



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**

SECOND AMENDED

Date: May 7, 2014

To: Woody McMillian, 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: May 8, 2014

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

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

Major Item(s) on Agenda: See Attached Agenda

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
MAY 8, 2014
IRIS CONFERENCE ROOM, FIRST FLOOR**

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

1. **CALL THE MEETING TO ORDER.**
2. **ESTABLISH A QUORUM.**
3. **APPROVAL OF MINUTES** –January 23, 2014 Board meeting and March 11, 2014 Special Called Board meeting.
4. **REPORTS.**
 - A. **EMS REPORT** – Robert Seesholtz
 - B. **OFFICE OF GENERAL COUNSEL REPORT** – Kyonzte’ Hughes-Toombs
5. **CONSIDERATION AND RATIFICATION OF LICENSURE APPLICATIONS (CHANGE OF OWNERSHIP (CHOWS) AND INITIALS).**
 - A. **CONSIDERATION**

(INITIALS)
Campbell Station Dialysis, Knoxville – End Stage Renal Disease Facility
 - B. **RATIFICATION**
 1. **QUALIFYING APPLICATIONS**

(INITIALS)

Commonwealth Home Health Care, Inc., Blountsville-Home Medical Equipment Facility

Culpepper Place of Collierville, Collierville – Assisted Care Living Facility

DeRoyal 3PL Services, Powell-Home Medical Equipment Facility

DSI Memphis Dialysis, Nashville-End Stage Renal Disease Facility

Friendship Haven, Inc., Chattanooga-Home for the Aged Facility

JSD Speech Pathology, Bartlett-Professional Support Services

Life House, LLC., Cookeville-Residential Hospice Facility

Loving Hearts Personal Care Home, Memphis, Home for the Aged

MALC, LLC., Memphis-Professional Support Services

Medi Home Care, Knoxville-Home Medical Equipment Facility

Morning Pointe of Powell, Powell-Assisted Care Living Facility

Post OP Planners, LLC., Brentwood-Home Medical Equipment Facility

Premier Radiology, Nashville-Outpatient Diagnostic Center Facility

Ridgeline Medical, Inc., Ooltewah-Home Medical Equipment Facility

Solo-Care, Inc., Nashville-Professional Support Services

Spine and Pain Physicians Surgery Center, LLC., Smyrna-Ambulatory Surgical Treatment Center

U.S. Respiratory, LLC., Johnson City-Home Medical Equipment Facility

Wellspring Senior Living at Sevierville, Sevierville-Assisted Care Living Facility

(CHOWS)

Maristone of Providence, Mount Juliet-Assisted Care Living Facility

Prestige Care Home, LLC., Memphis-Home for the Aged Facility

The Maristone of Franklin, Franklin-Assisted Care Living Facility

6. DISCUSSION(S).

- A. Board Q & A.
- B. Board approval of current editions of building codes to be utilized by Plans Review.
- C. Need volunteer(s) for Assisted Care Living (ACLF) Subcommittee.
- D. Board approval for the following applications:

Traumatic Brain Injury (TBI) Residential Home Application for Initial Licensure.

Traumatic Brain Injury (TBI) Residential Home Change of Ownership Procedures.

Traumatic Brain Injury (TBI) Residential Home Application for Renewal Licensure.

E. PRISM MEDICAL PRODUCTS, LLC., MEMPHIS

This home medical equipment facility requests reconsideration of interpretive guideline 1200-08-29-.06(4) licensure.

Representative(s): Lucy Ketner

7. REGULATION(S).

A. BOARD APPROVAL FOR RULEMAKING HEARING.

1. Additional Amendments for the following rules regarding speech therapy to make the language uniform.

1200-08-02 Standards for Prescribed Child Care Centers;

1200-08-06 Standards for Nursing Homes

1200-08-15 Standards for Residential Hospices

1200-08-26 Standards for Homecare Organizations Providing Home Health Services

1200-08-27 Standards for Homecare Organizations Providing Hospice Services

1200-08-28 Standards for HIV Supportive Living Centers

1200-08-34 Standards for Homecare Organizations Providing Professional Support Services

2. 1200-08- Rule Amendments

1200-08-01 Hospitals

1200-08-01-.08 Building Standards

1200-08-.02 Prescribed Child care Centers

1200-08-02-.07 Building Standards

1200-08-.06 Nursing Homes

1200-08-06-.08 Building Standards

1200-08-10 Ambulatory Surgical Treatment Centers

1200-08-10-.08 Building Standards

1200-08-11 Homes for the Aged

1200-08-11-.07 Building Standards

1200-08-15 Residential Hospices

1200-08-15-.08 Building Standards

1200-08-24 Birthing Centers

1200-08-24-.07 Building Standards

1200-08-25 Assisted Care Living Standards

1200-08-25-.09 Building Standards

1200-08-28 HIV Supportive Living Centers

1200-08-28-.08 Building Standards

1200-08-32 End Stage Renal Dialysis Clinics

1200-08-32-.08 Building Standards

1200-08-35 Outpatient Diagnostic Centers

1200-08-35-.08 Building Standards
1200-08-36 Adult Care Homes-Level 2
1200-08-36-.11 Building Standards

3. **1200-08-10 and 1200-08-35 Rule Amendments**
1200-08-10 Ambulatory Surgical Treatment Centers
1200-08-10-.01 Definitions
1200-08-10-.06 Basic Services
1200-08-35 Outpatient Diagnostic Centers
1200-08-35-.06 Basic Services

8. **ORDERS.**

A. Consent Orders.

9. **LICENSE STATUS UPDATES.**

MIDTOWN SURGERY CENTER, MEMPHIS

This ambulatory treatment center facility had placed their license on inactive status on May 13, 2013 for twelve (12) months. Midtown Surgery Center has placed their license back to active status as of March 10, 2014.

CROCKETT HOSPITAL, LAWRENCEBURG

This 99 bed hospital is requesting the Board to allow the discontinue use of ten (10) inpatient rehabilitation beds for two (2) years in order to determine whether or not Crockett wants to continue to provide this service on an inpatient basis, as it continues to identify the best ways to provide health care to meet the needs of service area residents.

Representative(s): Kim Harvey Looney, Attorney

BLUFF SPRINGS MANOR, MCMINNVILLE

This nine (9) bed ACLF placed their license on inactive status for one (1) year which will expire on May 30, 2014. The license has not responded to inquiries on the inactive status of the license, but has indicated the license may not be renewed. The renewal date for the facility is June 8, 2014. An update will be given in September to the licensure status of Bluff Springs Manor.

