

**Board for Licensing Health Care Facilities
Board Interpretations**

Table of Contents

	Number
Adequate Medical Screening for Employees Language.....	1
Hospital Definition 1200-08-1-.01(38)(a)2&3 and Basic Hospital Functions Regarding X-Ray, Laboratory and Pharmacy 1200-08-1-.06(6) (7) and (8) For Chronic Disease Hospital.....	2
Interpretation of Tenn. Code Ann. §68-11-224 regarding the POST form and 2004 TN Health Care Decision Act and Licensure Rule for Hospital Regulations 1200-08-1-.13(30)(a) DNR/POST form.....	3
Interpretation of Hospital Regulation 1200-08-1-.07(1)(d) and ASTC Regulation 1200-08-10-.06(f) Regarding the Definition of a Scrub Nurse...	4
Interpretation of Standards for Homes for the Aged Section 1200-08-11-.07(3) and 1200-08-11-.08(10) Life Safety Regarding the Definition of a Sleeping Rooms.....	5
Interpretation Guidelines for Life Safety Code Regarding the Green House Facilities (10-12 resident open unit).....	6
Interpretation Guidelines for Continuing Education Courses for Residential Home for the Aged 1200-08-11-.04(4)(e) and Assisted Care Living Facilities 1200-08-25-.03(9)(c)(4) Administrators.....	7
Interpretation Guidelines for Home Medical Equipment Delivery 1200- 08-29-.06(4).....	8
Home Medical Equipment 1200-08-29-.01(19)(a)(10) Blood Glucose Monitors/Meters and Blood Glucose Monitoring Systems.....	9
Interpretation Guidelines for Hospital 1200-08-01-.06(3)(b)(3) Central Intravenous Catheter Insertion Process.....	10
Interpretation Guidelines for Certified Surgical Technologist, T.C.A. §68-57-105 and Rule 1200-08-10-.01(67).....	11
Interpretation of Residential Hospice 1200-08-15-.04(5) summarize a R.N. must be in the facility's at all times.....	12

**Board for Licensing Health Care Facilities
Board Interpretations**

Table of Contents

	Number
Residential Homes for the Aged (RHA) Rule 1200-08-11-.05(4) Regarding the word “continual” and it’s meaning in the context of this regulations with consideration of the provision of hospice services in a RHA.....	13
Administration and Self-Administration of Medication in ACLFs for Department of Health Survey Staff.....	14
Home Medical Equipment Rule 1200-08-29-.01, (19), (a), 3 regarding Mobility Equipment.....	15
Surgical Techs in Endoscopy Facilities Licensed as ASTCs Rule 1200-08-10-.01(67).....	16
Outpatient Diagnostic Center rule 1200-08-35-.06(2) regarding Invasive Procedures.....	17
Registry Check Requirement and Background Check for Health Care Facilities.....	18
Ambulatory Surgical Treatment Center Rules 1200-08-10-.06(2)(g), Dantrolene Usage.....	19
NFPA 72 Door Locking Devices.....	20
Nursing Home Rule 1200-08-06-.06(9)(b) Dietary Manager Requirements.....	21
Home Medical Equipment Rule 1200-08-29-.06(5)(c) Related Services....	22
Home Health Services Rule 1200-08-26-.01(29)(e) and T.C.A. §68-11- 201(20)(D) Home Infusion Services.....	23
Home Medical Equipment Rule 1200-08-29-.01(19)(b)1 and T.C.A. §68- 11-201(21)(B)(i) Hospitals and Nursing Facilities.....	24

