



The Tennessee Open Meetings Act 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
MEMORANDUM**

AMENDED

Date: April 26, 2016
To: Woody McMillin, Director of Communication and Media Relations
From: Wanda E. Hines, Board Administrator

Name of Board or Committee: Board for Licensing Health Care Facilities- Assisted Care Living Facilities and Facilities Construction Standing Committee Meeting
(Call-in Number: 1-888-757-2790 passcode: 457462#)

Date of Meeting: April 29, 2016
Time: 9:00 a.m. – 2:00 p.m., CDT
Place: Iris Conference Room
665 Mainstream Drive, First Floor
Nashville, TN 37243
Major Item(s) on Agenda: See attachment.

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.



JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

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

AGENDA

**BOARD FOR LICENSING HEALTH CARE FACILITIES
ASSISTED CARE LIVING FACILITIES AND FACILITIES CONSTRUCTION
STANDING COMMITTEE MEETING**

**APRIL 29, 2016
IRIS CONFERENCE ROOM, FIRST FLOOR
9:00 a.m. to 2:00 p.m.**

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

A. ASSISTED CARE LIVING FACILITY STANDING COMMITTEE

1. Call the Meeting to Order and Establish a Quorum.
2. Approval of Minutes:
 - (1) Assisted Care Living Facility Standing Committee Meeting – January 7, 2016
 - (2) Assisted Care Living Facility Standing Committee Meeting – August 18, 2015
3. Revisit-Tennessee Board for Licensing Health Care Facilities 2015 Performance Audit Findings regarding Medication Administration in Assisted Care Living Facilities.
4. Revisit- Assisted Care Living Facilities (ACLF) Requirements for Administrators.
5. Other Discussion(s).
6. Public Comments.
7. Adjourn.

**B. ASSISTED CARE LIVING FACILITY AND FACILITIES CONSTRUCTION
STANDING COMMITTEE**

1. Call the Meeting to Order and Establish a Quorum.
2. Approval of Minutes:
 - (1) Assisted Care Living Facility/Facilities Construction Standing Committee Meeting – November 16, 2015
 - (2) Assisted Care Living Facility/Facilities Construction Standing Committee Meeting – January 7, 2016

3. **MAYBELLE CARTER SENIOR ADULT HOME, NASHVILLE**

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

Representative(s): Chris Puri, Attorney

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

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

Representative(s): Michael O'Hare and Carmen Keckley, Architects, GoodWorks Unlimited, LLC

5. Other Discussion(s).
6. Public Comments.

7. Adjourn.

C. **FACILITIES CONSTRUCTION STANDING COMMITTEE**

1. Call the Meeting to Order and Establish a Quorum.

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

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

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

3. **METHODIST HEALTHCARE-SOUTH HOSPITAL, MEMPHIS**

Methodist Healthcare-South Hospital, Memphis, is requesting to waive certain section of the 2010 Facility Guidelines Institute (FGI) guidelines regarding the Intensive Care Unit (ICU) renovation of 16 patient rooms for renovation and patient room requirements.

Representative(s): Dr. Corbi Milligan, CMO, Dave Rosenbaum, VP of Facilities and Tracy Sigmon, Consulting

4. Other Discussion(s).

5. Public Comments.

6. Adjourn.

**MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
ASSISTED CARE LIVING FACILITY (ACLF)
STANDING COMMITTEE MEETING**

APRIL 29, 2016

The Board for Licensing Health Care Facilities' Assisted Care Living Facility (ACLF) Standing Committee meeting began April 29, 2016. Joshua Crisp, Chairman, called the meeting to order.

A quorum roll call vote was taken:

Mr. Joshua Crisp – here
Dr. Sherry Robbins – here
Ms. Carissa Lynch – here
Ms. Annette Marlar – not here
Mr. Roger Mynatt – here
Dr. René Saunders - not here

A quorum was established.