10. **LICENSE STATUS REQUESTS.**

SUMMERS LANDING RETIREMENT CARE CENTER, TRENTON

This thirty (30) bed RHA facility is seeking their fourth extension waiver for an additional twelve (12) months for their license to remain on inactive status through May 4, 2015. The space is co-located with a licensed nursing home that has undergone renovations in conjunction with a previously approved Certificate of Need. There is still an interest to make use of the space; however, market conditions at this time do not support the

investment in the transition of space. Summers Landing's license was placed on inactive status on May 25, 2010 for twelve (12) months, an extension on May 25, 2011 and a second extension granted on May 4, 2012 which expired on May 4, 2013.

Representative(s): Sharon Warren, Vice President of Operations

WILLIAM H. DUNLAP RETIREMENT CENTER, INC., (HUNTER HALL), BRIGHTON

This RHA facility is seeking an extension waiver for two (2) years for one of the three buildings, Hunter Hall, license #201 an eleven (11) bed facility to remain on inactive status through May 1, 2016. At this time there are not enough residents to justify the overhead to reopen the building at this time.

Representative(s): Kathy Keiter, Executive Director

CAREALL HOME CARE SERVICES, KNOXVILLE

This home health agency is seeking an extension waiver for an additional six (6) months to remain on inactive status which doesn't expire until July 23, 2014. This additional time is required to complete the reorganization of the facility, secure qualified staff, and implement proper operational procedures.

Representative(s): Mary Ellen Foley, RN, BSN and Randy Forrest

JACKSON PARK CHRISTIAN HOME, INC., NASHVILLE

This twenty-eight (28) bed nursing home facility is seeking a third extension of their license to remain on inactive status for additional twelve (12) months. Signature Healthcare, LLC recently formally completed the change of ownership process for the licensure of the facility from its previous owner and Signature requested to continue the inactive status which expired on May 2, 2014. Signature Healthcare, LLC is currently evaluating the best options for the facility going forward.

Representative(s): Chris Puri, Attorney

11. WAIVER REQUESTS.

SUMMIT VIEW OF FARRAGUT, FARRAGUT

This one hundred thirteen (113) bed nursing home is seeking to waive the guidelines 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. Summit View of Farragut have partnered with Alana HealthCare to provide CROM (Comprehensive Respiratory Outcomes Management) which is a disease management program uniquely designed for respiratory patients. Alana will provide respiratory care to twenty-seven (27) patients that include the use of 10 liter oxygen concentrators and section unit with internal battery backup systems which are currently being used in other ventilator sites with success. Alana will provide respiratory services as Summit View of Farragut for those in need of high flow therapy (Airvo), non-invasive open ventilator (NIVO), non-invasive

ventilation, tracheotomies, invasive ventilation and disease management/in-patient pulmonary rehabilitation for patients requiring augmented respiratory care.

Representative(s): Richard Lawrence, Administrator and Zack Gantt

THE VILLAGE AT GERMANTOWN, GERMANTOWN

This thirty (30) bed nursing home is requesting to waive the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Ms. Julie Repking is serving as the interim administrator at this time.

Representative(s): Julie Repking, Interim Administrator

GALLAWAY HEALTH AND REHAB, GALLAWAY

This one hundred and four (104) bed nursing home is requesting to waive the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Ms. Linda Byrd is serving as the interim administrator at this time.

Representative(s): Linda Byrd, Interim Administrator

WEXFORD HOUSE, KINGPORT

This one hundred seventy-four (174) bed nursing home is requesting to waive the required building code and the guideline of (NFPA 99 17.3.4.2.4) for piped in oxygen as it pertains to hard piped gas and suction systems in order to meet the needs of the patients in the respiratory unit is seeking to waive. Wexford House has a 16 bed ventilator and tracheostomy unit that use oxygen concentrators and portable suction units which will increase to 32 beds to meet the needs of patients that provide ventilator weaning and preparation for home care by the residents' caregiver.

Representative(s): Kathy L. Green, Administrator

QUILLEN REHABILITATION HOSPITAL, JOHNSON CITY

This 26 bed rehabilitation hospital is requesting approval to become an independent hospital and no longer operate as a satellite facility of Johnson City Medical Center, Johnson City. Mountain States Health Alliance (MSHA) has entered into an agreement with HealthSouth pursuant to which Quillen will be transferred to a new entity jointly owned by a subsidiary of HealthSouth and a subsidiary of MSHA which will allow Quillen to gain access to HealthSouth's substantial experience and expertise in operating inpatient rehabilitation facilities.

Representative(s): Dan Elrod, Attorney

GOOD SAMARITAN SOCIETY-FAIRFIELD GLADE, CROSSVILLE

This thirty (30) bed nursing home and forty-eight (48) bed ACLF is seeking an extension waiver to waive the requirement for a Tennessee licensed nursing home administrator until Mr. Wockenfuss obtains his Tennessee license. Due to the cancellation of the

Nursing Home Administrators Board in April their next meeting is scheduled for June. Mr. Wockenfuss was granted a waiver to serve as interim administrator through May 23, 2014.

Representative(s): Gene Wockenfuss, Interim Administrator

ALEXIAN VILLAGE HEALTH AND REHABILITATION CENTER, SIGNAL MOUNTAIN

This one hundred fourteen (114) bed nursing home is seeking a second extension waiver to waive the requirement for a Tennessee licensed nursing home administrator until Mr. Scott Norton obtains his Tennessee license. Due to the cancellation of the Nursing Home Administrators Board in April their next meeting is scheduled for June. Mr. Norton was granted a waiver which expired in January 23, 2014 and was granted an extension waiver that will expire July 23, 2014.

Representative(s): Scott Norton, Interim Administrator

12. BOARD POLICY CONSENTS.

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

Henderson Health and Rehabilitation, Henderson
Henry County Healthcare Center, Paris
Jefferson City Health and Rehabilitation Center, Jefferson City
Kindred Transitional Care and Rehabilitation-Maryville, Maryville
Shannondale Health Care Center of Knoxville, Knoxville
The Meadows, Nashville
West Meade Place, Nashville

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
MAY 8, 2014

The Board for Licensing Health Care Facilities Board meeting began May 8, 2014.

Dr. Larry Arnold was present and served as chairman of this meeting. He called the meeting to order and requested roll call of attendance.

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

A quorum was established.

