



The Tennessee Sunshine Law Passed by the General Assembly in 1974 requires that meetings of state, city and county government bodies be open to the public and that any such governmental body give adequate public notice of such meeting.

**TENNESSEE DEPARTMENT OF HEALTH
AMENDED**

MEMORANDUM

Date: January 22, 2014
To: Woody McMillin, Director of Communications and Media Relations
From: Wanda E. Hines, Board Administrator

Name of Board or Committee: Board for Licensing Health Care Facilities

Date of Meeting: January 23-24, 2014

Time: 9:00 a.m., Central Standard Time

Place: Iris Conference Room
665 Mainstream Drive, First Floor
Nashville, TN 37243

Major Item(s) on Agenda: See Attached

This memo shall be forwarded from individual programs to the Public Information Office on the 15th day of the preceding month. The Public Information Office will prepare the monthly list of meetings within the Department and have ready for distribution to state media by the 28th day of the preceding month.

AGENDA

BOARD FOR LICENSING HEALTH CARE FACILITIES BOARD MEETING

**665 Mainstream Drive, Metrocenter
Iris Conference Room, First Floor
Nashville, TN 37243**

**January 23-24, 2014
9:00 a.m.**

1. A. **WELCOME NEW BOARD MEMBERS:** Robert Breeden replacing Alex Gaddy, Nursing Home Industry Representative, and Joshua Crisp replacing Luke Gregory, RHA/Assisted Care Living Representative.
- B. **WELCOME DEPARTMENT OF HEALTH:** John R. Smith, Interim Attorney, Office of General Counsel (OGC) and Kyonzte' Hughes-Toombs, Office of General Counsel (OGC) replacing Diona Layden, OGC.
2. **CALL THE MEETING TO ORDER.**
3. **APPROVAL OF MINUTES** – April 25, 2012-Home Medical Equipment Subcommittee Meeting, May 1, 2013-Board Meeting, October 28, 2013-Fire Sprinkler/NFPA 13 Subcommittee Meeting, and November 18, 2013- Residential Home for the Aged/Hospice Subcommittee Meeting.
4. **RULEMAKING HEARINGS**-Notice of Rulemaking Hearings can be viewed online at: <http://tnsos.org/rules/RulemakingHearings.php>.
 - A. 1200-08-37 Traumatic Brain Injury Residential Homes
 - 1200-08-37-.01 Definitions
 - 1200-08-37-.02 Licensure and Renewal
 - 1200-08-37-.03 Fees
 - 1200-08-37-.04 Regulatory Standards
 - 1200-08-37-.05 Administration
 - 1200-08-37-.06 Services Provided
 - 1200-08-37-.07 Admissions, Discharges, and Transfers
 - 1200-08-37-.08 Personal and Health Care Needs
 - 1200-08-37-.09 Resident Records
 - 1200-08-37-.10 Facility Standards
 - 1200-08-37-.11 Building Standards
 - 1200-08-37-.12 Life Safety
 - 1200-08-37-.13 Infections and Hazardous Waste
 - 1200-08-37-.14 Reports
 - 1200-08-37-.15 Resident Rights

- 1200-08-37-.16 Policies and Procedures for Health Care Decision-Making
- 1200-08-37-.17 Disaster Preparedness
- 1200-08-37-.18 Appendix I

5. REPORTS

- A. EMS REPORT - Robert Seesholtz**
- B. OFFICE OF GENERAL COUNSEL REPORT**

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

A. CONSIDERATION.

(CHOWS)

Willows of Winchester Health and Rehabilitation Center, Winchester-Nursing Home

B. RATIFICATION.

1. QUALIFYING APPLICATIONS

(INITIALS)

1st Mobility, LLC, Madison-Home Medical Equipment
 Assistive Mobility, Inc., Knoxville-Home Medical Equipment
 BioScrip Medical Supply Services, LLC, Nashville-Home Medical Equipment Facility
 Canterfield of Oak Ridge, Oak Ridge-Assisted Care Living Facility
 Eclipse Medical, Chattanooga-Home Medical Equipment Facility
 Ford Road Care Home #2, Memphis-Home for the Aged Facility
 Fresenius Medical Care Bartlett Home Therapies, Cordova-End Stage Renal Disease Facility
 Heritage at Irene Woods, Memphis – Assisted Care Living Facility
 Maury Regional Ambulatory Surgery Center, LLC., Spring Hill – Ambulatory Surgical Treatment Center
 Medquarters, Nashville-Home Medical Equipment Facility
 NHC Healthcare, Tullahoma, Tullahoma-Nursing Home Facility
 NIA Association, Inc., Clarksville-Professional Support Services
 Rebuild Rehabilitation, Martin-Professional Support Services
 Regional Med Extended Care Hospital, LLC, Memphis - Hospital
 Reeves Eye Surgery Center, LLC., Johnson City-Ambulatory Surgical Treatment Center
 Southeast Eye Surgery Center, LLC, Knoxville-Ambulatory Surgical Treatment Center
 The Lodge at Natchez Trace, Nashville-Assisted Care Living Facility
 The Pouch Place, Inc., Knoxville-Home Medical Equipment Facility
 The Webb House Retirement Center of McMinnville, Inc., McMinnville

Therapy Success, LLC, Bartlett-Professional Support Services
Timeck Care, Inc., Nashville-Professional Support Services

(CHOWS)

Arbor Terrace of Knoxville, Knoxville-Assisted Care Living Facility
Pioneer Community Hospital of Scott, Oneida-Hospital

7. DISCUSSION(S).

- A. Revisit Withdrawn Health 2 Home (H2H) Licensure Determination Request.**
– Ann Rutherford Reed
- B. Revisit Board Interpretative Guidelines of Residential Home for the Aged (RHA) Guidelines Regarding Hospice Patients.**– Ann Rutherford Reed
- C. Revisit Life Care Centers of America (LCCA) and Tennessee Health Care Association (THCA) to Discuss the Tennessee Department of Health’s Code Interpretation preventing any fire sprinkler piping from penetrating a fire wall and the position of the State Fire Marshal’s Office to NFPA 13, 2007 Edition.**
– Tom Jaeger, P.E., President, Jaeger & Associates, LLC, Skip Gregory, President, Health Facility Consultant, and Scott Frazer, Performance Design Technologies
- D. Revisit Interpretative Guideline for 1200-8-30 Standards for Pediatric Emergency Care Facilities regarding “Shiley” brand Tracheostomy Tubes.**
– Ann Rutherford Reed
- E. Tactile Systems Technology request guidance and interpretation of Home Medical Equipment Rule 1200-08-29-06(4) Equipment Management “(B) Agency Employees shall be qualified to deliver, perform environmental assessments, set up, and demonstrate safe and proper use of all Home Medical Equipment according to manufacturer’s guidelines”; and the Interpretative Guideline which states “Delivered Home Medical Equipment must have assessment and education provided by the licensed agency upon delivery to the individual’s place of residence by an actual agency employee.” Tactile Medical, Franklin was cited a deficiency and they have questions about the definition and are seeking guidance on these issues.**
- Maggie Thompson, RN, Vice President Payer Relations & Government Affairs and Sunday J. Hoy, Esquire, Compliance Officer

- F. **CoPEC Report** – Results of the Self-Assessment of the Emergency Departments in Tennessee and how they compared to the nation. Also present a Powerpoint presentation titled “Pediatric Readiness in Tennessee’s Emergency Departments”.
–Rhonda Phillippi, Executive Director, TN EMS for Children

- G. **Upland Village is a not-for-profit continuing care retirement community operating two licensed facilities, Wharton Nursing Home, a 62 bed nursing and Elizabeth Fletcher House a 62 bed Assisted Care Living facility. Uplands Village desires to move 31 of the 62 nursing home beds located at 880 W. Main Street in Wharton Nursing Home to the former, adjacent, vacant nursing home building located at 55 W. Lake Road. A determination by the Board is desired to operate the two different buildings on the campus under one license; the license of Wharton Nursing Home.**

Representative(s): Richard Woodard, Executive Director and Al Griffin, Director of Financial Services

- H. **Deborah L. Curlee Communication Consultants, Inc., Knoxville is requesting interpretative guideline for Home Health Regulation 1200-08-26-.01(57) Definition of a “Speech Therapist”. Speech Pathology practice has questioned whether the definition of “Speech Therapist” prohibits a Communications Board “Registered” Masters Degree SLP from providing Home Health Services.”**

Representative(s): Deborah L. Hall, President and James B. Hall, Attorney

8. **REGULATION(S).**

A. **BOARD APPROVAL FOR RULEMAKING HEARING.**

1200-08 – RULE AMENDMENTS

1200-08-.01 Hospitals

1200-08-01-.01 Definitions

1200-08-01-.07 Optional Hospital Services

1200-08-01-.13 Policies and Procedures for Health Care Decision-Making

1200-08-01-.15 Appendix I

1200-08-.02 Prescribed Child Care Centers

1200-08-02-.01 Definitions

1200-08-02-.12 Policies and Procedures for Health Care Decision-Making

1200-08-02-.14 Appendix I

- 1200-08-.06 Nursing Homes
 - 1200-08-06-.01 Definitions
 - 1200-08-06-.13 Policies and Procedures for Health Care Decision-Making
 - 1200-08-06-.15 Nurse Aide Training and Competency Evaluation
 - 1200-08-06-.16 Appendix I

- 1200-08-.10 Ambulatory Surgical Treatment Centers
 - 1200-08-10-.01 Definitions
 - 1200-08-10-.06 Basic Services
 - 1200-08-10-.13 Policies and Procedures for Health Care Decision-Making
 - 1200-08-10-.15 Appendix I

- 1200-08-.11 Home for the Aged
 - 1200-08-11-.01 Definitions
 - 1200-08-11-.12 Policies and Procedures for Health Care Decision-Making
 - 1200-08-11-.14 Appendix I

- 1200-08-.12 Residential Hospices
 - 1200-08-15-.01 Definitions
 - 1200-08-15-.06 Plan of Care
 - 1200-08-15-.13 Policies and Procedures for Health Care Decision-Making
 - 1200-08-15-.15 Appendix I

- 1200-08-.24 Birthing Centers
 - 1200-08-24-.01 Definitions
 - 1200-08-24-.12 Policies and Procedures for Health Care Decision-Making
 - 1200-08-24-.14 Appendix I

- 1200-08-.25 Assisted-Care Living Facilities
 - 1200-08-25-.02 Definitions
 - 1200-08-25-.06 Administration
 - 1200-08-25-.07 Services Provided
 - 1200-08-25-.08 Admissions, Discharges, and Transfers
 - 1200-08-25-.15 Policies and Procedures for Health Care Decision-Making
 - 1200-08-25-.17 Appendix I

- 1200-08-26 Home Care Organizations Providing Home Health Services
 - 1200-08-26-.01 Definitions
 - 1200-08-26-.04 Administration
 - 1200-08-26-.13 Policies and Procedures for Health Care Decision-Making
 - 1200-08-26-.15 Appendix I