**Board for Licensing Health Care Facilities
Board Interpretations**

Table of Contents

	Number
Assisted Care Living Facility Rule 1200-08-25-.02(2), Administering Medication.....	25
1200-08-30 Pediatric Emergency Care Facilities Table 2 Equipment Airway Control/Ventilation Equipment, Tracheostomy Tubes (Shiley Sizes 0-6).....	26
Home Health Agency definition 1200-08-26-.01(57) Speech Therapist.....	27
Current Building Code Editions Approved by the Board for Licensing Health Care Facilities.....	28
New Federal Standards for Facility Upkeep of Crash Carts for Rule 120-08-10-.06(1), (o) & (p) Ambulatory Surgical Treatment Center....	29
Assisted Care Living Facility Rule 1200-08-25-.02(36) and Residential Home for the Aged Rule 1200-08-11-.01(47) Definition of Secured Unit	30
Assisted Care Living Facility Rule 1200-08-25-.07(5)(c), Storage of Resident Medication.....	31
Assisted Care Living Facility, 1200-08-25-.06(5)(b); Hospital, 1200-08-01-.06(3)(f); and Adult Care Home – Level 2, 1200-08-36-.05(4)(b), Flu Vaccination.....	32
Nursing Homes, 1200-08-06-.06(3)(h); Homes for the Aged, 1200-08-11-.05(3)(f); Residential Hospice, 1200-08-15-.06(7); and HIV Supportive Living, 1200-08-28-.06(6), Flu Vaccination.....	33
Nursing Homes, 1200-08-06-.15(2)(c)(5), Nurse Aide Training Programs.....	34
Clarification of the Term ‘beds’ and Capacity of Licensed Facilities.....	35
Board Adopted Waiver of NFPA 99 17.3.5 Hard Piped Gas Suction Systems & Ventilator Service(s) Unit(s) for Licensed Nursing Homes Providing Ventilator Services.....	36

**Board for Licensing Health Care Facilities
Board Interpretations**

Table of Contents

	Number
Assisted Care Living Facility (ACLF) and Home for the Aged (RHA) Disaster Plan, HVAC, and Emergency Generator Regulations 1200-08-25-.16(4) and 1200-08-11-.13(3).....	37
Nursing Home Nurse Aide Training Program Pass/Fail Rate Calculation Rule 1200-08-06-.15(2)(c)4	38
Outpatient Services for Hospitals to include Dialysis Services 1200-08-01-.07(4)(a)(b).....	39
Assisted Care Living Facility Infection Control Regulation Rule 1200-08-25-.06(5)(a).....	40
Licensed Practitioners Admission Privileges and Provision of On-Call Services in Hospitals Rule 1200-08-01-.05.....	41
Corridor Width Requirements in Assisted Care Living Facilities (ACLF) 1200-08-25-.10(2)(f) and Homes for the Aged (RHA) 1200-08-11-.08(8)	42
Cooking Appliances in Assisted Care Living Facilities (ACLF) Rule 1200-08-25-.10(2)(i).....	43
Nursing Home Ventilator Services – Nursing Home Rule 1200-08-06-.06(12)(d).....	44
Nursing Home Ventilator Services – Nursing Home Rule 1200-08-06-.06(12)(a).....	45
Nursing Home Ventilator Services – Nursing Home Rule 1200-08-06(12)(a)1.....	46
Nursing Home Ventilator Services – Nursing Home Rule 1200-08-06-.06(12)(a)4(b).....	47
Assisted Care Living Facility Rule 1200-08-25-.06(4) – Sign Postings and the Usage of Electronic Posting.....	48

**Board for Licensing Health Care Facilities
Board Interpretations**

Table of Contents

	Number
Ambulatory Surgical Treatment Centers (ASTC) Dantrolene Usage 1200-08-10-.06(2)(g).....	49
Home Health Agency 1200-08-26-.01(48) and 1200-08-26-.05(4)&(8) VA Physician Exemption.....	50
Interpretative Guidelines for Surgical Services in Hospitals with General Designation-Hospital Rule 1200-08-01-01(37)(a)4.....	51
Interpretative Guidelines for Emergency Call System-Homes for the Aged (RHA) 1200-08-11, Assisted Care Living Facility (ACLF) 1200-08-25, and Traumatic Brain Injury Residential Homes (TBI) 1200-08-37.....	52



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Adequate Medical Screening for Employees Language

DATE: May 2, 2012

RULE(S): The following language should be used to interpret the following rules:

The facility shall adopt the screening standards recommended by the Centers for Disease Control and Prevention for health care workers as defined by the Centers for Disease Control and Prevention.