The meeting began with a review of the August 18, 2015 and January 7, 2016 standing committee minutes for approval. Dr. Sherry Robbins indicated needed corrections to the word 'place' to 'placed' in the January 2016 minutes and the word 'not' to 'no' in the August 2015 minutes. **Roger Mynatt made a motion to approve the minutes with noted corrections; seconded by Carissa Lynch. The motion was approved.**

The first agenda item for discussion was the presentation of the Tennessee Board for Licensing Health Care Facilities 2015 Performance Audit Findings regarding medication administration in assisted care living facilities (ACLF). Ann Reed recapped the directive issued by the ACLF Standing Committee at the January 7, 2016 meeting. The Office of Health Care Facilities' (OHCF) administrative staff and the Office of General Counsel (OGC) were to bring back rule language for medication administration to be considered by the standing committee and to provide an analysis of the citation of the tag for unlicensed staff administering medication. OGC provided new, updated rule language for consideration which captures the addition of the certified medication aides. Joshua Crisp indicated that this legislative session there were changes to the medication aide certified law. It was determined the new rule language could move forward and would be aligned with the new law once that law goes into effect. **Mr. Mynatt made a motion to accept the recommended rule language for certified medication aides; 2nd by Dr. Robbins. The motion was approved.** Ms. Reed presented to the standing committee the civil monetary penalty (CMP) analysis for Tag 708 which is the deficiency for unlicensed staff administering medication. The analysis showed the number of citations per year for Tag 708 and the total CMP amounts assessed to the facility identified has having been cited Tag 708. Mr. Crisp questioned if the standing committee needed to do more to address the audit. Ms. Reed indicated she felt all items had been addressed, but deferred to legal counsel and the Director of Health Care Facilities, Vincent Davis. Mr. Davis read from the audit report and stated he felt all items had been addressed. Kyonzté Hughes-Toombs from the OGC further explained how CMP fines are assessed to an ACLF provider. She further indicated that as she would review the CMP recommendations and would communicate the CMP amounts to facilities the facilities would complain the CMP fines were too extreme given no harm was

evident from the deficient practice. Based upon this and reviews of the recommended CMPs, OGC reduced the amount of the assessed CMPs. Mr. Crisp desires to see more regarding repeat offenders of deficiencies. Ms. Hughes-Toombs indicated this is a factor that weighs in on the CMP amounts assessed to providers. She also stated in the past the board gave staff guidance on what cited findings were considered detrimental. Mr. Mynatt questioned if the Board has the ability to change orders once presented to the Board. Ms. Hughes-Toombs stated the Board at the time the order is presented may not approve the order then OGC would need to re-negotiate with the provider. Mr. Mynatt feels the Board needs to address all the audit findings completely including the CMP referenced finding. Mr. Crisp asked for the consent orders addressing Tag 708 to be reviewed by the ACLF Standing Committee before presentation to the full Board. He stated the standing committee may make recommendations to OGC which would need to be addressed before presentation of the consent order to the full Board.

The second agenda item for discussion was to revisit the ACLF requirements for administrators of this facility type. Ms. Reed presented an example test with instruction sheet. She stated to the standing committee the concept of a test and testing process had been presented in the past to the committee and based upon the guidance of past standing committees lead to the development of the test and instruction sheet presented today. NAB testing for ACLF administrators was also presented to the standing committee with Mr. Crisp expressing the NAB ACLF administrator testing was difficult. He stated the test for ACLF administrators should be specific to Tennessee. Stacia Vetter with NHC addressed the standing committee asking that the committee give consideration for the allowance of nursing home (NH) administration to be ACLF/home for the aged administrators without having to complete a second test. Mr. Mynatt agreed a NH administrator should be allowed to be an ACLF administrator if on the same campus without taking an additional exam. He further stated he liked the scope of the test presented. Mr. Crisp recommended the standing committee members review the presented documents and bring comments back to the full Board. This would allow providers and associations time to review the documents as well. Ms. Lynch questioned the need for rule language changes based upon the information contained within the presented instruction sheet. Ms. Reed stated this would be conversation to occur between administrative staff and OGC before the Board meeting. Ms. Hughes-Toombs questioned the ACLF Standing Committee on whether the increase of state rule and regulation training hours for CEUs should be placed into rule. Ms. Reed stated that she thought the 24 hour CEU requirement was found in statute. Dr. Robbins requested the test questions to focus on medication administration since this has been an issue found in surveys and through the recent audit of the Board. Ms. Reed indicated this would be possible.

Mr. Crisp adjourned the ACLF Standing Committee meeting.