MINUTES:

Dr. Arnold, Chairman, presented the January 23rd, 2014 Board meeting and March 11th, 2014 Special Called meeting for the Board to approve. **Mr. Robert Gordon made a motion to approve; seconded by Mr. David Rhodes.** 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 for 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:

EMS -

Robert Seesholtz, EMS Trauma System Manager, presented EMS' report. He provided the Board for Licensing Health Care Facilities with a report on four (4) trauma center visits. He also provided the Board members with the Trauma Care Advisory Council's minutes from the July 27th and November 13th,

2013 meetings. Mr. Seesholtz addressed before the Board each of the four trauma center visits referenced below –

Bristol Regional Medical Center underwent a trauma verification site review on February 21st, 2014. Improvements were identified during this visit and the facility was found to meet all requirements and standards for a Level II Trauma Center. **The site team recommended continued designation as a Level II Trauma Center. The Board approved this recommendation.**

Holston Valley Medical Center underwent a trauma verification site review on April 7th, 2014. Two deficiencies were identified by the site team with a corrective action received and deemed appropriate which will be evaluated at their next site visit. This facility had made improvements as well and was found to meet all requirements and standards for a Level I Trauma Center. **The site team recommended continued designation as a Level I Trauma Center. The Board approved this recommendation.**

Starr Regional Medical Center f/k/a Athens Regional Medical Center underwent a trauma verification site review last year. Those results were provided to the Board in September 2013. The site team had recommended based upon the deficiencies found at the 2013 verification visit a corrective action plan and a focus site visit to evaluate the correction of the deficiencies. A plan of correction was submitted to the Board at the January 2014 Board meeting. The site team conducted its focus site review on April 8th, 2014. Of the four (4) deficiencies originally cited, two of the four deficiencies were satisfied. The facility continued to not have a variable process improvement program in place. The site team requested these additional activities to be put in place by the facility – (1) P&P for trauma process and improvement to include how committee will function; (2) Dedicated Trauma PI Coordinator clearly identified; (3) Trauma Medical Director to be fully vested in PI process and to attend one education opportunities listed; (4) Within one (1) year, the State requests copies of minutes of two consecutive PI meeting. A trauma or committee oversight P&P has been provided to the Office of Emergency Medical Services (EMS). Facility representative, Margie Brusseau, CEO, stated to the Board Starr Regional Medical Center is committed to meeting the requirements for designation as a Level III Trauma Center. **The site team recommends that Starr Regional Medical Center maintain a temporary designation as a Level III Trauma Center for a period not to exceed one (1) year conditional on the demonstration of compliance with the site team’s recommendations which will be reported back to this Board. If the facility fails to correct the items listed, a recommendation to remove the trauma center designation may result. The Board approved the recommendation of the site review team.**

Johnson City Medical Center underwent a trauma center site visit in February 2014. The site team noted improvements and accomplishments since their last visit however some deficiencies were cited. **It was recommended the facility maintain a provisional designation as a Level I Trauma Center, a written plan of correction be submitted with a follow-up visit to occur within six (6) to nine (9) months and results reported back to the Board for Licensing Health Care Facilities.** The facility did submit a corrective action plan to EMS and was deemed appropriate. Facility representative, Tony Benton, CEO, presented to the Board the commitment of Johnson City Medical Center for the continued designation as a Level I Trauma Center. **The Board approved the facility for nine (9) months as a provisional Level I Trauma Center designation.**

Mr. Seesholtz’ updated the Board on the status of the Children’s Hospital at Erlanger and their performance with submitting trauma registry data in a timely fashion. The facility is currently on time with all data submission. Mr. Seesholtz informed the Board the EMS Office has scheduled the

provisional trauma center site visit for a Level II Trauma Center for Skyline Medical Center. Once this visit is made the results will be shared with this Board.

Ms. Ann Reed, Director of Licensure and the Board for Licensing Health Care Facilities, stated for reflection on the record that Mr. Robert Breeden, Dr. Jennifer Gordon-Maloney, and Mr. Bobby Wood joined the meeting.

OGC -

Ms. Kyonzté Hughes-Toombs, General Counsel, presented the Office of General Counsel's (OGC) report. She indicated 34 open cases with one involving a Suspension of Admissions (SOA) of a nursing home and the remaining involving assisted care living facilities (ACLF). Nine (9) cases were to be presented at this meeting. A Notice of Charges (implementation of formal proceedings) has been started on eight (8) facilities 17 cases are remaining for Consent Orders. The Trauma Brain Injury Residential Home licensure rules are under review in the Governor's Office as well as the rules concerning definitions, services, and function discussed at the previous meeting. Rules related to speech therapy services, building standards, ambulatory surgical treatment centers will be discussed by the Board today for approval for a rulemaking hearing.

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

Ms. Reed 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 Campbell Station Dialysis, Knoxville and End Stage Renal Dialysis Clinic (ESRD). 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. **Mr. Gordon made a motion to approve the ESRD initial application; seconded by Mr. Rhodes.**

The following initial applications were processed by the Board's administrative staff without concern – Commonwealth Home Health Care, Inc.; Blountville – Home Medical Equipment; Culpepper Place of Collierville, Collierville – Assisted Care Living Facility; DeRoyal 3PL Services, Powell – Home Medical Equipment; DSI Memphis Dialysis, Nashville – End Stage Renal Dialysis Clinic; Friendship Haven, Inc.; Chattanooga – Home for the Aged; JSD Speech Pathology, Bartlett – Professional Support Services; Life House, LLC; Cookeville – Residential Hospice; Loving Hearts Personal Care Home, Memphis – Home for the Aged; MALC, LLC; Memphis – Professional Support Services; Medi Home Care, Knoxville – Home Medical Equipment; Morning Pointe of Powell, Powell – Assisted Care Living Facility; Post OP Planners, LLC; Brentwood – Home Medical Equipment; Premier Radiology, Nashville – Outpatient Diagnostic Center; Ridgeline Medical, Inc.; Ooltewah – Home Medical Equipment; Solo-Care, Inc.; Nashville – Professional Support Services; Spine and Pain Physicians Surgery Center, LLC; Smyrna – Ambulatory Surgical Treatment Center; U.S. Respiratory, LLC; Johnson City – Home Medical Equipment; Wellspring Senior Living at Sevierville, Sevierville – Assisted Care Living Facility. **The applications were presented to the Board as initial applications and were ratified by the Board.**

The following CHOW applications were presented to the Board for approval without staff concern – Maristone of Providence, Mount Juliet – Assisted Care Living Facility; Prestige Care Home, LLC; Memphis – Home for the Aged; The Maristone of Franklin, Franklin – Assisted Care Living Facility. **The applications were presented to the Board as CHOW applications and were ratified by the Board.**

DISCUSSION(S):

