



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
FACILITIES CONSTRUCTION STANDING COMMITTEE MEETING**

APRIL 29, 2016

The Board for Licensing Health Care Facilities' Facilities Construction Standing Committee meeting began on April 29, 2016. David Rhodes, Chairman of this committee, called the meeting to order.

A roll call vote was taken:

Dr. René Saunders – not here
Mr. David Rhodes –here
Dr. Kenneth Robertson - here
Thomas Gee – not here

A quorum was established.

The first item of business was a request for a waiver by Vanderbilt University Medical Center of a section of the 2010 Facility Guidelines Institute guidelines regarding room size and placement of handwashing stations. Dan Elrod, representative for Vanderbilt, requested of the Board the allowance of two (2) rooms to have less than the required space located at the foot of the bed and to allow handwashing stations to be outside the rooms versus in the rooms. The project consists of a seventeen (17) bed observation unit in the 7 South building of the Vanderbilt campus. The use of the specified space will be on a temporary basis of two (2) years. **Dr. Kenneth Robertson made a motion to approve the waiver request for two (2) years; seconded by Mr. Rhodes. The motion was approved to move to the full Board.**

The second item of business was a request by Methodist Healthcare – South Hospital, Memphis. The facility is requesting to waive certain sections of the 2010 Facility Guidelines Institute (FGI) guidelines regarding the intensive care unit. The project consists of sixteen (16) patient rooms which are under renovation. The facility's architect, Tracy Sigmon, and facility representative, Dr. Corbi Milligan, made the request to the standing committee. Ms. Sigmon explained the first issue to address is that some of the patient rooms will not have a traditional window, but will have a celestial window. Mr. Rhodes wanted the specific codes to be waived for this request. Bill Harmon, Facilities Construction Director with the Office of Health Care Facilities' Plans Review section, indicated the clarification was sought from the Board on whether celestial windows would be permissible. This is not really a waiver request. Mr. Rhodes stated he felt the celestial windows as a patient would be better. He further indicated this should be allowable in a renovation, but not for a new construction project. The second issue to address regarded the presence toilets in patient rooms. Plans Review again sought guidance. The building code requires direct access to a human waste disposal area. The current rooms do not have an actual bathroom, but have a disposal of body waste receptacle. This is the proposition by the architect and facility. Ms. Sigmon stated the facility would have a policy and procedure in place not allowing the use of toilets in rooms for waste disposal. The facility will provide bedside commodes for patients' use as care allows. It was determined by the standing committee members that this request was simply a clarification of the rules and codes. The current plans submitted meet the requirement of the codes for windows and waste disposal. This item does not need to go before the full Board. Mr. Rhodes did ask how patients would be treated during the renovation project. The facility representatives indicated a

limited number of beds approximately eleven (11) would be used per time until the renovation was completed.

Mr. Rhodes adjourned the meeting.