15 and moved to final hearing. Final hearing 5/29/15 resulting in license placed on probation for a period of no less than two (2) years

Licensee: Apple Grove Alzheimer's & Dementia Residence, Memphis – assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$2000

Licensee: Broadmore Assisted Living, Bristol – assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$2500

Licensee: Brookdale Cordova, Cordova – assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$250

Licensee: Canterfield of Oak Ridge, Oak Ridge – assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$250

Licensee: Cumberland Ridge Assisted Living Center, Crossville – assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$750

Licensee: Eagle Crest Assisted Living, Chattanooga – assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$1000

Licensee: Greenfield of Oak Ridge, Oak Ridge – assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$2000

Licensee: Emeritus at Kingsport, Kingsport – assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$1500

Licensee: Henderson Villa, Inc.; Henderson – assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$250

Licensee: Heritage Assisted Living, Knoxville - assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$250

Licensee: Heritage Place of Lexington, Lexington - assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$500

Licensee: Ivy Crest Assisted Care Living Facility, Pulaski - assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$250

Licensee: Maybelle Carter Senior Adult Home, Madison - assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$250

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

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

Action: Assessment of civil penalty in the amount of \$250

Licensee: Optimum Assisted Living, LLC; White Bluff - assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$250

Licensee: Schrader Acres Assisted Living Center, Nashville – assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$1000

Licensee: The Lodge at Wood Village, Sweetwater – assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$250

Licensee: Meadows of Halltown, Inc.; Portland - assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$250

Licensee: Jamestowne Assisted Living, Kingston - assisted care living facility

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

Action: Assessment of civil penalty in the amount of \$250

Licensee: United Regional Medical Center, Manchester - hospital

Violation: Late in payment of Annual Coverage Assessment to TennCare

Action: Immediately submit payment to TennCare; including a five hundred dollar (\$500) penalty for each day that the installment pay is past due until such installment is paid in full and shall immediately submit a Plan of Correction

Licensee: East Tennessee Dialysis Center, Maryville - end stage renal dialysis clinic

Violation: Deficiencies cited rising to the level of detriment to the health, safety, and welfare of patients and the need for Board action. License on probationary status.

Action: Removal of probationary status and place license back into active licensed status

JUNE 2015

Licensee: Donelson Place Care & Rehabilitation Center, Nashville – nursing home

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

Action: Assessment of civil penalty in the amount of \$3001.00 and suspension of admissions (Suspension of Admissions lifted 7/9/15)

DEFICIENCY FREE SURVEYS

FEBRUARY 2015

HOME HEALTH AGENCIES:

Lincoln Medical Home Health, Fayetteville
Quality Private Duty Care, Jamestown

END STAGE RENAL DIALYSIS CLINIC:

Satellite Healthcare South – Germantown, Memphis

HOSPICE:

Caris Healthcare, Murfreesboro

HOME FOR THE AGED:

The Meadows, Nashville

NURSING HOME:

Pine Meadows, Bolivar
Adam Place, LLC, Murfreesboro
Life Care Center of Old Hickory, Old Hickory

MARCH 2015

HOSPICE:

Medical Center Hospice, Johnson City

HOME HEALTH AGENCY:

Coram Specialty Infusion Service, Memphis
Gateway Home Care, Clarksville
Gentiva Health Services, Lebanon
Home Health Care of Middle TN, Nashville

Maxim Home Health, Johnson City

APRIL 2015

HOME MEDICAL EQUIPMENT:

American Oxygen Home Care, Tazewell
Hancock Medical Equipment, Sneedville

AMBULATORY SURGICAL TREATMENT CENTER:

Campbell Clinic Surgery Center Midtown, Memphis

ASSISTED CARE LIVING FACILITY:

Quail Ridge Alzheimer's Special Care, Bartlett

HOME HEALTH AGENCIES:

Guardian Home Health, Chattanooga
East Tennessee Children's Hospital Home Health Care, Knoxville

HOSPICE:

Caris Healthcare, Chattanooga

END STAGE RENAL DIALYSIS CLINIC:

DSI McMinnville Dialysis, McMinnville

MAY 2015

HOME HEALTH AGENCY:

NHC Homecare, Somerville
Amedisys Home Health, Goodlettsville

ASSISTED CARE LIVING FACILITY:

NHC Healthcare – Smithville, Smithville
Sycamore Springs Senior Living, Elizabethton

END STAGE RENAL DIALYSIS CLINIC:

DCI Home Training of Middle TN, Nashville

JUNE 2015

END STAGE RENAL DIALYSIS CLINICS:

DCI Camp Okawhna, Lyles
FMC Athens, Athens
FMC Knoxville Home Therapies, Knoxville

HOME HEALTH AGENCY:

Continucare Health Services, Inc. – 11, Chattanooga

ASSISTED CARE LIVING FACILITY:

Vantage Pointe Village @ Ashland City, Ashland City (*initial*)

PROFESSIONAL SUPPORT SERVICES AGENCIES:

One Pulse, Inc., Nashville
Millarrich, Nashville

HOME MEDICAL EQUIPMENT:

Medical Supply Services, Cookeville

JULY 2015

HOME MEDICAL EQUIPMENT:

Action DME, Woodbury
Owens & Minor Distribution, Inc., Knoxville

PROFESSIONAL SUPPORT SERVICES AGENCIES:

Pacesetters, Inc., Cookeville
Full Circle Therapy, Smyrna
Journeys in Community Living, Murfreesboro

ASSISTED CARE LIVING FACILITIES:

Green Crest Assisted Living Centers, Parsons

HOME HEALTH AGENCY:

Clinch River Home Health, Clinton

HOSPICE:

Amedisys Hospice an Adventa Company, Knoxville
Caris Healthcare, Johnson City
Blount Memorial Hospital Hospice, Maryville