- Standards for Hospital – Rule 1200-08-1-.04(3)
- Standards for Nursing Homes – Rule 1200-08-6-.04(10)
- Standards for Ambulatory Surgical Treatment Centers-
Rule 1200-08-10-.04(11)
- Standards for Residential Hospices-Rule 1200-08-15-.04(12)
- Standards for Birthing Centers – Rule 1200-08-24-.04(2)
- Standards for Homecare Organization Providing Home Health Services-
Rule 1200-08-26-.04(11)
- Standards for Homecare Organization Providing Hospice Services-
Rule 1200-08-27-.04(14)
- Standards for HIV Supportive Living Facilities – Rule 1200-08-28-.04(12)
- Standards for End Stage Renal Dialysis Clinics – Rule 1200-08-32-.04(2)
- Standards for Homecare Organizations Providing Professional Support
Services – Rule 1200-08-34-.04(9)
- Standards for Outpatient Diagnostic Centers – Rule 1200-08-35-.04(11)
- Standards for Prescribed Child Care Centers – Rule 1200-08-02-.04(4)



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Hospital Definition 1200-8-1-.01(37)(a)2&3 and Basic Hospital Functions Regarding X-Ray, Laboratory and Pharmacy 1200-8-1-.06(6)(7) and (8) for a Chronic Disease Hospital.

DATE: July 28, 2008

RULE(S): The following language should be used to interpret the following rules:

Chronic Disease Hospitals will be reviewed according to hospital regulations 1200-8-1-.01(37)(a)2&3 as a general hospital with no surgical unit, no obstetrical facilities, and no emergency department. Pharmaceutical, radiological and laboratory services will be provided according to hospital regulations 1200-8-1-.06(6)(7) and (8) and defined that these services may be a contracted service.



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PHIL BREDESEN
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SUSAN R. COOPER, MSN, RN
COMMISSIONER

To: Ms. Shirley L. Jones
West Tennessee Regional Administrator

Ms. Faye Vance
East Tennessee Regional Administrator

Ms. Debra Verna
Middle Tennessee Regional Administrator

From: L. Erin Begley
Assistant General Counsel

Date: August 7, 2008

Re: Board for Licensing Health Care Facilities' interpretation of Tenn. Code Ann. § 68-11-224 and accompanying licensure rules concerning the intended use of the POST form.

At the May 2008 board meeting, the Board requested that the office of general counsel review both the Tennessee Health Care Decisions Act and the accompanying Board rules to determine the Board's intent when it promulgated rules requiring the POST form to be used as the "Universal Do Not Resuscitate" order.

Rule 1200-8-1-.03(5) provides that "a facility shall use the mandatory advanced directives form [POST] that meets the requirements of the Tennessee Health Care Decisions Act and has been developed and issued by the Board for Licensing Health Care Facilities. This rule was interpreted to mean that the POST form was mandated in all settings; i.e. both inpatient and transfer settings.

However, at the July 2008 board meeting, the Board interpreted this rule to mean that while the POST form should be used by all facilities across the state, it should only be used when a patient is transferred from one facility to another.

Practically, this means that anytime a patient is transferred from one facility to another, a copy of the patient's POST form must be forwarded to the transferring facility along with the patient and subsequently placed in the patient's file.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

- SUBJECT:** Hospital Regulation 1200-8-1-.07(1)(d) and ASTC Regulation 1200-8-10-.06(f)
Regarding the Definition of a Scrub Nurse.
- DATE:** September 9, 2008
(Obsolete–In Hospital and ASTC Regulations–effective April 2, 2012)
- RULE(S):** A registered nurse (RN) or a licensed practical nurse (LPN) can serve in the capacity of and can perform the same duties as a surgical technologist in an operating room.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

- SUBJECT:** Standards for Homes for the Aged Section 1200-8-11-.07(3) and Section 1200-8-11-.08(10) Regarding the Definition of Sleeping Rooms.
- DATE:** January 21, 2009
- RULE(S):** **A SLEEPING ROOM IS TO BE INTERPRETED BY THIS BOARD AS A BEDROOM OR ANY PORTION OF ANOTHER ROOM THAT IS INCLUDED WITHIN THE BEDROOM SUCH AS A WALK-IN CLOSET OR A BATHROOM THAT MIGHT BE CONNECTED TO THE BEDROOM AND DOES NOT HAVE ANOTHER EXIT. BASICALLY, A BEDROOM SUITE OR A BEDROOM, BATHROOM AND CLOSET IS CONSIDERED A SLEEPING ROOM.**



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Board Adopted Waivers for Green House (10-12 resident open unit) Facilities.