Board Q &A –

The Board members were issued a survey following the January 2014 Board meeting. The results of the survey were discussed with the Board members specifically comments made by Board members on certain aspects of the Board activities. The Board requested a detailed discussion of each item. Ms. Reed discussed the Board's request to have Board information prior to the scheduled Board meeting. She informed the Board of an older Board policy that indicated providers to submit requests two (2) weeks prior to the scheduled Board meeting. Ms. Reed further stated the administrative staff worked diligently for this Board meeting to meet this policy. She questioned of the Board if they still desired to follow this policy. Regarding disciplinary actions against facilities, Ms. Reed asked if there were specifics the Board could provide. In the instance of more meetings and/or subcommittees throughout the year, Ms. Reed indicated this is a determination in the hands of the Board. She further provided that the Board could establish standing subcommittees to address issues presented to the Board at the regular Board meetings. Mr. Rhodes asked about the use of conference calls for subcommittees. Ms. Reed referred this to Ms. Kyonzté Hughes-Toombs, legal counsel, for response. Ms. Hughes-Toombs indicated all meetings must meet certain Sunshine requirements and she would need to further research on this being an option. Mr. Gordon indicated his approval of creating standing committees of the Board that meet only if issues arise before bringing the issue to the full Board. He further stated these committees would not be decision making bodies, but would bring recommendations back to the full Board for decision making. Ms. Annette Marlar asked if subcommittee members could talk prior to the scheduled subcommittee date. She further stated at the subcommittee meetings various groups have joined in compiling a solution which is presented to the subcommittee. She feels caught off guard with this process. Dr. Arnold indicated the Sunshine rule must be met and that disallows discussion among the Board subcommittee members outside a public meeting. Mr. Gordon sought clarification that a subcommittee chairperson could discuss items with Board staff for determination of the need of a subcommittee meeting. Ms. Hughes-Toombs stated she needed to research. Mr. Rhodes indicated as chairman of the Fire Sprinkler Subcommittee he was able to communicate with administrative staff for further information to prepare for the subcommittee meeting. Mr. Gordon further stated this information was then brought to the full subcommittee and discussed in an open forum per the Sunshine requirements. Ms. Hughes-Toombs indicated this was appropriate as the subcommittee is working within the scope of the charge the Board granted; when moving away from the Board's charge is what would require research. Ms. Marlar questioned whether subcommittees must be comprised of only Board members as there are others from the industry that could be more of resource for the issues to be addressed via the subcommittee. Mr. Gordon indicated his understanding to be that only Board members could be on the subcommittee and that those resources from the industry could attend the public meeting and provide input. Ms. Hughes-Toombs agreed. Mr. Jim Shulman questioned if the agenda has been reviewed before for reorganization of items. He felt individuals might be in the audience hearing discussion of items that do not apply to them as they wait to have their requests heard that may be later on the agenda. Ms. Reed indicated how administratively those on the agenda are notified of their presentation. Each presenter is informed of the meeting date and time with no guarantee of a specific presentation time. Ms. Reed stated some consideration has been given to flipping the agenda content, but the format is thought to also provide those in the audience opportunity to hear items that may have impact on their facility types/clients. Mr. Shulman asked the Chairman, Dr. Arnold, if this was something a subcommittee could evaluate. Dr. Arnold indicated there is not a way to accommodate everyone's wishes and some may have to wait longer than others. He further stated he didn't recognize an issue with the current agenda layout. Mr. Rhodes asked if this discussion item could

be moved the end of the agenda for continued discussion. Dr. Arnold granted such. Mr. Gordon wanted to address if the Board should recommend that staff work with legal counsel to establish standing committees. Dr. Arnold stated Mr. Gordon should chair that subcommittee. **Mr. Gordon agreed and made a motion for staff to work with legal counsel to establish standing committees and to address other issues that were discussed during this time; no second was made. The motion passed.**

Approval of Current Editions of Building Codes –

Ms. Reed presented to the Board a list of the current edition of building codes utilized by Plans Review in review of submitted plans and for survey. The list includes 2006 edition of the International Building Code, 2006 edition of the International Mechanical code, 2006 edition of the International Plumbing code, 2006 International Fuel and Gas Code, 2006 edition of the National Fire Protection Code, 2010 Guidelines for Design and Construction of Health Care Facilities, 2005 National Electrical Code, 2009 edition of the U.S. Public Health Service Food Code, the Handicapped Code as required by TCA §68-1-2204A for all existing facilities to be subject to requirements of the 1999 North Carolina Handicapped Accessibility Codes with 2004 amendments and 2010 Americans with Disabilities Act. Plans Review has requested an update of the 2006 edition of the International Building Code and the National Fire Protection Code to the 2012 edition in order to have congruency with CMS. It is requested of the Board to adopt the above list including the two updated code editions as the current edition of building codes to be utilized by Plans Review and surveyors. The approved list will be placed to the Department's website for availability for providers, architects, etc. Ms. Reed further indicated rule language changes would be made and presented later in the meeting by Ms. Hughes-Toombs. The rule language change would allow the Board to approved changes/updates to the approved list by vote at Board meetings vs rulemaking hearing. **Mr. Rhodes made a motion to approve the policy as presented; seconded by Mr. Shulman. The motion passed.**

Volunteer for ACLF Subcommittee –

Ms. Reed informed the Board of the need for another member to be appointed to the ACLF subcommittee as one of the previous subcommittee members was not reappointed as a Board member. Mr. Rhodes volunteered to serve as the new member.

Board Approval Trauma Brain Injury Applications –

Ms. Reed presented to the Board the Traumatic Brain Injury Residential Home applications, initial; renewal; and change of ownership, for approval. The presentation of these was due to the institution by statute of the new licensure type, Traumatic Brain Injury Residential Home, and the completion of the regulations for this licensed facility type. **Mr. Rhodes made a motion to adopt these applications; seconded by Mr. Gordon. The motion passed.**