- 1200-08-27 Home Care Organization Providing Hospice Services
 - 1200-08-27-.01 Definitions
 - 1200-08-27-.06 Basic Agency Functions
 - 1200-08-27-.13 Policies and Procedures for Health Care Decision-Making
 - 1200-08-27-.15 Appendix I

- 1200-08-28 HIV Supportive Living Centers
 - 1200-08-28-.01 Definitions
 - 1200-08-28-.13 Policies and Procedures for Health Care Decision-Making
 - 1200-08-28-.15 Appendix I

- 1200-08-29 Home Care Organizations Providing Home Medical Equipment
 - 1200-08-29-.01 Definitions
 - 1200-08-29-.04 Administration

- 1200-08-30 Pediatric Emergency Care Facilities
 - 1200-08-30-.01 Definitions
 - 1200-08-30- Table

- 1200-08-32 End Stage Renal Dialysis Clinics
 - 1200-08-32-.01 Definitions
 - 1200-08-32-.13 Policies and Procedures for Health Care Decision-Making
 - 1200-08-32-.15 Appendix I

- 1200-08-34 Home Care Organizations Providing Professional Support Services
 - 1200-08-34-.01 Definitions
 - 1200-08-34-.04 Administration
 - 1200-08-34-.13 Policies and Procedures for Health Care Decision-Making
 - 1200-08-34-.15 Appendix I

- 1200-08-35 Outpatient Diagnostic Centers
 - 1200-08-35-.01 Definitions
 - 1200-08-35-.13 Policies and Procedures for Health Care Decision-Making
 - 1200-08-35-.15 Appendix I

- 1200-08-36 Adult Care Homes-Level 2
 - 1200-08-36-.01 Definitions
 - 1200-08-36-.06 Services
 - 1200-08-36-.07 Admissions, Discharges, and Transfers
 - 1200-08-36-.16 Policies and Procedures for Health Care Decision-Making
 - 1200-08-36-.18 Appendix I

9. **ORDERS.**

A. **Consent Orders**

10. **LICENSE STATUS UPDATES.**

**CREEKSIDE HEALTH AND REHABILITATION CENTER FORMERLY
IMPERIAL GARDENS HEALTH AND REHABILITATION, NASHVILLE**

On August 16, 2013 Creekside Healthcare, LLC became the operator of this facility which was formerly Imperial Gardens Health and Rehabilitation, Madison. The license was placed on inactive status for one (1) year on May 1, 2013. Creekside Health and Rehabilitation Center has requested their license to be reactivated effective August 16, 2013.

**PIONEER COMMUNITY HOSPITAL OF SCOTT, ONEIDA PREVIOUSLY
SCOTT COUNTY HOSPITAL, ONEIDA**

The license was placed on inactive status for six (6) months on September 11, 2013. Pioneer Community Hospital of Scott requested their license to be reactivated effective November 14, 2013 after receiving an emergency CON to discontinue OB services and reaching compliance with all licensure requirements.

11. **LICENSE STATUS REQUESTS.**

CAREALL HOME CARE SERVICES, KNOXVILLE

This home health agency is seeking to place their license on inactive status for six (6) months. The agency at this time is undergoing a reorganization of the facility which began October 31, 2013. This facility had provided services to 131 patients and transitioned the patients for further services to other home health agencies.

Representative(s): Mary Ellen Foley and Randy Forrest

SOUTHERN HILLS SURGERY CENTER, NASHVILLE

This ASTC facility is seeking their fifth extension waiver for an additional twelve (12) months for their license to remain on inactive status through February 7, 2015. The previous physician owners (held 49% ownership) of the facility have divested their interests in the facility. Since the extension of the inactive status by the Board, the owner (HCA affiliate), has sought new physician investors so that this facility can be re-opened. This ASTC facility was granted a waiver to place their license on inactive status on November 5, 2009 for twelve (12) months, August 19, 2009 an extension waiver was granted for six (6) months, and a second extension waiver for twelve (12) months expired on May 31, 2011, and a third extension for eighteen (18) months expired on November 4, 2012 and a fourth extension for twelve (12) months will expired on February 7, 2013.

Representative(s): Jerry Taylor, Attorney

NASHVILLE REHABILITATION HOSPITAL, NASHVILLE

This facility is seeking a third extension of their license to remain on inactive status upon the issuance of Certificate of Need approval which is still pending. The first inactive status waiver was issued on January 20, 2010 for two (2) years and the second extension waiver expired on January 20, 2013 for one (1) additional year.

Representative(s): Jessica C. Lamanna, Attorney

BAPTIST MEMORIAL HOSPITAL-MEMPHIS SKILLED NURSING FACILITY

This thirty-five (35) bed skilled nursing unit at Baptist Memorial Hospital-Memphis is seeking its first extension for their license to remain on inactive status for an additional twelve (12) months. Baptist Memorial Hospital-Memphis has not completed its evaluation of various site options but expects to do so within the next twelve (12) months. The current inactive status waiver will expire on February 7, 2014.

Representative(s): Dan Elrod, Attorney

VOLUNTEER WOMEN'S MEDICAL CLINIC, KNOXVILLE

This Ambulatory Surgical Treatment Facility license was placed on inactive status through January 2014 to give this facility time to meet new personnel requirements. Several attempts to contact this facility were made and at this time no one has contacted our office regarding the facility's intentions regarding their license status.

Representative(s): Deborah Walsh, Executive Director

12. WAIVER REQUESTS.

GOOD SAMARITAN SOCIETY-FAIRFIELD GLADE, CROSSVILLE

This thirty (30) bed nursing home and forty-eight (48) bed ACLF is requesting to waive the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Good Samaritan is requesting at least four (4) months to allow this facility to locate a nursing home administrator. Mr. Gene Wockenfuss will be serving as the interim administrator until a licensed Tennessee Nursing Home Administrator is found.

Representative(s): Gene Wockenfuss, Interim Administrator

SIGNATURE HEALTHCARE OF NASHVILLE, NASHVILLE

This one hundred nineteen (119) bed nursing home is seeking to waive the required building code for piped in oxygen. Signature HealthCare is seeking to add a 16 bed ventilator unit which will be used for ventilated and non-ventilated tracheostomy patients. This unit will provide continuous rehabilitation and weaning of patients on the ventilator and possible decannulation of the trach as well as to provide long term care and end of life care for mechanically ventilated patients. The equipment used will be the same equipment as found in a home setting and oxygen will be provided by individual concentrator units.

Representative(s): Patrick Fellers, CEO/Administrator and Diane Brown, RRT

STARR REGIONAL MEDICAL CENTER, ATHENS (f/k/a ATHENS REGIONAL MEDICAL CENTER) AND STARR REGIONAL MEDICAL CENTER ETOWAH, (f/k/a WOODS MEMORIAL HOSPITAL, ETOWAH)

Lifepoint Hospitals, Inc. which owns and operates both hospitals is requesting for Starr Regional Medical Center Etowah, Etowah to become the satellite hospital of Starr Regional Medical Center, Athens. Under the proposed consolidation the name changes of both facilities became effective on December 1, 2013.

Representative(s): Kim Looney, Attorney

GLEN OAKS HEALTH AND REHABILITATION, SHELBYVILLE

This one hundred thirty (130) bed nursing home is requesting to waive the nursing home rule 1200-08-06-.06(9)(b) for meeting the dietary manager requirements.

Representative(s): Brian Vermillion, Administrator

HOLSTON MANOR, KINGSPORT

This two hundred four (204) bed nursing home is seeking to waive nursing home rule 1200-08-06-.08 Fire Safety code for the sprinkler piping penetration of a 4-hour fire wall.

Representative(s): Richard Ervin, Administrator

VANDERBILT UNIVERSITY HOSPITAL, NASHVILLE

Vanderbilt University Hospital, Nashville, is requesting a determination if a variance from existing facility regulations is required for temporary use of an area on the 1st floor/as an observation unit. The unit will contain 7 patient rooms and 11 cubicles, 5 patient rooms do not meet the required 120 square feet and none of the cubicles meet the required 100 square feet. A waiver of the room and cubicle size requirements is requested as well.

Representative(s): Dan Elrod, David Posch, CEO, Mitch Edgeworth, Ginna Felts, and Luke Gregory

AVALON HOSPICE, NASHVILLE

Avalon Hospice Agency is seeking a waiver to open additional branch offices further than the one hundred (100) mile restriction for branch offices in Tennessee. Avalon has a geographic service area of all 95 counties. Avalon wants to open five (5) additional branch offices in Dyersburg (approximately 180 miles from the Nashville parent office); Johnson City (approximately 277 miles from the Nashville parent office); Memphis (approximately 219 miles from the Nashville parent office); Morristown (approximately 227 miles from the Nashville parent office); and Bolivar (approximately 160 miles from the Nashville parent office).

Representative(s): Ross Sallade, Doug Abell, Marti Miller and James Cocke

ALEXIAN VILLAGE HEALTH AND REHABILITATION CENTER, SIGNAL MOUNTAIN

This one hundred fourteen (114) bed nursing home is seeking an extension waiver to waive the requirement for a Tennessee licensed nursing home administrator until Mr. Scott Norton obtains his Tennessee license. Mr. Norton is still in the licensing process for obtaining his nursing home administrator license in Tennessee. The Board for Nursing Home Administrators does not meet again until March.

Representative(s): Scott Norton, Interim Administrator

WEST MEADE PLACE, NASHVILLE

This one hundred twenty (120) bed nursing home is seeking to waive the guideline of (NFPA 99 17.3.4.2.4) as it pertains to hard piped gas and suction systems in order to meet the needs of the patients in the respiratory unit. West Meade Place have partnered with Alana HealthCare to provide respiratory care for up to thirty-six (36) patients which include the use of 10 liter oxygen concentrators and section units with internal battery backup systems which are currently being used in other ventilator sites with success. Alana will provide respiratory services at West Meade for those in need of high flow therapy (Airvo), non-invasive open ventilation (NIOV), non-invasive ventilation, tracheotomies, invasive ventilation and disease management/in-patient pulmonary rehabilitation for patients requiring augmented respiratory care.

Representative(s): James Wright, Administrator, Zach Gantt, Chief Clinical Officer, Alana HealthCare, and Ryan Stiles, Alana HealthCare, Regional Manager for Transitional Care Units

GRANDVIEW MEDICAL CENTER, JASPER AND PARKRIDGE MEDICAL CENTER, CHATTANOOGA

Parkridge Medical Center, Chattanooga is requesting for Grandview Medical Center, Jasper to become the satellite hospital of Parkridge Medical Center contingent upon Parkridge Medical Center acquiring Grandview Medical Center effective March 1, 2014.