DATE: May 12, 2009

RULE(S): With the open kitchen area a focal point in the Green House model as a means to stimulate the residents appetite through smell, and the location of a fireplace in the gathering area will add to the home atmosphere, the following code references, Standard Building Code Table 409.1.5 and NFPA 101 18.5.2.3(a), may be accomplished by providing 1-hour rated, smoke tight, separation from the building core at the resident room wall. Resident rooms shall have 20 minute rated doors and frames. Door closers are not required on resident room doors. Kitchen cooking appliance(s), if residential type, must have a *UL 300A suppression system. All fuel sources (gas and/or electric) for the kitchen or fireplace shall be controlled through the fire alarm control panel using solenoid valves or shunt trip device, respectively. A carbon monoxide detector shall be located adjacent to gas fire appliances to detect possible gas leaks and also be tied into the fire alarm control panel.

A vehicle drop-off and pedestrian entrance at grade level, sheltered from inclement weather, and accessible to the disabled shall not be required. [AIA 4.1-7.1.1]

Separate dining areas for staff and residents shall not be required.
[AIA 4.1-6.1.1.3 and 6.1.2.6]

Equipment for carrying out each type of Physical Therapy that may be prescribed, may be stored in a space at an adjoining nursing home and brought to the Green House for resident therapy. [AIA 4.1-5.1]

An administrative/public lobby area for reception and information shall not be required. [AIA 4.1-7.1.2] Access to telephones and public toilet(s) shall be provided in the facility.

Administrative office(s) and multipurpose room may be located in an adjoining on-campus facility/building. [AIA 4.1-7.2.1 and 7.2.2]



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Continuing Education Courses for Residential Home for the Aged 1200-08-11-.04(4)(e) and Assisted Care Living 1200-08-25-.03(9)(c)(4) Administrators re: Online Training Courses

DATE: May 1, 2013***; January 20, 2010

RULES: Online interactive training courses will be acceptable as continuing education courses for Residential Home for the Aged and Assisted Care Living Facilities administrators. Hours must be approved by the Board prior to taking the course to receive credit for that course.

***These interactive courses shall include multi-media courses, technologically delivered instruction, or distance learning supported or taken through technological means.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Home Medical Equipment, 1200-08-29-.06(4), Delivery of Equipment

DATE: January 23, 2014***; January 20, 2010

RULES: Delivered home medical equipment must have assessment and education provided by the licensed agency upon delivery to the individual's place of residence.

***Board unanimously voted to remove "...by an actual agency employee" language from the interpretative guideline originally approved January 20, 2010.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Home Medical Equipment, 1200-08-29-.01(20)(a)10, Blood Glucose Monitors/Meters and Blood Glucose Monitoring Systems

DATE: May 1, 2013

RULES: Blood Glucose Monitors/Meters and Blood Glucose Monitoring Systems are not considered diagnostic equipment.

****January 20, 2010; May 2, 2012 – interpretative guidelines that blood glucose monitors/meters and blood glucose monitoring systems are defined as diagnostic equipment is obsolete.**



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

- SUBJECT:** Hospital, 1200-08-01-.06(3)(b)3, Central Intravenous Catheter Insertion Process
- DATE:** January 20, 2010
- RULES:** Standardized Central Intravenous Catheter Insertion process will be developed by the hospital through policy and procedures and based upon best practices.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: T.C.A. § 68-57-105 and Rule 1200-08-10-.01(69) Certified Surgical Technologist.

DATE: November 10, 2010

RULES: The following language should be used to interpret the following law and rule:

Endoscopy technicians are not allowed to substitute as a surgical technologist as described and defined in T.C.A. § 68-57-105 and Ambulatory Surgical Treatment Center rule 1200-08-10-.01(69).



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Residential Hospice 1200-08-15-.04(5) a R.N. must be in the facility at all times.

DATE: November 10, 2010

RULES: The Board interpretation is to follow the S&C Interpretative guideline by CMS which puts forth if patients are receiving respite or routine level of care then an R.N. does not need to be physically present at the facility 24/7, but only available according to the patient's plan of care.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Residential Homes for the Aged (RHA) Rule 1200-08-11-.05(4) regarding the word "continual" and it's meaning in the context of this regulation with consideration of the provision of hospice services in a RHA.