Prism Medical Products, LLC; Memphis –

Ms. Reed introduced Prism Medical Products, LLC a licensed home medical equipment's (HME) request for the Board to reconsider interpretative guideline 1200-08-29-.06{4}. The representative for the facility was Lucy Ketner. Ms. Ketner provided the Board with information on the type of products they provide, disposable supplies such as catheters, ostomy, and wound care supplies. The products provided contain the Rx statement indicated in the HME rules to be defined as home medical equipment. Ms. Ketner stated the regional office to perform the applicant's initial survey informed them the survey could not be completed due to the facility not providing education and assessment of the patient upon receipt of the home medical equipment. She implored of the Board the ability to continue their business model without having to do assessment and education in the home. Ms. Ketner stated Prism does make contact with patients on an every two week or monthly basis depending on the

product delivered. Ms. Sylvia Burton asked how in their model who takes responsibility for the patient and/or family being educated on the products delivered. Ms. Ketner indicated the referring facility has that responsibility. She further stated the order form used by their agency ask the question, "has the patient been educated on how to use the product". If it is indicated by the patient they have not, Prism contacts the clinician for further education of the patient. Mr. Gordon clarified that Prism does not have employees or contract employees to educate and assist the patient and refers the patient to ordering clinician. Dr. Michael Miller asked where Prism receives business from; how are they contacted. Ms. Ketner indicated the majority of their business comes from outpatient clinics such as wound care clinics. Mr. Shulman asked if this interpretative guideline was recently looked at by the Board. Ms. Reed indicated it was reviewed at the January 2014 Board meeting regarding the 'actual agency employee' language which was ultimately removed from by vote of the Board from the interpretative guideline. Mr. Gordon stated a contractual arrangement could be made with someone to provide the education and assessment for Prism when new equipment/products are delivered to the patient's place of residence. Mr. Shulman sought clarity to the interpretative guideline asking if the provision of educational material within the packaging of the home medical equipment meets the interpretative guideline. Ms. Reed indicated this may be language the Board would consider given the interpretative guideline was developed in 2010 and was meant to have a person to do the education and assessment. Mr. Shulman further stated he was trying to determine if it was necessary for a person to be at the individual's home to provide the education or if the providing of material for education purposes meets the interpretative guideline. Mr. Marshall asked Prism if their form allows designation of responsibility for education and assessment. Ms. Ketner indicated the facility is listed on the form. Ms. Marlar pointed out the regulation is not for just this one facility and their specific product for other facilities and a list of home medical equipment. Mr. Gordon expressed the need for a subcommittee to look further into this issue. He feels the provision of this service is evolving and more thought must be given. Mr. Gordon stated the subcommittee should review the HME regulations and question is there potential for two (2) categories of HME and as a Board determine who belongs to each category overtime and evolution of products. **Mr. Gordon made a motion to develop a subcommittee for HME to review the above identified item; seconded by Mr. Shulman.** Dr. Miller requested a provider from the industry be on the subcommittee. Board members that volunteered for the subcommittee were Mr. Marshall, Mr. Shulman, and Ms. Cummins. Ms. Reed made the Board aware that previous HME subcommittees in 2011 and 2012 looked at the entire body of the HME regulations and the regulations provided today are what resulted. She did not want the Board to charge a subcommittee with working on an item that is impossible to accomplish. Ms. Ketner made a suggestion to follow the Board of Pharmacy's adaptation of CMS and Joint Commission guidelines dividing home medical equipment into several categories. Dr. Arnold indicated our regulations are directed by statute. Mr. Shulman requested that if the motion passes Prism provide information indicating their position and a possible recommendation. Ms. Reed asked for clarification if the subcommittee were to look at the interpretative guideline, 120-08-29-.06(4). Mr. Gordon indicated there are good resources from CMS and the accrediting bodies which would provide good information to the subcommittee. **The motion passed.** Prism questioned how this decision would affect their application for licensure. Ms. Reed indicated Prism would have to follow the current process until the subcommittee met and reached a determination. Mr. Marshall asked if Prism would be accountable to perform the education/assessment via a contractual arrangement. Ms. Reed stated based upon the change in the interpretative guideline in January this would be permissible. Ms. Ketner asked if the contractual arrangement would be with the referring facility. Mr. Marshall indicated no, but with the individual who would be doing the education/assessment. Mr. Gordon supported Mr. Marshall's statement by indicating the responsibility for education/assessment even with a contractual arrangement is the borne by Prism.

REGULATION(S):

Board Approval for Rulemaking Hearing –

Ms. Hughes-Toombs presented draft rules for the Board to review and approve for rulemaking hearing. The first set of draft rules was for speech therapy services to amend the licensed facility types of home health, nursing home, prescribed child care centers, residential hospice, hospice, HIV supportive living, and professional support services agency. **Mr. Rhodes made a motion to move the above to rulemaking hearing; seconded by Mr. Gordon. The motion passed.** Ms. Hughes-Toombs presented a second set of draft rules for building standards for all licensed facility types to which building standards would apply. The language incorporates the earlier discussion regarding adoption by the Board of the current edition of codes. **Mr. Rhodes made a motion to move the above to rulemaking hearing; seconded by Mr. Gordon. The motion passed.** The last set of draft rules presented was for the licensed facility type, ambulatory surgical treatment center. The rule language addresses diagnostic and invasive procedures; execution of consent, advance directive and organ donation forms; registered nurse availability during and following certain procedures; scope of practice of surgical technologist; and content of the crash cart and adequate equipment requirements. This last rule language would align with federal regulations. **Mr. Rhodes made a motion to move the above to rulemaking hearing; seconded by Mr. Gordon. The motion passed.**

CONSENT ORDER(S):

Ms. Hughes-Toombs presented consent orders for the Board's review and approval. The first consent order was for Bellwood Assisted Living (ACLF). It was determined during survey the facility failed to ensure all drugs and biologicals were administered by a licensed professional operating within the scope of their license for three (3) residents and the facility failed to maintain a dietary department in a clean and sanitary manner. The facility reached substantial compliance as of August 29th, 2013. The facility agreed to pay a civil penalty in the amount of one thousand (\$1,000.00) dollars and have signed the consent order. **Mr. Shulman made a motion to accept the consent order; Mr. Marshall seconded. The motion was approved.** The second consent order was for The Garden at Providence Place. It was determined during survey the facility failed to prevent the elopement of one resident, retained two residents in the facility with a stage 3 or greater pressure ulcer, did not maintain medical records for one resident, and did not develop a Plan of Care for two (2) residents. The facility reached substantial compliance as of January 30th, 2014. The facility agreed to pay a civil penalty in the amount of two thousand five hundred (\$2,500.00) dollars and have signed the consent order. Mr. Gordon made a motion to accept the consent order; Mr. Shulman seconded. The motion was approved. The third consent order was for Good Samaritan Society-Fairfield Glade. It was determined during survey the facility failed to properly store medication so no resident could obtain another resident's medications and did not maintain a clean and sanitary dietary department. The facility reached substantial compliance as of November 14th, 2013. The facility agreed to pay a civil penalty in the amount of one thousand (\$1,000.00) dollars and have signed the consent order. Unsure of the Board member that made the order to accept the consent order; Ms. Cummins seconded. The motion was approved. The fourth consent order was for Hearthside at Castle Heights. It was determined during survey the facility failed to ensure medications were administered by licensed professional operating within the scope of their license for one (1) of four (4) residents, failed to store medications so no resident could obtain another resident's medication, and failed to maintain a dietary department in a clean and sanitary manner. The facility reached substantial compliance as of August 26th, 2013. The facility agreed to pay a civil penalty in the amount of one thousand five hundred (\$1,500.00) dollars and have signed the consent order. **Mr. Gordon made a motion to accept the consent order; Mr. Shulman seconded. The motion was approved.** The fifth consent order was for McArthur Manor Assisted Living. It was