Representative(s): Darrell Moore, CEO, Parkridge Medical Center and Bruce Baldwin, CEO, Grandview Medical Center and Paige Fillingame, Attorney

13. BOARD POLICY CONSENTS.

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

NHC HealthCare, Tullahoma, Tullahoma
McNairy County Health Care Center, Inc., Selmer
Kindred Transitional Care & Rehabilitation-Masters, Algood
Signature Healthcare of Nashville, Nashville-Nashville
John Reed Health Care and Rehab, Limestone

THE FOLLOWING NURSING HOME ADMINISTRATORS TO SERVE AS AN ADMINISTRATOR OF A RESIDENTIAL HOME FOR THE AGED AND/OR ASSISTED LIVING FACILITY AS PROVIDED FOR BY BOARD POLICY #39:

Steven Yokley - NHC HealthCare, Dickson – NH & ACLF
Karla Lane – NHC Place, Farragut – NH & ACLF
Jerry Winton – NHC Place, Cool Springs – NH & ACLF
Preston Adams – NHC HealthCare, Johnson City – NH & ACLF
J. Buckley Winfree – Adams Place, Murfreesboro – NH & ACLF
Tim Shelly – Richland Place, Nashville – NH & ACLF
M. Clint Hall – NHC HealthCare, Smithville – NH & ACLF
Warren Adams – NHC HealthCare, Somerville – NH & ACLF

THE FOLLOWING HOSPITAL TO DISCONTINUE OBSTETRICAL SERVICES ACCORDING TO BOARD POLICY #57:

Pioneer Community Hospital of Scott, Oneida

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
JANUARY 23, 2014

The Board for Licensing Health Care Facilities Board meeting began January 23, 2014.

Mr. Robert Gordon served as chairman of this meeting. He welcomed new Board members, Robert Breeden replacing Alex Gaddy as the nursing home representative and Joshua Crisp replacing Luke Gregory as the RHA/assisted living representative. Mr. Gordon also welcomed new Board staff, John R. Smith as interim legal counsel and Kyonzté Hughes-Toombs as legal counsel replacing Diona Layden. He called the meeting to order and requested roll call of attendance.

Dr. Larry Arnold, Chairman – not here
Ms. Sylvia Burton – here
Ms. Betsy Cummins – not here
Mr. Robert Breeden – here
Mr. Robert Gordon, Chairman Pro Tem – here
Dr. Jennifer Gordon-Maloney – not here
Mr. Joshua Crisp – here
Ms. Janice Hill – here
Ms. Betty Hodge – not here
Dr. Roy King – not here
Ms. Carissa Lynch – not here
Ms. Annette Marlar – here
Mr. John Marshall – here
Mr. David Rhodes - here
Mr. Jim Shulman – here
Mr. Bobby Wood – here

A quorum was established.

MINUTES:

Mr. Gordon, Chairman, presented the various minutes for the Board to approve. Presented first were the Home Medical Equipment subcommittee meeting minutes from April 25th, 2014. Mr. Jim Shulman made a motion to approve; seconded by Mr. John Marshall. The motion was approved unanimously by the full Board. The second meeting minutes presented for approval were the May 1st, 2013 Board meeting. Mr. Shulman made a motion for approval; seconded by Mr. David Rhodes. The motion was approved unanimously by the full Board. The third meeting minutes presented for approval were the Fire Sprinkler/NFPA 13 subcommittee minutes of October 28th, 2013. Mr. Rhodes made a motion for approval; seconded by Mr. Marshall. The motion was approved unanimously by the full Board. The final meeting minutes presented for approval were the Residential Home for the Aged/Hospice subcommittee minutes of November 18th, 2014. Ms. Janice Hill made a motion for approval; seconded by Mr. Marshall. The motion was approved unanimously by the full Board.

RULEMAKING:

A rulemaking hearing was conducted by the Department of Health's Office of General Counsel, Kyonzté Hughes-Toombs. For the record, all the Board members identified themselves by name as did Tennessee Department of Health staff. The proposed rules were relative to Traumatic Brain Injury Residential Homes. The proposed rules are an establishment of regulations for the Traumatic Brain Injury Residential Homes (TBI), 1200-08-37. The rules consist of a definition; licensure & renewal; fees; regulatory standards; administration specific to staffing standards, administrator education & training requirements, expectations of the home's staff, and policy & procedure development and requirements; services provided including medication administration and type of activities provided; admissions, discharges, and transfers; personal and health care needs; resident personal record; facility standards; building standards; life safety; infectious waste; reports; resident rights; policies and procedures for health care decision making; disaster preparedness; and appendix sections which contains the Physician Orders for Scope of Treatment (POST). Comments were taken from the public. Ben Rose, attorney for 21st Century Living Services, gave background to the origin and development of these rules. He indicated his client had provided in writing their comments to the rules. Mr. Rose indicated the concern with the proposed rules is medication administration and the rule language indicating a physician or nurse practitioner must order the self-administration of medication. He further stated the practitioners do not want to place this order for this specific client base due to liability. Ms. Hughes-Toombs directed the Board to either accept Mr. Rose's recommendations or to leave the rules as presented. Mr. Rose further stated to the Board the medication administration language in the TBI rules should be as the language in the residential home for the aged standards. Ms. Annette Marlar stated the changing of the language for these rules could impact other sets of regulations as many licensed facility types have residents with cognitive issues. She further indicated the Board makes decisions based upon the safety of the residents. Mr. Marshall posed the question to Mr. Rose, if a physician does not feel comfortable writing an order to have one of these type residents to self-administer medication then why would anyone else. Mr. Joshua Crisp recommended further discussion on this issue. Ms. Sylvia Burton indicated this is an issue in many of the licensed facility types and the safety element. Mr. Rose stated the legislation says a certified brain injury specialist (CBIS) could administer medications to this resident population. Further discussion ensued around a plan of care being required and the physician signing this, the resident's rights to administer their own medication if competent, and issues with the personnel to administer the medication. Mr. Shulman asked about the specific legislation that speaks to medication administration. Mr. Rose indicated the statute does not speak to that item specifically, but does indicate the CBIS could provide care to this resident population. Mr. John Smith directed the Board to the language for self-administration in the proposed rule and indicated the CBIS is not precluded from providing the assistance defined in the term self-administration.

Mr. Rhodes made a motion to approve the TBI rule language; seconded by Mr. Gordon. A vote was taken for approval of the rule language. The Board voted as follows:

Ms. Sylvia Burton – yes

Mr. Joshua Crisp - yes

Ms. Betsy Cummins – yes (reflected that Ms. Cummins entered the meeting during the rulemaking hearing)

Mr. Robert Gordon, Chairman Pro Tem – yes

Ms. Janice Hill – yes

Mr. Robert Breeden – yes

Ms. Annette Marlar – yes

Mr. John Marshall – yes
Mr. David Rhodes – yes
Mr. Jim Shulman – yes
Mr. Bobby Wood - yes

The Board unanimously approved the rule language. The rulemaking hearing was concluded.

REPORTS:

*Robert Seesholtz, EMS Trauma System Manager, presented EMS' report. The Board was provided the July 27th, 2013 Trauma Care Advisory Council's meeting minutes. Mr. Seesholtz provided to the Board an update on the status of the Trauma Registry Data Release Manual. This manual is complete and is currently under review with Dr. Bridget McCabe for comment. The manual upon final review will be presented to this Board for approval. Mr. Seesholtz made further report on 2013 trauma site visit follow-ups requested by the Board. Athens Regional Medical Center submitted the requested corrective action plan and letter of apology for not attending the September 2013 Board meeting. The site team recommended a focus site team visit within six (6) months to a year to evaluate the correction of deficiencies. Athens Regional Medical Center had a representative in attendance at this meeting. Mr. Seesholtz also presented to the Board the result of the trauma site team visit at the University of Tennessee Medical Center. The facility was visited in September of 2013 with several deficiencies identified. The facility has issued a corrective action plan and the recommendation of the trauma site visit team is continued trauma center designation at Level I with a six (6) month to a year timeframe to correct the noted deficiencies. Mr. Seesholtz next presented on Erlanger Medical Center's Children Hospital. He provided historical information on a past appearance by the facility before the Board in regards to timely data submission. The facility again has failed to submit trauma data according to regulations. Erlanger has submitted a corrective action plan and representatives were present at the meeting. Mr. Marshall asked if Mr. Seesholtz was satisfied with the corrective action plan. Mr. Seesholtz indicated he was. Mr. Marshall asked for the facility representatives to provide a timeframe on completion of the corrective action plan. Erlanger Medical Center representative, Melissa Moyers, presented to the Board the steps of the corrective action plan submitted to Mr. Seesholtz. She indicated that upon receipt of notification of the lapse in data submission the facility has submitted four (4) months of data in three (3) months. She feels the facility will be in compliance within three (3) months. Mr. Marshall asked that Mr. Seesholtz update the Board of the facility's progress at the May 2014 Board meeting. Mr. Seesholtz concluded with three final items. The 4th Annual Trauma Care in Tennessee Report was provided to the Board for review. He updated the Board onsite visits to be conducted in 2014 – Johnson City Medical Center, Bristol Regional Medical Center, Holston Valley Medical Center, the focus site team visit for Athens Regional Medical Center, and the focus site team visit for the University of Tennessee Medical Center. Mr. Seesholtz informed the Board the first trauma center designation application has been received in fifteen years. The application is under review and a site team visit will occur in the next several months. Ms. Ann Reed requested of Mr. Seesholtz to revisit the University of Tennessee Medical Center's site team visit report. She asked that the site team's recommendation be presented to the Board so the Board could make a motion and give vote to the redesignation of the facility as a Level I trauma center. Mr. Seesholtz asked the Board to consider the University of Tennessee Medical Center for retention of their Level I trauma center designation pending a focus site review to be conducted within the next six (6) months to a year. **Mr. Marshall made the motion to continue the University of Tennessee Medical Center at a Level I trauma center designation pending a focus site review within the next six (6) months to a year; seconded by Ms. Burton. The motion was approved.**

Mr. Gordon asked to revisit Erlanger Medical Center's presentation. In addition to the progress report from Mr. Seesholtz, he further requested that a representative come back before the Board at the next meeting if the facility is not meeting the data submission requirements. Ms. Annette Marlar asked if fines could be assessed against a trauma center for not meeting the trauma regulations. Mr. Seesholtz stated a facility could lose money from the state trauma fund and he believed the Board would have the authority to revoke the trauma center designation.

*John Smith, Chief Deputy General Counsel, Office of General Counsel, presented the Office of General Counsel's report. He introduced Ashley Fine from the General Counsel's office indicating she is OGC's Rules Coordinator. Mr. Smith indicated there were 43 open cases of which 12 would be presented to the Board at this meeting. He further stated one case is awaiting a trial date which could be heard at the May Board meeting. Mr. Smith went on to say 30 cases are currently in process, would be addressed by consent order and presented to the Board at the May 2014 meeting. He recapped the Board's rulemaking hearing of May 2013 and the effective date of these rules to be March 16th, 2014. Mr. Smith also informed the Board that the legislature was in session and a summary of the bills passed and affecting this Board would be presented at the May 2014 Board meeting.

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

Ann Reed, Director of Licensure and the Board for Licensing Health Care Facilities, presented the CHOW and initial licensure applications received by the Office of Health Care Facilities.

The administrative staff had one CHOW application to present for consideration by the Board. The application was for Willows of Winchester Health and Rehabilitation Center, Winchester. Concern was the indication by the applicant on the application of action taken against a license for a facility in Tennessee or any other state. The additional item for consideration was setting of the effective date of the CHOW. The current licensee and applicant each submitted requests to the Board to consider the effective date of October 1, 2013. It was explained to the Board the effective date consideration was due to the practice of the administrative office assigning an effective date based upon either the Bill of Sale date with a survey having been conducted within the past year or the date of a complaint annual survey if conducted following the Bill of Sale date. Willows of Winchester Health and Rehabilitation Center had a survey conducted during the time the Bill of Sale was completed and did not have the survey completed and the facility in substantial compliance until November 26th, 2013. Mr. Gordon asked the reason for the request. Ms. Reed indicated representatives for the facility were present to address questions. Representative for the facility, Amy Mahone, attorney, recapped the history of the transaction for this facility. She indicated the CHOW applicant took over operations during an ongoing survey and has been operating the facility since October 1st, 2013. Ms. Reed reiterated to the Board the facility received compliance with licensure requirements November 26th, 2013. Mr. Chris Puri addressed the Board with further history on the transaction from the perspective of the current licensee (former owner). Ms. Mahone also indicated the facility has been providing care to the residents since October 1st, 2013 and would like to bill for services back to that date. Mr. Gordon recapped the issue before the Board – review status of the facility in respect to its Plan of Correction thus granting the CHOW and determine which effective date for the CHOW to issue. Ms. Marlar requested clarification of when the CHOW applicant began providing service and if they did so without a license. Ms. Mahone indicated yes on October 1st, 2013 the CHOW applicant began operating the facility. She further stated the CHOW applicant received a letter acknowledging receipt of the CHOW application and the licensing of the facility to the applicant for October 1st, 2013. Mr. Gordon verified September 24th, 2013 to be the date the administrative office received the notice of the change of ownership. Ms. Reed stated the

CHOW application was received on September 24th, 2013 and an acknowledgement letter was sent to the applicant regarding receipt of the application. Ms. Reed further stated the letter indicating initial licensure pending Board ratification would be sent after the administrative office receives all required documentation from the applicant and the approval for the regional office. Ms. Marlar questioned the effect of the initial licensure letter. Ms. Reed indicated that letter allows an applicant to operate/provide services until the application is ratified by the Board which results in the wall license being generated. It was clarified for the Board the facility had a license number assigned throughout the entire process of the CHOW application. Mr. Shulman clarified with the facility representation a survey was being conducted at the October 1st, 2013 date and they were unaware of deficiencies until November 7th, 2013. Mr. Davis informed the Board the current licensee was aware of the deficiencies and that the nature of the survey i.e. complaints required an extension of the survey. Mr. Gordon asked legal counsel if there had been serious issues in the facility at the time of the bill of sale who would have been held accountable and if the Board grants the effective date of this CHOW retrospectively is a precedent being set. Mr. Smith indicated the facility that caused the harm or neglect would be responsible. He further stated the new owners would not be responsible for the deficiencies until notified of the deficiencies. Mr. Shulman asked if a situation such as this has arisen before. He further questioned how the Board would waive this and what authority does the Board have in the matter. Mr. Smith indicated a rule does not specifically apply. **Mr. Marshall made a motion based upon legal counsel guidance that a precedent would not be set, the timing of the actions, and the good faith effort of the facility to clear the deficiencies to approve the CHOW effective October 1st, 2013; seconded by Mr. Rhodes. The motion was approved.**

The following initial application were processed by the Board's administrative staff without concern – 1st Mobility, LLC, Madison – Home Medical Equipment; Assistive Mobility, Inc, Knoxville – Home Medical Equipment; Canterfield of Oak Ridge, Oak Ridge – Assisted Care Living Facility; Eclipse Medical, Chattanooga – Home Medical Equipment; Ford Road Care Home #2, Memphis – Home for the Aged; Fresenius Medical Care Bartlett Home Therapies, Cordova – End Stage Renal Disease; Heritage at Irene Woods, Memphis – Assisted Care Living; Maury Regional Ambulatory Surgery Center, LLC, Spring Hill – Ambulatory Surgical Treatment Center; Medquarters, Nashville – Home Medical Equipment; NHC Healthcare Tullahoma, Tullahoma – Nursing Home; NIA Association, Inc, Clarksville – Professional Support Services; Rebuild Rehabilitation, Martin – Professional Support Services; Regional Med Extended Care Hospital, LLC, Memphis – Hospital; Reeves Eye Surgery Center, LLC, Johnson City – Ambulatory Surgical Treatment Center; Southeast Eye Surgery Center, LLC, Knoxville – Ambulatory Surgical Treatment Center; The Lodge at Natchez Trace, Nashville – Assisted Care Living; The Webb House Retirement Center of McMinnville, Inc, McMinnville – Assisted Care Living; Therapy Success, LLC, Bartlett – Professional Support Services; Timeck Care, Inc, Nashville – Professional Support Services. The applications were presented to the Board as initial applications and were ratified by the Board.

Ms. Betsy Cummins recused herself from the vote on BioScrip Medical Supply Services, LLC, Nashville – Home Medical Equipment. This application was presented to the remaining Board as an initial application and was ratified by the Board. Ms. Cummins returned to the meeting.

The following CHOW applications were presented to the Board for approval without staff concern – Arbor Terrace of Knoxville, Knoxville – Assisted Care Living; Pioneer Community Hospital of Scott, Oneida – Hospital. The applications were presented to the Board as CHOW applications and were ratified by the Board.

DISCUSSION(S):

Revisit – Health 2 Home (H2H) Licensure Determination –

Ms. Reed informed the Board this facility has withdrawn their initial request for licensure determination due to no longer pursuing this endeavor.

Revisit – Board Interpretative Guidelines of Residential Home for the Aged (RHA) Regarding Hospice Patients –

Ms. Reed indicated a guideline on the above issue was developed as a result of the November 18th, 2013 subcommittee meeting. The minutes for this meeting were approved earlier. The basis of the subcommittee's work was regarding regulation 1200-08-11-.05(4) and the word continual in this rule with consideration for the provision of hospice services in a RHA. The new guidance was not located in the Board material and this item was passed on until the new guidance could be provided to the Board.

Revisit – Interpretative Guideline for 1200-08-30 Standards for Pediatric Emergency Care Facilities regarding “Shiley” brand Tracheostomy Tubes –

Ms. Reed presented to the Board the interpretative guideline developed from the September 2013 Board meeting discussion regarding “Shiley” used in the table of the Pediatric Emergency Care Facility regulations. The interpretative guideline indicates a tracheostomy tube is not specifically “Shiley” and could be any brand tube. Ms. Reed further indicated rule language would be developed updating the table of these rules. This was an informational update of the Board's action at the last meeting.

CoPEC Report –

Rhonda Phillippi, Executive Director TN EMSC, presented to the Board the results of the self-assessment of the emergency departments in Tennessee in caring for children and how the state of Tennessee compared to the nation. She also presented “Pediatric Readiness in Tennessee's Emergency Departments”. Highlights of the report were Tennessee hospitals readiness to take care of kids, quality improvement process in hospitals, triage and patient safety being met, disaster plans including the care of children, etc. Mr. Gordon expressed appreciation for the strong leadership that Ms. Phillippi provides in this state to achieve these reported results.

Revisit Life Care Centers of America (LCCA) and Tennessee Health Care Association (THCA) to discuss the Tennessee Department of Health's Code Interpretation preventing any fire sprinkler piping from penetrating a fire wall and the position of the State Fire Marshal's Office to NFPA 13, 2007 Edition –

Ms. Reed indicated Mr. Robert Breeden recused from the discussion. She also stated Tom Jaeger, P.E., President, Jaeger & Associates, LLC; Skip Gregory, President, Health Facility Consultant; and Scott Frazer, Performance Design Technologies were present to speak. She further stated there was a subcommittee on this matter held October 28th, 2013 and the Board earlier approved the minutes of that meeting. Ms. Reed guided the Board to the developed policy statement from the subcommittee which contains reference information from CMS and surrounding states on this issue as requested by the subcommittee. Mr. Gordon requested Mr. Rhodes to give further information on the issue as he served as the chairman of the subcommittee. Mr. Rhodes stated the issue was complex and a great deal of information was obtained from CMS and other states. He indicated nursing homes are usually divided into five (5) compartments for different reasons to meet allowable areas and depending on construction type. Mr. Rhodes stated the code was being interpreted in our state to require a separate sprinkler system and riser in each compartment of a facility. He feels the proposed Board policy is a reflection of the subcommittee's conclusion and moves for approval. Mr. Rhodes read the policy, Policy #80, to the Board members as they reviewed. Mr. Shulman seconded the motion. The motion passed.

Ms. Reed indicated the support documentation from CMS and surrounding states will be included with the approved policy giving clarity to the policy.

Tactile Systems Technology Request for Guidance and Interpretation of Home Medical Equipment Rule 1200-08-29-.06(4) Equipment Management and the Interpretative Guideline of this Rule –

Ms. Reed informed the Board the home medical equipment provider, Tactile Systems Technology, was cited a deficiency of the above referenced regulation subsequent to this the provider is seeking clarity from the Board on the intent of regulation and interpretative guideline as it relates to agency employees. Representative for the facility is Sunday J. Hoy, Esquire, Compliance Officer. Ms. Hoy provided background information to the Board on Tactile Medical Technology. She indicated the provider has a limited scope of service with only one type of equipment, pneumatic compression devices, being provided. Ms. Hoy indicated the provider has a nationwide team of sales representatives and network of certified trainers which provide patient education and training on the equipment. The issue is not the agency employees being qualified to set up, deliver, and provide education on the equipment, but rather what is actually an agency employee. Ms. Hoy informed the Board the individuals that provide set up, education, and training have full time employment in lymphedema clinics, wound care clinics, etc. and contract with Tactile Medical Technology to provide the specific patient training. Tactile completes a review of these individuals' qualifications, completes background checks, complete a conflict of interest review, infectious control training, etc. Ms. Hoy reports Tactile Medical is very confident in the competency of these contract employees. She further indicated Tactile Medical is licensed in other states and this method of securing employees has been deemed satisfactory. Ms. Hoy desires to know if the contracted clinicians providing the education and training in home will have to be deemed corporate employees. She seeks to know if Tactile Medical would be considered deemed compliant with the regulation based upon being accredited by an accreditation organization. Mr. Gordon requested background from staff on the current interpretative guideline. Ms. Reed indicated the development of this interpretative guideline centered on a facility providing home medical equipment performing the delivery, education, and training and the facility no longer delivering the equipment. How this would occur was outlined via the interpretative guide before you. Ms. Marlar indicated the wording of the guideline should have been different as a contracted person is a contracted employee. Mr. Gordon further stated he did not believe when the interpretative guideline was developed it was meant to preclude contract employees. He further stated the obligation is on the licensed provider to meet the requirements whether that is by an agency employee or a contract employee. Ms. Janice Hill stated the point of the interpretative guideline was to ensure the patient receiving the equipment would receive appropriate education. **Mr. Shulman made a motion to delete from the interpretative guideline the wording, "by an actual agency" found after "residence"; seconded by Mr. Bobby Wood. The motion was approved.**