determined during survey the facility failed to post information on how to file a complaint with the statewide toll-free telephone number, failed to utilize standard sanitary precautions for two (2) residents during the medication pass during a narcotic audit, failed to ensure drugs and biologicals were administered by a licensed professional operating within the scope of their license, failed to store medications so no other resident could obtain another resident's medication, failed to properly dispose of expired medications, and failed to maintain the dietary department in a clean and sanitary manner. The facility reached substantial compliance as of December 28th, 2013. The facility agreed to pay a civil penalty in the amount of two thousand (\$2,000.00) dollars and have signed the consent order. **Mr. Rhodes made a motion to accept the consent order; Mr. Shulman seconded. The motion was approved.** The sixth consent order was for Sweetwater Home for Seniors. It was determined during survey the facility failed to maintain the dietary department in a clean and sanitary manner and failed to revise or update the Plan of Care as required for two (2) residents. The facility reached substantial compliance as of November 11th, 2013. The facility agreed to pay a civil penalty of one thousand (\$1,000.00) dollars and have signed the consent order. **Mr. Gordon made a motion to accept the Consent order; Mr. Shulman seconded. The motion was approved.** The seventh consent order was for The Village at Allendale. It was determined during survey the facility failed to revise the Plan of Care for one (1) resident receiving dialysis services. The facility reached substantial compliance as of January 30th, 2014. The facility agreed to pay a civil penalty in the amount of five hundred (\$500.00) dollars and have signed the consent order. **Mr. Gordon made a motion to accept the consent order; Mr. Shulman seconded. The motion was approved.** The eighth consent order was for Webb House Retirement Center. It was determined during survey the facility failed to ensure all drugs and biologicals were administered by a licensed professional operating within the scope of their professional licensure and failed to maintain non-scheduled drugs under proper conditions. The facility reached substantial compliance as of September 11th, 2013. The facility agreed to pay a civil penalty in the amount of one thousand (\$1,000.00) dollars and have signed the consent order. Unsure of the Board member that made the motion to accept the consent order; Mr. Shulman seconded. The motion was approved. The final consent order was for Williamsburg Villas. It was determined during survey the facility failed to ensure all drugs and biologicals were administered by a licensed professional operating within the scope of their license for one (1) of five (5) residents, failed to properly secure narcotics on six (6) of six (6) medication carts, and failed to maintain a dietary department in a clean and sanitary manner. The facility reached substantial compliance as of October 2nd, 2013. The facility agreed to pay a civil penalty in the amount of one thousand (\$1,000.00) dollars and have signed the consent order. **Mr. Gordon made a motion to accept the consent order; Mr. Rhodes seconded. The motion was approved.**

LICENSURE STATUS UPDATE(S):

Ms. Reed presented licensure status updates on the following three facilities; Midtown Surgery Center, Nashville; Crockett Hospital, Lawrenceburg; and Bluff Springs Manor, McMinnville. Midtown Surgery Center, Nashville placed their license on inactive status on May 13, 2013 for twelve (12) months. The facility has requested to place their license back to active status effective March 10th, 2013. Crockett Hospital, Lawrenceburg apprised the Board of the facility's discontinuation of ten (10) inpatient rehabilitation beds for two (2) years to determine if the facility wishes to continue providing this service. A representative of the facility was present. Mr. Marshall questioned if this was a distinct part unit under Medicare and if thirty (30) day notice was given as required by CMS. Ms. Kim Harvey Looney, facility representative, indicated this thirty (30) day notice has not been given yet. Notice to the Board for Licensing Health Care Facilities was felt to be needed first. Bluff Springs Manor, McMinnville placed their license on inactive status for one (1) year which will expire on May 30th, 2014. Administrative staff has attempted to contact the facility to determine their next step, maintain the facility's license on

inactive status or move back to active status. The facility has not been reached. The facility is due to renew its license in June and the licensure staff that processes this licensure type has had contact with the facility. The facility representative has made it known to staff the facility intends to not renew the facility license. A formal notification letter of such has not been received in the administrative offices. Further update will be provided at the September Board meeting.

LICENSURE STATUS REQUEST(S):

Ms. Reed presented the four (4) licensure status requests.

CareAll Home Care Services, Knoxville –

This is home health agency is seeking a first extension for their license to be on inactive status for an additional six (6) months. The additional time is needed to complete reorganization, secure qualified staff, and implement proper operational procedures. Mr. Gordon asked if this was a certificate of need issue. Ms. Reed informed the Board that in the last couple of months no home health agency applications had been before the Health Services Development Agency. **Mr. Gordon made a motion to approve the first extension of the inactive status for six (6) months; Mr. Rhodes seconded. The motion was approved.**

Summers Landing Retirement Care Center, Trenton –

This is a licensed residential home for the aged (RHA) requesting a fourth extension for their license to be on inactive status for an additional twelve (12) months through May 4th, 2015. The facility still has interest in making use of the space. The license was first placed on inactive status on May 25th, 2010 for twelve (12) months; the first extension was granted on May 25th, 2011; a second extension was granted on May 4th, 2012 which expired May 4th, 2013. Ms. Burton asked if the Board was limited in how long to make a facility inactive. Ms. Reed informed the Board there was no limitation. Ms. Marlar brought forth the question of whether the Board had any obligation to look at other factors when granting the inactive status requests such as moratorium on nursing home beds. Ms. Reed indicated Mr. Rhodes at a previous meeting had indicated the Board's role in being aware of activities of other facilities when considering inactive status requests. Ms. Marlar further stated when an inactive status is granted and continues to be extended it creates a situation where beds are there, not available, but yet there are those who need the beds. Mr. Gordon stated this was a valid point and encouraged the provider to not extend and that the Board may not look favorably on another extension request. **Mr. Gordon made a motion to approve the fourth extension of the inactive status for twelve (12) months; Mr. Rhodes seconded. The motion was approved.**

William H. Dunlap Retirement Center, Inc. (Hunter Hall), Brighton –

This is a licensed residential home for the aged (RHA) requesting its first extension for their license to be on inactive status. The request is for another two (2) years through May 1st, 2016. The facility does not currently have a census which will justify having the facility in operation. The representative for the facility is Kathy Keiter, Executive Director. She informed the Board the operator of William H. Dunlap Retirement Center, Inc., Hunter Hall has two other licensed facilities and is a non-profit operator. **Mr. Gordon made a motion to approve the first extension of the inactive status for two (2) years; Mr. Rhodes seconded. The motion was approved.**

Jackson Park Christian Home, Inc., Nashville –

This is a 28 bed skilled nursing facility seeking a third extension of the inactive status of its license. Signature Healthcare, LLC recently completed a change of ownership for this licensed facility. Signature

would like to maintain the inactive status to evaluate best options for the facility. Representative for the facility is Chris Puri.