Upland Village Operating Two Licensed Facilities, Wharton Nursing Home located at 880 W. Main Street and Unnamed Facility located at 55 W. Lake Road, Under One License, the License of Wharton Nursing Home –

Ms. Reed presented this request item to the Board by giving background to the situation of the two facilities at the center of the request. Representatives for the facility are Richard Woodard, Executive Director, and Al Griffin, Director of Financial Services, and were present to present their request. Mr. Woodard provided for the Board a description of the current state of their facilities. The currently licensed nursing home, Wharton Nursing Home, is a newer construction following the Eden concept. The provider wishes to begin providing Medicare Part A services and the current facility is not built to accommodate such services. Mr. Woodard stated it is the desire of the facility to move half of the licensed nursing home beds to the old nursing home building located behind the new facility. This is the

location the provider wishes to use to provide skilled services. Mr. Woodard also informed the Board they are wishing to move some of their assisted living beds into the area of the newer nursing home building where beds were removed. He stated the facilities are part of a continuous care retirement community located on the same campus. Ms. Reed indicated from the licensure perspective there were not any issues identified at this time. She has discussed with Bill Harmon, Facilities Construction Director, about any possible code issues. Mr. Harmon had indicated there should be none since the building was previously licensed as a nursing home and due to renovation would have to submit plans for review. Ms. Reed pointed out to the Board the separation of the two facilities was by an access road and was not a point of concern for licensure purposes. The point of concern was the two buildings having two different addresses and the license issued is specific to the address identified on initial and renewal applications. Ms. Reed informed the Board they have the ability to consider this request and to give the okay on the request. She further stated awareness of any certification issues with proceeding this way. Ms. Reed further directed the Board to consider that the allowance of two buildings under one license would mean that only one director of nurses and administrator would be required. Mr. Gordon reiterated his understanding there are no licensure issues and if a motion was made to approve it should be subject to plans review and the Board defining the primary address to be inclusive of the second building. He further stated he would like to have a label drawing showing the addresses of each facility to be kept on file. Mr. Shulman asked if the license could have a notation of the two buildings being associated with one address. Ms. Reed informed the Board the license would only contain the one address due to the operation of the electronic file system. She further stated to the Board a note would be made to the file of this license indicating the two buildings belonging to the one license. The facility would also be provided a letter of the approved motion made by the Board. This would be kept in Health Care Facilities' records as well. The Board expressed concern this would be lost over the years, but Ms. Reed satisfied the Board by relaying there is another facility which has two locations to one license and we have kept record of that for years. **Mr. Shulman made a motion to allow Wharton Nursing Home to move 31 nursing home beds from the 880 W. Main Street Building to the adjacent building located at 55 W. Lake Road and to operate the two different buildings on the same campus under one license which will be Wharton Nursing Home subject to plans review approval of submitted plans for renovation of the old nursing home and provision of a schematic with clear indication of two buildings to be part of the license. Also, to allow one administrator and one DON to serve both buildings under license #28 while located at 880 W. Main Street and 55 W. Lake Road; seconded by inaudible Board member. The motion was approved.**

Deborah L. Curlee Communication Consultants, Inc., Knoxville Interpretative Guideline Request for Home Health Regulation 1200-08-26-.01(57) –

The request for the interpretative guideline is centered on the definition for speech therapist found in the above regulations. Representatives for the request are Deborah L. Hall, President, and James B. Hall, attorney. Mr. Hall explained Deborah L. Curlee Communication Consultants, Inc. is primarily a practice for children, but does have contract with some home health agencies to provide staff. A client of the consultant group has posed the question does the definition above for speech therapist prohibit either a Master's Degree or PhD Degree speech pathologist clinical fellow from providing services. The difference between a licensed Master's Degree or PhD Degree speech therapist and a Master's Degree or PhD Degree clinical fellow is the clinical fellow has completed all educational requirements and registered under the Board while obtaining experience required to be licensed. This is usually a nine (9) month period. The practice of clinical fellow is subject to the supervision of a licensed speech pathologist. Mr. Hall further stated the Communication Board which licensed and regulates speech pathologist has regulations which indicate a clinical fellow is a speech pathologist. Mr. Hall indicates his client is requesting an interpretation by the Board the definition of a speech therapist would include the

clinical fellow. He further states a belief the federal regulations recognize the clinical fellow as a speech pathologist and may practice as such. Deborah L. Curlee Communication Consultants, Inc. desires to have their clinical fellows to continue working with home health providers. Mr. Shulman questioned why the consultant agency would be prohibited from providing home health services. Mr. Gordon clarified it was a question of a client not a licensure problem. Ms. Marlar asked if the clinical fellows are reimbursed as a speech pathologist. Mr. Hall indicated yes. Ms. Debbie Hall addressed the Board stating there has been confused generated in the speech therapy field regarding the clinical fellows and speech pathologist. She too verified that CMS recognizes clinical fellows as speech pathologists. She further stated the home health regulations use the term 'therapist' in the definition section, but this term is not used again in the body of the regulations, but the term 'speech pathologist' is. Mr. Hall stated to the Board the Communications Board regulations do not impose limitations on the scope of practice of a speech pathologist clinical fellow. Mr. Marshall asked if there was a separate licensure for speech therapists. Mr. Hall confirmed the Communication Board's regulations do not contain the term 'speech therapist', but the term 'speech pathologist' is used. Speech language pathologist is the medical term for the speech pathology field. Ms. Burton asked what the practitioner's license will state. Ms. Hall indicated speech pathologist. Mr. Marshall continued to question the speech therapist designation and permission to practice. Mr. Hall indicated the state statute governing the practice of speech pathology does not inhibit the practice of a clinical fellow speech pathologist as a speech pathologist. This is also found under the Communication Board. Mr. Hall stated a speech pathologist clinical fellow and speech pathologist are the one two (2) categories that can practice speech pathology in Tennessee. Ms. Marlar asked if a speech therapist is interchangeable with a speech pathologist or is one more qualified than the other. Mr. Hall indicated the term 'speech therapist' does not appear on the license for this profession. Ms. Marlar continued by asking if a speech therapist and speech pathologist were licensed by the same Board and with the same job function. Mr. Hall stated yes on both accounts. Ms. Marlar attempted to narrow down the reason for the term 'speech therapist' to be used in the home health regulations. The term was more common in the past and the field has broadened and Ms. Marlar indicated this Board may need to look at the definition more closely. Mr. Hall indicated the state attorney for the Communications Board was present. Alex Munderloh, Assistant General Counsel with the Tennessee Department of Health, confirmed the presentation and explanation given by Mr. and Mrs. Hall concerning the terms speech pathologists, speech therapist, and speech pathologist clinical fellow. Mr. Munderloh further informed the Board the terms, 'speech pathologist' and 'speech language pathologist' are used interchangeably and are the license designation. Mr. Gordon asked how the Communication Board addressed the speech pathologist clinical fellow. Mr. Munderloh indicated Mr. Hall's explanation was correct. Clinical fellows are speech pathologist. Mr. Marshall questioned if there is a completion of a licensure exam for the state and it was identified this was not required. Mr. Breeden asked Mr. Hall if the his client's agency had on staff the speech pathologist indicated to provide supervision to the speech pathologist clinical fellow. Mr. Hall indicated the speech pathologist's supervision does not have to be direct supervision. Mr. Breeden did not understand why this had not been addressed in the past by the Communication Board. He further asked is this a question for this Board or the Communication Board. Ms. Reed indicated after hearing all discussion this has become more confusing issue and the time has shown itself to correct the terminology. She indicated this would probably be through rulemaking. Mr. Smith agreed it would be a rule language change. He stated the Communication Board does not have an issue with a clinical fellow practicing as a speech pathologist due to their qualification. The Board for Licensing Health Care Facilities' definition for speech therapist will need to be changed by rule. Mr. Smith stated since it has been determined there is not a speech therapist designation the rule can be interpreted to mean speech therapist or other professional designated within that classification. He further stated there would not be a problem from legal counsel in making a rule change and clarifying the rule. Mr. Smith stated the Halls may move forward with

clinical fellows as they have in the past since the Communication Board doesn't have objection. Mr. Gordon asked what the next step is. Mr. Smith directed the Board to take a vote on a motion directing the Office of General Counsel to modify the current section 57 to indicate that the individual is a speech therapist and also to further clarify that speech pathologist term includes speech pathologist who are licensed or clinical fellows awaiting licensure. Mr. Hall asked at this point if a statement could be received from the Board indicating clinical fellows may provide services as a speech pathologist under definition 57 in the home health regulations. Mr. Smith felt this was appropriate and instructed the Board to indicate this statement would be useful during the interim period of time for rulemaking to complete. **Mr. Rhodes made a motion to have OGC to develop rule language to change speech therapist to speech pathologist; seconded by Ms. Cummins. Mr. Gordon asked if clarification was needed for anyone.** Ms. Reed indicated in the past when the Board has developed rule language and moved this forward by approval and the industry has required direction in the interim of the rulemaking process reaching completion the Board has developed an interpretative guideline to be available online for providers. Mr. Gordon indicated the Board needs to make two motions; the first for the interpretative guideline and the second for the rule language change. **Mr. Rhodes withdrew his motion. Mr. Marshall made a motion to have as an interpretative guideline for home health agency definition #57 for speech therapist to include speech language pathologist and speech language pathologist clinical fellow until rulemaking complete for change to 1200-08-26-.01(57); seconded by Mr. Shulman. The motion was approved. Mr. Marshall made a motion to have rule language developed by OGC for rule number 57, speech therapist to be consistent with the definition under the Tennessee Board of Communications, Disorders and Sciences to meet the objectives discussed today; seconded by Ms. Burton. The motion was approved.**

REGULATIONS:

Ms. Hughes-Toombs presented to the Board that this packet was not a rulemaking hearing, but rather draft rules for the Board to review and approve for rulemaking hearing. Mr. Gordon indicated if the Board has concerns to voice at this time, pose any questions, or to have any member of the public to comment. Mr. Rhodes asked if the language is related to the POST form and is just repeated in all facility regulations. Ms. Reed directed the Board to view the language in the draft document for the POST form and indicated this was language the Board approved in one of its last meetings and was prepared in this format by OGC. She further indicated that after the development of the presented draft language updates to the POST form were submitted to the administrative office and have been included here for your review. Ms. Judy Eads presented to the Board in respect to the updates to the POST form submitted with the draft packet. She indicated that after the Board's approval of the changes to the POST form and movement to rulemaking hearing that she shared the form with the End of Life Partnership's national taskforce for review. The taskforce made a few suggestions which the coalition approved for presentation to you today. Mr. Rhodes indicated a motion was needed to approve the POST form for rulemaking hearing. Ms. Reed indicated yes as well as all other language presented in this draft rule language packet. She further explained to the Board the POST form is found in all facility regulations, but the packet contains rule language relative to other licensed facility types for example ambulatory surgical treatment facility. Mr. Gordon expressed concern over making changes to the POST form due to its history, not having the consensus of the group responsible for the form, and opening through a rulemaking hearing discussion of the form. Ms. Eads further identified the groups responsible for reviewing and endorsing the changes for the POST brought forward today for consideration. These groups were Tennessee End of Life Partnership, Tennessee Hospital Association, and Tennessee Health Care Association. Mr. Gordon indicated his concern is due to the form being reviewed and recommendations made by a national group, but not approved by the above mentioned local group of interested parties before presenting to this Board. Mr. Shulman stated if the Board wants

to move this language forward it should move out today and can be reviewed further by other interested parties as the language goes through the rulemaking process. Ms. Linda Jennings, Tennessee Health Care Association, indicated to the Board the proposed second set of changes have been seen by the interested local parties. Mr. Gordon asked who the interested parties were. Ms. Jennings stated the Tennessee Hospital Association, hospice members, and had reached out to home health and hospital coordinators. **Mr. Shulman made a motion to move the draft rule language to rulemaking hearing; seconded by Mr. Marshall. The motion was approved.** Ms. Marlar indicated at this time she would like to see written evidence of the collaboration of different interested parties to rule language development or any other item brought before the Board to vote upon.

Revisit - Board Interpretative Guidelines of Residential Home for the Aged (RHA) Regarding Hospice Patients –

This agenda item was placed back on the table for Board consideration. Ms. Reed informed the Board the interpretative guideline was a result of the subcommittee meeting of this group on November 18th, 2013. The subcommittee added to the present interpretative guideline clarification language requiring that a resident who is no longer ambulatory be transferred to a private residential home or an appropriately licensed facility. Ms. Reed asked for a motion from the Board on this change in the interpretative guideline. **Ms. Hill made a motion to accept the recommended language; seconded by Mr. Marshall. The motion was approved.**

Mr. Gordon asked of the public in attendance if there was any further discussion of the rules presented for approval for rulemaking hearing. None was expressed.

CONSENT ORDER(S):

Mr. Smith presented consent orders for the Board's review and approval. The first consent order was for Asbury Cove (ACLF) located at 315 Asbury Avenue, Ripley, TN 38063. On November 6th, 2012, an annual survey was completed and it was determined the facility failed to conduct monthly inspections for eight (8) or the eight (8) fire extinguishers. The facility reached substantial compliance on December 30th, 2012. The facility agreed to pay one (1) civil penalty in the amount of five hundred (\$500.00) dollars and have signed the consent order. **Mr. Rhodes made a motion to accept the consent order; seconded by Mr. Marshall. The motion was approved.** The second consent order was for NHC Place Farragut (ACLF) located at 122 Cavett Hill Lane, Concord Farragut, TN 37922. On May 13th, 2013, an annual survey was completed and it was determined the facility failed to store all medications so no resident could obtain another resident's medication for three (3) out of seven (7) residents. The facility reached substantial compliance on June 30th, 2013. The facility agreed to pay a civil penalty of five hundred (\$500.00) dollars. **Mr. Marshall made a motion to accept the consent order; seconded by Ms. Burton. The motion was approved.** At this point, it was stressed to the Board members that if any members felt they had a conflict of interest to recuse. Mr. Joshua Crisp recused himself from the discussion on Trinity Hills. The third consent order was for Trinity Hills of Knoxville (ACLF) located at 4611 Ashville Highway, Knoxville, TN. On July 2nd, 2013, an annual survey was completed and it was determined the facility failed to ensure all drugs and biologicals were administered by a licensed profession operating within the scope of the profession licensure for two (2) of six (6) residents residing in the secure unit. The facility reached substantial compliance on August 9th, 2013. The facility agreed to one (1) penalty in the amount of five hundred (\$500.00) dollars. **Mr. Shulman made a motion to accept the consent order; seconded by Ms. Burton. The motion was approved.** Mr. Crisp returned to the meeting. The fourth consent order was for Martin-Boyd Christian Home (ACLF) located at 6845 Standifer Gap Road, Chattanooga, TN. On or about May 7th, 2013, an annual survey was completed and it was determined the facility failed to ensure that all drugs and biologicals were administered by a

licensed professional operating within the scope of their professional licensure for one (1) out of 11 residents. A revisit survey was conducted on July 1st, 2013 and it was determined the facility continued to fail to ensure that all drugs and biologicals were administered by a licensed professional operating within the scope of their professional licensure for four (4) of 11 residents. The facility returned to substantial compliance on August 12th, 2013. The facility agreed to one (1) civil penalty in the amount of five hundred (\$500.00) dollars and a one (1) civil penalty in the amount of one thousand (\$1,000.00) dollars totaling one thousand five hundred (\$1,500.00) dollars. **Ms. Burton made a motion to accept the consent order; seconded by Mr. Marshall. The motion was approved.** The fifth consent order was for Southern Manor Living Center of Lebanon, LLC (ACLF) located at 900 Coles Ferry Pike, Lebanon, TN. On August 12th, 2013, an annual survey was completed and it was determined the facility failed to store all medications so that no other resident could obtain another resident's medications for one (1) of four (4) residents. The facility returned to compliance on September 2nd, 2013. The facility agreed to pay one civil penalty in the amount of five hundred (\$500.00) dollars. **Mr. Shulman made a motion to accept the consent order; seconded by Ms. Burton. The motion was approved.** The sixth consent order was for Creekside at Three Rivers (ACLF) located at 2744 Ashers Fork Road, Murfreesboro, TN. On June 18th, 2013, an annual and complaint survey was completed and it was determined the facility admitted or permitted the continued stay of one (1) resident of 13 residents who exhibited verbal or physically aggressive behavior and posed an imminent physical threat to self and others based on behavior not diagnoses, failed to maintain the kitchen in a clean and sanitary manner, failed to maintain the areas around two (2) dumpsters in a safe, clean, and sanitary manner, and failed to secure medication for one (1) of 13 residents. The facility returned to substantial compliance as of August 3rd, 2013. The consent order provides the facility be assessed three (3) civil penalties in the amount of five hundred (\$500.00) dollars and one (1) civil penalty in the amount of one thousand (\$1,000.00) dollars for a total of two thousand five hundred (\$2,500.00) dollars. **Mr. Marshall made a motion to accept the consent order; seconded by Mr. Shulman. The motion was approved.** Mr. Breeden recused himself from the discussion on The Bridge Assisted Living at Life Care Center of Sparta. The seventh consent order was for The Bridge Assisted Living at Life Care Center of Sparta (ACLF) located at 508 Mose Drive, Sparta, TN. On September 4th, 2013, an annual and complaint survey was completed and it was determined the facility failed to store all medications so that no resident could obtain another resident's medication for one (1) of three (3) residents and failed to maintain the dietary department in a clean and sanitary manner. The facility returned to substantial compliance on or about September 20th, 2013. The facility was assessed two (2) civil penalties in the amount of five hundred (\$500.00) dollars for a total of one thousand (\$1,000.00) dollars. **Mr. Shulman made a motion to accept the consent order; seconded by Ms. Hill. The motion was approved.** Mr. Breeden returned to the meeting. The eighth consent order was for The Terrace at Mountain Creek (ACLF) located at 1005 Mountain Creek, Chattanooga, TN. On August 20th, 2013, an annual and complaint survey were completed and it was determined the facility permitted the continued stay of a resident with needs that could not be safely and effectively met in the ACLF resulting in two fractures for one (1) of nine (9) residents. Further review of this deficiency, revealed the resident in question was an Alzheimer's patient with multiple attempts at elopement from the facility. The two fractures were a result of a fall occurring outside after the resident eloped from the facility. It was also determined by the surveyors the facility failed to store all medication so no resident could obtain another resident's medication for three (3) of six (6) residents. The facility reached substantial compliance on September 26th, 2013. The facility has agreed to pay one civil penalty in the amount of three thousand (\$3,000.00) dollars and one civil penalty in the amount of five hundred (\$500.00) dollars for a total of three thousand five hundred (\$3,500.00) dollars. **Mr. Shulman made a motion to accept the consent order; seconded by Ms. Burton. The motion was approved.** The ninth consent order was for Arbor Terrace (ACLF) located at 9051 Cross Park Drive, Knoxville, TN. On September 10th, 2013, an annual survey was completed and it was determined the

facility failed to provide safety to prevent an elopement resulting in the fracture of the shoulder of one (1) of 26 residents. The facility returned to substantial compliance on November 15th, 2013. Further review of the deficiency, revealed the resident in question suffered from dementia, left their room, and fell down a flight of stairs resulting in the fractured shoulder. The facility is assessed one (1) civil penalty in the amount of five hundred (\$500.00) dollars. **Mr. Shulman made a motion to accept the consent order; seconded by Mr. Marshall. The motion was approved.** The tenth consent order was for Crown Cypress (ACLF) located at 2424 E. Stone Drive, Kingsport, TN. On July 10th, 2013, an annual survey was completed and it was determined the facility failed to discharge one (1) of four (4) residents whose needs could not be safely met at the assisted living facility. The facility returned to substantial compliance on August 23rd, 2013. The facility was assessed one civil penalty in the amount of one thousand (\$1,000.00) dollars. **Mr. Shulman made a motion to accept the consent order; seconded by Ms. Hill. The motion was approved.** The eleventh consent order was for Blue Ridge Senior Living, LLC (ACLF) located at 3683 Highway 421 South, Mountain City, TN. On July 8th, 2013, an annual survey was completed and it was determined the facility failed to ensure all drugs and biologicals were administered by a licensed professional operating within the scope of their professional licensure for three (3) of five (5) residents. The facility reached substantial compliance on August 19th, 2013. The facility is assessed one civil penalty in the amount of five hundred (\$500.00) dollars. **Mr. Breeden made a motion to accept the consent order; seconded by Mr. Marshall. The motion was approved.** The final consent order was for Wellington Place of Johnson City (ACLF) located at 2003 Water's Edge Drive, Johnson City, TN. On August 13th, 2013, an annual survey was completed and it was determined the facility failed to store all medications so no resident could obtain another resident's medications for two (2) of five (5) residents and failed to maintain the kitchen in a clean and sanitary condition. The facility reached substantial compliance on October 1st, 2013. The facility was assessed two civil penalties in the amount of five hundred (\$500.00) dollars for a total of one thousand (\$1,000.00) dollars. **Unidentified Board member made a motion to accept the consent order; seconded by Ms. Cummins. The motion was approved.**

LICENSURE STATUS UPDATE(S):

Ms. Reed presented licensure status updates on the following two facilities; Creekside Health and Rehabilitation Center f/k/a Imperial Gardens Health and Rehabilitation, Nashville and Pioneer Community Hospital of Scott f/k/a Scott County Hospital, Oneida. Creekside Health and Rehabilitation Center on August 16th, 2013 became the operator of the licensed nursing home f/k/a Imperial Gardens Health and Rehabilitation. The license was placed on inactive status for one (1) year on May 1st, 2013 by the former operator, Imperial Gardens. The new operator, Creekside, has requested the license to be placed on active status effective August 16th, 2013. Pioneer Community Hospital of Scott's license was placed on inactive status for six (6) months on September 11th, 2013. The facility requested the license be placed back on active status effective November 14th, 2013 after receiving an emergency Certificate of Need to discontinue OB services and reaching compliance with all licensure requirements.