Ms. Burton recused herself from this discussion/request.

Mr. Puri informed the Board Signature is evaluating how to relocate the facility. Signature is currently going through the process. Mr. Puri made the Board aware there is currently a need for nursing home beds in Davidson County. Mr. Gordon clarified the timeframe requested. It was confirmed the timeframe was for twelve (12) months. **Mr. Gordon made a motion to approve the third extension for the inactive status for twelve (12) months; Mr. Shulman seconded. The motion was approved.**

Ms. Burton returned to the meeting.

WAIVER REQUEST(S):

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

Summit View of Farragut, Farragut -

This is a 113 bed licensed nursing home requesting to waive the requirement of NFPA 99 17.3.4.2 as it pertains to hard piped gas and suction systems in order to meet the needs of patients in the respiratory unit. The facility has partnered with Alana HealthCare to provide Comprehensive Respiratory Outcomes Management (CROM) which is a disease management program designed for respiratory patients. 10 liter oxygen concentrators and suction units with internal battery backup systems will be used at the facility. The type of care to be provided by Alana will include high flow therapy (Airvo), non-invasive open ventilation (NIVO), non-invasive ventilation, tracheotomies, invasive ventilation, and disease management/in-patient pulmonary rehabilitation. Representatives for the facility are Richard Lawrence, Administrator, and Zack Gantt. Mr. Rhodes stated the Board has previously approved these type facilities with hard piped gas requests. **Mr. Rhodes made a motion to approve the request to waive the requirement of NFPA 99 17.3.4.2 as it pertains to hard piped gas and suction systems; Mr. Gordon seconded. The motion was approved.**

The Village at Germantown, Germantown -

This is a 119 bed licensed nursing home which is seeking a waiver for the requirement for a Tennessee licensed nursing home administrator until a permanent replacement can be hired. Ms. Julie Repking is serving as the interim administrator at this time. Ms. Reed informed the Board of the facility's lack of non-compliance as a result of an April 4th, 2014 survey. Representative of the facility is Julie Repking. Ms. Repking spoke to the poor survey and upper management's decision changes in administration were required. She further stated that is why she was before the Board was to reach compliance. Ms. Repking has applied for a TN licensed nursing home administrator license. **Mr. Gordon made a motion to grant the waiver request through the end of September 2014; Mr. Shulman seconded. The motion was approved.**

Galloway Health and Rehab, Galloway -

This is a 104 bed licensed nursing home requesting to waive the requirement for a Tennessee licensed nursing home administrator until a replacement can be hired. Ms. Linda Byrd is serving as the interim administrator at this time. Ms. Reed informed the Board of the facility's lack of compliance as a result of an April 2014 survey. Representative for the facility is Linda Byrd. Ms. Byrd indicated the situation at this facility is very similar to The Village at Germantown. She further indicated upper management and

corporate decided a change was needed. Ms. Byrd stated the facility is working to get back into compliance with an alleged compliance date of May 12th, 2014. She is pursuing a TN licensed nursing home administrator's license and is due to be approved in June 2014. **Mr. Gordon made a motion to grant the waiver request; Ms. Carissa Lynch seconded. The motion was approved.**

Wexford House, Kingsport -

This is a 174 bed licensed nursing home requesting to waive the requirement of NFPA 99 17.3.4.2 as it pertains to hard piped gas and suction systems in order to meet the needs of patients in the respiratory unit. Wexford has a 16 bed ventilator and tracheostomy unit which use oxygen concentrators and portable suction units. This will increase the facility's ventilator unit's bed total to 32. Wexford House intends to provide ventilator weaning and preparation for home care by the resident's caregiver. Representative for the facility is Kathy L. Green, Administrator. Ms. Green stated her facility's situation is much the same as Summit View of Farragut. She further indicated the facility's current 16 bed unit is at capacity. **Mr. Rhodes made a motion to approve the request to waive the requirement of NFPA 99 17.3.4.2 as it pertains to hard piped gas and suction systems; Mr. Gordon seconded.** Mr. Steve Baker, Health Care Facilities (HCF) Plans Review, spoke to the facility having an emergency generator system. Ms. Green indicated this information is provided in a packet provided for the Board members. The unit's beds are wired into the generator. Mr. Baker desired to know the requirements for connections to the generator and appropriate receptacles were in place. Ms. Marlar asked if the approval motion made would be pending Plans Review's approval of the specifications and requirements discussed by Mr. Baker. Mr. Baker stated the Board has been approving these requests, but HCF Plans Review's approach to ventilator units has one requirement for weaning and a requirement for Level 1 hard piped medical gas systems. He further stated the Board chose to make recommendations to waive hard piped systems and to go with the portable systems based upon technology. Mr. Baker stated in light of the Board's decisions on these requests he wants to make certain the facilities have provided the necessary information for the equipment, receptacles, and connection to emergency generators. Mr. Rhodes asked if the surveyors review this. Mr. Baker stated they do. **The motion was approved.**

Quillen Rehabilitation Hospital, Johnson City -

This 26 bed licensed rehabilitation hospital is requesting approval to become an independent hospital and no longer operate as a satellite of Johnson City Medical Center, Johnson City. An agreement has been entered into which will maintain Quillen's association with HealthSouth allowing continued access to HealthSouth's experience and expertise in operating inpatient rehabilitation facilities. Representative for the facility is Dan Elrod. He informed the Board Quillen Rehabilitation Hospital has been a satellite of Johnson City Medical Center since 1978. The need to separate the two facilities will allow for a change of ownership to take place for Quillen and for the facility to expand. **Mr. Gordon made a motion to approve the movement of Quillen Rehabilitation Hospital to an independently licensed hospital; Mr. Rhodes seconded. The motion was approved.**