LICENSURE STATUS REQUEST(S):

Ms. Reed presented the five licensure status requests.

CareAll Home Care Services, Knoxville –

This is home health agency is seeking to place its license on inactive status for six (6) months. The agency is undergoing a reorganization which began on October 31st, 2013 in order to secure adequate management for the facility. All 131 patients were transferred to other home health agencies for further services. **Mr. Rhodes made a motion to place the license on inactive status for six (6) months; seconded by Mr. Marshall. The motion was approved.**

Mr. Davis made a general statement to the Board regarding those facilities requesting inactive status of their licenses. He stated it is important for these facilities to understand if certified the inactivation of their license deems them as ceasing operation and certification by the federal government is voluntarily terminated. Mr. Gordon indicated these facilities should have this made know to them at the beginning of this process

Mr. Marshall recused from the discussion on Southern Hills Surgery Center, Nashville.

Southern Hills Surgery Center, Nashville –

This is a licensed ambulatory surgical treatment center (ASTC) requesting a fifth extension to place their license on inactive status for an additional twelve (12) months through February 7th, 2015. The previous physician owners of the facility have divested their interests in the facility. New physician investors have been sought by the HCA affiliate owner. The first inactive status was granted November 5th, 2009 for twelve (12) months; the first extension was granted August 19th, 2009 for six (6) months; a second extension for twelve (12) months was granted which expired May 31st, 2011; a third extension was granted for eighteen (18) months which expired on November 4th, 2012; and a fourth extension was granted for twelve (12) months set to expire on February 7th, 2013. Mr. Jerry Taylor, representative for the facility, indicated to the Board the HCA affiliate owner is in very serious discussions with a group of physician investors and working to complete all necessary documentation/paperwork to complete the transaction. He further stated after completion of the paperwork there will be minor renovations done to the facility and new equipment purchased. This is not anticipated to take more than six (6) months, but out of caution desire one (1) year extension of the inactive status. Mr. Shulman asked if there was a limit to the number of inactive status requests that could be made or a length of time for them. Ms. Reed informed the Board there was not. **Mr. Shulman made a motion to grant the fifth extension of the inactive status of the license for one (1) year; seconded by Mr. Rhodes/Ms. Hill. The motion was approved.**

Mr. Marshall returned to the meeting.

Nashville Rehabilitation Hospital, Nashville –

This is a licensed hospital seeking a third extension of the inactive status of its license based upon the issuance of a Certificate of Need which is pending. The first inactive status was granted January 20th, 2010 for two (2) years and an extension of the inactive status expired January 20th, 2013 which was for one (1) additional year and a second extension of the inactive status would expired on January 31, 2014. Jessica C. Lamanna, attorney and representative for the facility, was available via phone. She indicated the certificate of need is in the appeals process and is negating the further request for inactive status. Ms. Reed directed the requestor to indicate a period of time for the inactive status. Ms. Lamanna requested an additional one (1) year. **Mr. Shulman made a motion for a one (1) year extension on the inactive status; seconded by Mr. Marshall. The motion was approved.**

Baptist Memorial Hospital – Memphis Skilled Nursing Facility, Memphis –

This is a 35 bed skilled nursing unit at Baptist Memorial Hospital – Memphis seeking a first extension of the inactive status of its license. The facility desires an additional 12 months. The facility has not completed evaluation of various site options, but expects to have done so within the next 12 months. Ms. Reed reminded the Board that at the last Board meeting it was expressed by Mr. Rhodes to know of any pending certificates of need in areas where facilities are located that wish to place their license on inactive status. She informed the Board there were three (3) pending certificate of needs for nursing

home facilities in Shelby County. **Mr. Breeden made a motion to grant a first extension of the inactive status of the facility's license for one (1) year; seconded by Mr. Shulman. The motion was approved.**

Volunteer Women's Medical Clinic, Knoxville –

This is an ambulatory surgical treatment center (ASTC) whose license is on inactive status through January 2014 to allow time to meet new personnel requirements. Ms. Deborah Walsh, representative for the facility, participated by phone. Ms. Walsh gave the licensure history of the facility and its current situation with personnel. She indicated a state law passed in 2012 indicated the physicians performing abortions in ASTCs must have admitting privileges at a local hospital. Ms. Walsh further stated this has been passed in other states, but has not upheld in states such as Texas and Wisconsin. Given this trend, Ms. Walsh is requesting an additional one (1) year extension; two (2) years if preferred by the Board. Mr. Shulman made a motion to grant a first extension of the inactive status of the license for one (1) year; seconded by Mr. Rhodes. The motion was approved.

WAIVER REQUEST(S):

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

Good Samaritan Society – Fairfield Glade, Crossville -

This is a 30 bed licensed nursing home and 48 bed assisted care living facility requesting to waive the requirement for a Tennessee licensed nursing home administrator. Representative for the facility is Gene Wockenfuss. Mr. Wockenfuss is serving as the interim administrator and has applied for a Tennessee nursing home administrator's license. The request is for four (4) months. He informed the Board he is scheduled to take his administrator's test in February. **Ms. Burton made a motion to waive the requirement for four (4) months; seconded by Mr. Breeden. The motion was approved.**

Signature Healthcare of Nashville, Nashville -

This is a 119 bed licensed nursing home seeking to waive the required building code for piped in oxygen. Signature Healthcare of Nashville desires to add a 16 bed ventilator unit which will be used for ventilated and non-ventilated tracheostomy patients. The unit will provide continuous rehabilitation and weaning of ventilator patients with possible decannulation of trachs as well as long term care and end of life care for mechanically ventilated patients. Equipment to be used is the same found in home settings and will utilize individual concentrator units. Representatives for the facility are Patrick Fellers, CEO/Administrator and Diane Brown, RRT. Ms. Brown addressed the Board that it is standard to use concentrators with ventilators which go to 10 liters of oxygen. She further stated the ventilator units to be used are small and portable. Ms. Brown stated there are approximately eight (8) facilities with this waiver and providing ventilator services in this manner. **Mr. Marshall made a motion to approve the waiver of the building code for piped in oxygen; seconded by Ms. Hill.** Mr. Gordon asked if there was discussion. Ms. Reed referenced the request letter of the facility and the expressed intent to provide care to individuals on long-term and end of life ventilation. She desired clarification from the provider the same method of care and equipment would be used for long-term/end of life patients as would be used for rehab patients. Ms. Brown indicated this is accurate and care would be provided to rehab, end of life, and long-term ventilator patients. Mr. Marshall stated to the Board he conducted personal research on this issue and as well is a registered respiratory therapist and found this is the current practice. Ms. Marlar questioned the other facilities that have received waivers. She asked if they came before this Board. Ms. Reed indicated one facility has been before the Board. She further stated the previous waiver request was made by a facility that was to provide care to those patients that were to be rehabilitated. Mr. Shulman asked the decision of the Board on that request. Ms. Reed stated it was

approved. Mr. Davis stated to the Board that fire safety was present to address the issue. Mr. Larry Huckabee, Plan Reviewer, addressed the Board concerning the conflicts with the building codes. Mr. Marshall provided further information from his research stating the ventilator units have an internal concentration analyzer which allows someone to know the concentration of oxygen is being given accurately. Ms. Brown indicated the oxygen utilized is filtered and the standards for concentrators have come a long way in recent years. Mr. Gordon asked if emergency power provisions are in place. Ms. Reed indicated the regulations for nursing home vent services require backup generator power. **Mr. Marshall again made a motion to approve the waiver of the building code for piped in oxygen; seconded by Ms. Burton. The motion was approved.**

Starr Regional Medical Center Athens, Athens (f/k/a Athens Regional Medical Center) and Starr Regional Medical Center Etowah, Etowah (f/k/a Woods Memorial Hospital) -

Lifepoint Hospitals, Inc. owns and operates both hospital and is requesting Starr Regional Medical Center Etowah, Etowah to become a satellite of Staff Regional Medical Center Athens, Athens. The proposed consolidation resulted in a name change of both facilities and was effective December 1, 2013. Representative for the facilities is Kim Looney. Ms. Looney stated to the Board Lifepoint acquired Woods Memorial Hospital on December 1, 2013. She indicated to the Board the facilities are approximately 10 miles apart and with such close proximity it was determined greater efficiency could result if one was made a satellite to the other. She further indicated one the satellite designation is effective Starr Regional Medical Center Etowah, Etowah would not provide emergency surgeries at their location and MRI services would be consolidated to the Athens location. Mr. Gordon asked would this require one facility to surrender its license. Ms. Reed indicated yes and that all services of both facilities would fall under the license of the Athens facility. **Mr. Shulman made a motion to make Starr Regional Medical Center Etowah, Etowah (f/k/a Woods Memorial Hospital) a satellite of Staff Regional Medical Center Athens, Athens (f/k/a Athens Regional Medical Center); seconded by Mr. Wood. The motion was approved.**

Glen Oaks Health and Rehabilitation, Shelbyville -

This is a 130 bed licensed nursing home requesting to waive the nursing home rule 1200-08-06-.06(9)(b) for meeting the dietary manager requirements. Representative for the facility is Brian Vermillion, Administrator, who joined by phone. Mr. Vermillion indicated the facility is requesting this waiver to allow Mr. Lamar Hartman to complete his CDM course. He further indicated Mr. Hartman has over 25 years of experience in restaurants and long-term care. Mr. Vermillion would like the waiver for one (1) year. **Mr. Shulman made a motion to grant the waiver of nursing home rule 1200-08-06-.06(9)(b), dietary manager requirements for one (1) year; seconded by Mr. Wood. The motion was approved.**

Holston Manor, Kingsport -

This 204 bed licensed nursing home is seeking to waive nursing home rule 1200-08-06-.08, Fire Safety code for the sprinkler piping penetration of a four (4) hour firewall. Representative of the facility is Richard Ervin. Mr. Ervin addressed the Board stating based upon the previous discussion and approval of the sprinkler system going through the firewall would his request be void. Mr. Gordon did not know whether that would address his request based upon square footage requirements and those being satisfied. Ms. Reed pointed out the discussion and approval of the firewall penetration allowed a single facility separated by common firewalls to be served by a single sprinkler system and riser subject to the NFPA 13 codes. The request of Holston Manor is regarding penetration of the four (4) hour firewall. Mr. Ervin indicated the facility has worked with Bill Harmon to address the separation issues, but the penetration item was to be presented to the Board. Mr. Rhodes indicated Holston Manor's request would be addressed by the recently adopted policy given the facility meets the size requirements. Mr.

Huckabee addressed the Board stating one additional stipulation would be the facility having a structural engineer to verify the penetration does not affect the integrity of the freestanding portion of the firewall. Mr. Rhodes verified a waiver request is not necessary. Mr. Huckabee reiterated the facility would need to provide the engineer verification of structural integrity of the wall in question. Mr. Ervin indicated Holston Manor would like to formally withdraw their waiver request based upon the decision of the Board on the recently approved Board policy.

Vanderbilt University Hospital, Nashville -

This facility is requesting a determination if a variance from existing facility regulations is required for temporary use of an area as an observation unit. The unit will contain seven (7) patient rooms and 11 cubicles. Five (5) of the patient rooms do not meet the required 120 square feet and none of the cubicles meet the required 100 square feet. A waiver of the room and cubicle size requirements is requested. Representatives for the facility are Dan Elrod, attorney; David Posch, CEO; Mitch Edgeworth; Ginna Felts; and Luke Gregory, CEO. Mr. Elrod addressed the Board to explain the current use of the space in question. He indicated it is used for cardiac patients which will be relocating opening the space for the above requested use. Mr. Elrod stated Vanderbilt is at capacity for inpatients and the use of an observation unit would assist the facility by not utilizing an inpatient bed. The spaces meet all other aspect of the requirements relating to privacy and bathroom access for example. Mr. Rhodes questioned what temporary meant in this request. Mr. Elrod indicated the facility does not know at this point, but it is not a permanent situation. The time of usage is dependent on other construction projects the facility has underway. Mr. Elrod understood the Board's hesitancy to grant an open ended waiver and stated making periodic reports to the Board would be acceptable to Vanderbilt. Ms. Marlar questioned if the observation patients will be cardiac patients. Mr. Elrod indicated the patients will be of a wide variety and come through the emergency room. He stated this would be another benefit for Vanderbilt as the emergency room typically has backup and it becomes a constant struggle to create capacity. Mr. Elrod verified the observation beds would not be licensed beds. Ms. Marlar indicated there is a misuse of observation beds in some facilities. Mr. Shulman asked if there was a history of approving waivers decreasing the size requirements of a room and for how long. Ms. Reed stated this type of waiver has been granted for the size of an OR in an ambulatory surgical treatment center with no timeframe. **Mr. Rhodes made a motion to grant a waiver allowing an area of the first floor to be used temporarily as an observation unit and to waive the space requirements of the rooms and cubicles to be located in the observation unit subject to appropriate Plans Review and approval, Vanderbilt must submit a report in two (2) years to the Board to update on the continued temporary usage of this area; seconded by Mr. Marshall. The motion was approved.**

Avalon Hospice, Nashville -

This licensed home health agency is seeking a waiver to open additional branch offices further than the 100 mile requirement from its parent office. Avalon Hospice has a geographic service area of all 95 counties. The facility wants to open five (5) additional branch offices in Dyersburg (approximately 180 miles from the Nashville parent office); Johnson City (approximately 277 miles from the Nashville parent office); Memphis (approximately 219 miles from the Nashville parent office); Morristown (approximately 227 miles from the Nashville parent office); and Bolivar (approximately 160 miles from the Nashville parent office). Ms. Reed provided historical information on Avalon Hospice having appeared before the Board in 2009 to seek the addition of branch offices more than 100 miles from the parent and subsequent approval. Representatives for the facility are Ross Sallade, attorney; Doug Abell; Marti Miller; and James Cocke. Doug Abell, Chief Compliance Officer, presented to the Board. He indicated Avalon Hospice currently has six (6) branch offices in Clarksville, Cookeville, Dickson, Jackson, Knoxville, and Tullahoma. The Jackson and Knoxville branch offices were the two approved in 2009 for

the greater than 100 mile radius requirement. Mr. Abell stated technological infrastructure and policies and procedures allowed for the centralized control from the parent office of the branch offices. Mr. Gordon asked for information on the background of the 100 mile radius requirement. Ms. Reed indicated this is a statutory requirement and that the statute gives the Board the authority to grant a radius greater than 100 miles for a branch office location. Mr. Shulman expressed the same thought as Mr. Gordon. Mr. Davis stated the thought was a parent office was probably not viable in terms of monitoring the quality of care provided from the branch office. Ms. Burton further stated agencies at that time were probably not using computers and measuring the quality of care. Mr. Shulman stated at some point the statute needs to be revisited and fixed. Mr. Shulman made a motion to allow Avalon Hospice, Nashville the parent office to operate five (5) additional branch offices greater than 100 miles from the Nashville parent office – Dyersburg, Tennessee (180 miles from the parent office); Johnson City, Tennessee (277 miles from the parent office); Memphis, Tennessee (219 miles from the parent office); Morristown, Tennessee (227 miles from the parent office); and Bolivar, Tennessee (160 miles from the parent office); seconded by Mr. Marshall. The motion was approved.

Alexian Village Health and Rehabilitation Center, Signal Mountain -

This 114 bed licensed nursing home is seeking an extension waiver for the requirement for a Tennessee licensed nursing home administrator until Mr. Scott Norton obtains his Tennessee license. He is still in the licensing process. The Board for Nursing Home Administrators does not meet again until March 2014. Representative for the facility is Scott Norton, Interim Administrator. Mr. Norton stated to the Board he was before them in August of 2013 and was under the impression he received an eight (8) month waiver, but was notified in December of 2013 that was not the case. Mr. Gordon asked the timeframe needed for this extension. Mr. Norton stated at least until April 1st since the Nursing Home Administrator's Board meets in March 2014. Ms. Reed made it know this Board meets again in May. Mr. Gordon indicated six (6) months for the extension timeframe. Mr. Marshall made a motion to grant an extension waiver for six (6) months to allow Alexian Village Health and Rehabilitation Center to operate without a licensed nursing home administrator; seconded by Mr. Breeden. The motion was approved.

West Meade Place, Nashville –

This 120 bed licensed nursing home is seeking to waive the guideline of NFPA 99 17.3.4.2.4 as it pertains to hard piped gas and suction systems in order to meet the needs of patients in a respiratory unit. West Mead Place has partnered with Alana HealthCare to provide respiratory care for up to 36 patients. The care will include the use of 10 liter oxygen concentrators and suction units with internal battery backup systems. Alana will provide respiratory services for patients in need of high flow therapy, non-invasive open ventilation, non-invasive ventilation, tracheostomies, invasive ventilation and disease management/in-patient pulmonary rehabilitation. Also provided with this request a letter from Gene Gantt, respiratory therapist, giving supplemental information on portable systems and how they utilized in facilities. Representatives for the facility are James Wright, Administrator; Zach Gantt, Chief Clinical Office, Alana HealthCare; and Ryan Stiles, Alana HealthCare, Regional Manager for Transitional Care Units. Mr. Rhodes asked how big the ventilator unit would be. Mr. Wright stated 36 beds. Mr. Gordon asked about emergency power for the ventilator/concentrator units. Mr. Wright stated the facility must meet the requirements of Plans Review which includes emergency power plus all units have battery backup. Mr. Wright indicated the facility is not doing renovation construction, but updating the facility's electrical system to meet current requirements. Mr. Gordon wanted affirmation from the state this requires plans review. Mr. Huckabee indicated it would. Mr. Rhodes asked Mr. Huckabee about the code referenced in West Meade Place's letter where the code states "shall" you must do and if states "should" it is a strong recommendation. Mr. Huckabee verified the code states "shall". Mr. Zach Gantt

addressed the Board stating ventilator dependent patients usually require less oxygen than a patient who is being weaned. He further stated other facilities Alana HealthCare has worked with that use concentrators on both chronic and weaning patients have done well. Mr. Gantt further stated they have used some devices that provide high flow therapy which go up to 60 liters of flow. He indicated 60 to 70 percent F12 can be obtained on a 10 liter concentrator. Mr. Gantt stated technology has changed such that there is no need for piped gas. The admission criteria for this unit will require us to assess each patient to make sure they meet our criteria of 50% or less of oxygen if stressed. Tanks for back-up will be available to provide 100% oxygen. Mr. Wright indicated the use of the portable concentrators will allow patients a higher quality of life. **Mr. Shulman made a motion to waive NFPA 99 17.3.4.2.4 as it pertains to hard piped gas and suction systems in order to meet the needs of patients in the respiratory unit; seconded by Mr. Rhodes. The motion was approved.**

Grandview Medical Center, Jasper, and Parkridge Medical Center, Chattanooga –

Parkridge Medical Center, Chattanooga, is requesting for Grandview Medical Center, Jasper, to become the satellite hospital of Parkridge Medical Center contingent upon Parkridge Medical Center acquiring Grandview Medical Center effective March 1, 2014. Representatives for the facilities are Darrell Moore, CEO, Parkridge Medical Center and Bruce Baldwin, CEO, Grandview Medical Center. Mr. Moore stated to the Board the facilities have entered into a Letter of Agreement and undergoing due diligence. He further stated they have discussed the upcoming transaction with employees, medical staff, and Boards of each hospital. **Unidentified Board member made a motion to make Grandview Medical Center, Jasper, a satellite of Parkridge Medical Center, Chattanooga, contingent upon Parkridge Medical Center acquiring Grandview Medical Center effective March 1, 2014; seconded by Mr. Wood. The motion was approved.**

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; Board Policy #39, allow nursing home administrators to serve as an administrator of a residential home for the aged and/or assisted living facility; and Board Policy #57, allow a hospital to discontinue obstetrical services.

Board Policy #32 requests –

NHC Healthcare Tullahoma, Tullahoma
McNairy County Health Care Center, Inc, Selmer
Signature Healthcare of Nashville, Nashville
John Reed Health Care and Rehab, Limestone

Inaudible Board member made a motion to approve the requests for Board Policy #32 waivers to be issued to NHC Healthcare Tullahoma, McNairy County Health Care Center, Inc, Signature Healthcare of Nashville, and John Reed Health Care and Rehab; seconded by Mr. Marshall. The motion was approved.

Ms. Burton recused from the consideration and vote for Board Policy #32 request for Kindred Transitional Care and Rehabilitation Center – Masters, Algood.

Mr. Marshall made a motion to approve the request for Board Policy #32 waiver to be issues to Kindred Transitional Care and Rehabilitation Center – Masters; seconded by Ms. Cummins. The motion was approved.

Ms. Burton returned to the meeting.

Board Policy #51 requests–

Steven Yokley – NHC Healthcare, Dickson – NH & ACLF

Karla Lane – NHC Place, Farragut – NH & ACLF

Jerry Winton – NHC Place, Cool Springs – NH & ACLF

Preston Adams – NHC Healthcare, Johnson City – NH & ACLF

J. Buckley Winfree – Adams Place, Murfreesboro – NH & ACLF

Tim Shelly – Richland Place, Nashville – NH & ACLF

M. Clint Hall – NHC Healthcare, Smithville – NH & ACLF

Warren Adams – NHC Healthcare, Somerville – NH & ACLF

Mr. Marshall made a motion to approve the requests according to Board Policy #51; seconded by Mr. Shulman. The motion was approved.

Board Policy #57 request –

Pioneer Community Hospital of Scott, Oneida

Ms. Reed informed the Board this facility received a Certificate of Need on December 18th, 2013 to cease obstetrical services.

Mr. Shulman made a motion to approve the request according to Board Policy #57; seconded by Mr. Marshall. The motion was approved.

A motion was made to adjourn. The motion was approved.