Good Samaritan Society-Fairfield Glade, Crossville -

This 30 bed licensed nursing home and 48 bed licensed assisted care living facility is requesting to extend their waiver request waiving the requirement for a Tennessee licensed nursing home administrator until Mr. Gene Wockenfuss obtains his Tennessee license. Due to a cancellation of the Nursing Home Administrators' Board in April and the next meeting date being in June 2014, the facility must request an extension of the previously granted waiver which expires May 23rd, 2014. Representative for the facility is Mr. Gene Wockenfuss. **Mr. Gordon made a motion to grant the extended waiver request through September 2014; Mr. Marshall seconded. The motion was approved.**

Alexian Village Health and Rehabilitation Center, Signal Mountain -

This 114 bed licensed nursing home is seeking a second waiver to waive the requirement for a Tennessee licensed nursing home administrator until Mr. Scott Norton obtains his Tennessee license. The request is being made due to the cancellation of the Nursing Home Administrators' Board's April meeting and the next scheduled meeting is for June 2014. The current waiver will expire July 23rd, 2014. Representative by phone for the facility is Mr. Scott Norton, Interim Administrator. Mr. Norton reiterated the information Ms. Reed provided to the Board. He indicated he expects to receive his administrator's license at the June 2014 Nursing Home Administrators' Board meeting. **Mr. Gordon made a motion to grant the extended waiver request through September 2014; Mr. Rhodes seconded. 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 #32 requests –

Henderson Health and Rehabilitation, Henderson

Henry County Healthcare Center, Paris

Jefferson City Health and Rehabilitation Center, Jefferson City

Kindred Transitional Care and Rehabilitation-Maryville, Maryville

Shannondale Health Care Center of Knoxville, Knoxville

The Meadows, Nashville

West Meade Place, Nashville

Mr. Gordon requested that this policy be explained to the new Board members present at today's meeting. Ms. Reed directed the Board members to the tab on the iPads for explanation of Board Policy #32.

Mr. Gordon made a motion to approve the requests for Board Policy #32 waivers to be issued to Henderson Health and Rehabilitation, Henderson; Henry County Healthcare Center, Paris; Jefferson City Health and Rehabilitation Center, Jefferson City; Kindred Transitional Care and Rehabilitation-Maryville, Maryville; Shannondale Health Care Center of Knoxville, Knoxville; The Meadows, Nashville; and West Meade Place, Nashville; Mr. Marshall seconded. The motion was approved.

Board Q & A continued –

Ms. Reed clarified with the Board the desire to continue discussion of the Board's Q&A results. Mr. Gordon indicated the discussion should continue. Ms. Reed continued with the item where the Board is asked to take action without staff recommendation even if asked for. She asked what exactly would the Board like to see by way of process; would this include staff providing supporting information, having staff as HCF to state based upon survey results whether rules and regulations are felt to be appropriate. Mr. Gordon responded stating the Board members attend these meetings with the intent to make the best possible decision for the benefit of the patients in the various facilities licensed in this state using the expertise brought to the table. He stated the providing of day to day operational information i.e. precedence to be set, political issue, etc. and who would feel the implications of the decisions made by this Board. Mr. Gordon further stated the use of subcommittees has been very helpful to use the expertise of individuals based upon the issue. Mr. Rhodes pointed out the earlier discussion on hard

piped medical gas with Mr. Steve Baker brought about an item not previously discussed concerning connection to generator source that is very helpful for decision making. Ms. Marlar stated the use of visual aids for decision making would be helpful as well as looking to CMS requirements to ensure there will be no contradiction in decision making on the state level from the federal level. Mr. Rhodes stated the two (2) week advance period for review of Board material by the Board is very good. He wanted to ensure the providers and others are aware of the two (2) week timeframe. Ms. Reed indicated this was communicated to the providers and others. She further stated HCF administrative staff would continue to work with all other pertinent HCF staff and Offices to gain necessary paperwork within the two (2) week timeframe. Mr. Gordon wanted to bring closure to the items discussed by recommending the staff provide recommendations and to ensure the Board has taken a position on the items. Ms. Reed indicated she had captured all comments made and the administrative staff would work to incorporate these suggestions unless indicated by legal counsel the actions go beyond the scope of the staffs' duties. Mr. Gordon made a motion to use the comment made above by Ms. Reed; Mr. Rhodes seconded. The motion was approved. Ms. Reed spoke to the Board comment regarding requests made to the Board not containing the specifics it should for the Board to make an informed decision. Ms. Reed indicated the administrative staff reviews each letter and seek from the letter writer to have the specifics needed in the submitted letter i.e. specific regulation to be waived, specific interpretative guideline to be discussed, etc. It was expressed by the Board members that some requests do not stay on task with what is being requested of the Board. Ms. Reed stated to the Board that administrative staff directs those providers and others making requests to the Board to be specific regarding the item to discuss, who they are, what their interest is in the item to discuss, explanation as to why the request is being made, etc. Mr. Shulman asked about the use of the computer monitors in the Board rooms and their use. Ms. Reed indicated the monitors are used to show Power Point presentations when a provider/other interested party have a presentation to make to the Board. Mr. Shulman asked if these monitors could be used to post the regulations referred to during a Board meeting. Ms. Reed indicated we could work with IT on that item. Mr. Baker, HCF Plans Review, addressed the Board concerning the development of an interpretative guideline or Board policy concerning the hard piped gas systems in those nursing homes providing ventilator services. Ms. Reed stated to the Board we would need a formal motion for the staff to work on this item. Mr. Baker indicated an interpretative guideline and/or Board policy would allow Plans Review to respond to the requests as they come to their office reflecting the Board's guidance. He further referenced the Board's addressing in the past of an item with Greenhouse type nursing facilities which resulted in guidance from the Board so the Board did not have to repetitively listen to requests. Mr. Rhodes indicated it would be good to have this guidance. Mr. Marshall further indicated consideration from a life safety standpoint on back-up power/battery systems as these may not always be present with the equipment/machines used by a facility. Mr. Baker again spoke to the code requirements for a Level 1 system involving life sustaining equipment and weaning. He further stated Board members have spoken to the advances in technology for the provision of respiratory care and services. **Mr. Gordon made a motion for staff to develop appropriate language and format to fulfill the intent discussed and bring back to the September 2014 Board meeting; Mr. Rhodes seconded. The motion passed.**

Mr. Rhodes made a motion to adjourn; Ms. Cummins seconded. The motion was approved.