DATE: January 23, 2014***; January 10, 2010

RULES: The Board interpretation of Residential Homes for the Aged (RHA) Rules 1200-08-11-.05(4) to accommodate hospice services for individuals in Residential Homes for the Aged. ***Require that a resident who is no longer ambulatory be transferred to a private residential home or an appropriately licensed facility.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Administration and Self-Administration of Medication in ACLFs for
Department of Health Survey Staff

DATE: April 19, 2011

RULES: The Board interpretation for Department of Health Survey Staff is as follows: (1) Review the plan of care of a resident as outlined by 1200-08-25-.12 Resident Records; (2) Identify all participants of the delivery of services to the residents including family members; (3) All recommendations in the plan of care should be compliance with the medical records as described in Section 23 of 1200-08-25-.02 Definitions; (4) Surveyors will confirm that the facility is in compliance with its own policies and procedures as defined in Section 1200-08-25-.06(1)(B) Policies and Procedures.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Home Medical Equipment Rule 1200-08-29-.01(20)(a)3 regarding Mobility Equipment

DATE: March 16, 2011

RULES: The Board interpretation of Home Medical Equipment Rule 1200-08-29-.01(20)(a)3, is the mobility equipment item is to be reimbursed and/or recognized by third party payers, requires specialized instruction by an employee of the entity to the recipient of the device/equipment, and/or identified/recognized by Health Care Procedural Code System (HCPCS).



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Surgical Techs in Endoscopy Facilities licensed as Ambulatory Surgical Treatment Centers

DATE: May 4, 2011

RULES: The Board interpretation of T.C.A. Section § 68-57-105 and Ambulatory Surgical Treatment Centers Rule 1200-08-10-.01(69), scope of practice of surgical techs does not apply to endoscopy facilities licensed as an Ambulatory Surgical Treatment Center where a surgeon does not perform the endoscopy procedure.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

- SUBJECT:** Outpatient Diagnostic Center Rule 1200-QS-35-.06(2) regarding Invasive Procedures
- DATE:** May 4, 2011
(Obsolete-In ODC Regulations-effective January 18, 2016)
- RULES:** The Board interpretation of Outpatient Diagnostic Center Rule 1200-08-35-.06(2)(b) & (f) to be read/viewed in the context of 2(a) where anything greater than local anesthesia is used during a procedure.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Registry Check Requirement & Background Check for Health Care Facilities

DATE: May 4, 2011

RULES: The Board interpretation of Tennessee Public Chapter 1084 & T.C.A. Section § 68-11-271 & § 63-1-149 is registry checks must be performed only for those who are seeking to become employed or contracted with a facility such as new employees from the approval date of the law and to include staff members that have privileges at the health care facility. It is understood that item 68-11-271(d) does clarify that the external staff who provide such services as cleaning services, maintenance services of office or medical equipment or other services where direct patient contact is not intended are not included in the requirement for a registry check prior to employment or contract of service.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Ambulatory Surgical Treatment Center Rules 1200-08-10-.06(2)(g),
Dantrolene Usage

DATE: October 19, 2011

RULES: The following language should be used to interpret the following law and rule:

General anesthesia is interpreted to include inhaled volatile agents which cause malignant hyperthermia, and also includes any future agents known to cause malignant hyperthermia and/or succinylcholine which are present in the facility.



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**Board for Licensing Health Care Facilities
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SUBJECT: NFPA 72 – Door Locking Devices

DATE: October 19, 2011

RULES: The following language should be used to interpret the following law and rule:

Allowable for licensed facilities to operate special door locking arrangements with generator supplied back-up power when there is a loss of power from the primary electrical power supply, so long as the fire alarm control unit is operational and powered consistent with NFPA provisions. Does not apply when special door locking arrangements are prohibited by code for that licensed facility type.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Nursing Home Rule 1200-08-06-.06(9)(b) Dietary Manager Requirements

DATE: October 19, 2011
(Obsolete-In Nursing Home Regulations-effective March 16, 2014)

RULES: The following language should be used to interpret the following law and rule:

Those facilities with dietary managers not meeting the current requirements must petition the Board for a waiver of 1200-08-06-.06(9)(b) until the new standards are in place.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

- SUBJECT:** Home Medical Equipment 1200-08-29-.06(5)(c) Related Services
- DATE:** January 11, 2012
(Obsolete-In HME Regulations-effective March 16, 2014)
- RULES:** Related Services is interpreted to include the provision of home medical equipment services.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Home Health Services Rule 1200-08-26-.01(30)(e) and T.C.A. §68-11-201(20)(E) Home Infusion Services.

DATE: January 11, 2012

RULES: Home infusion services to be included as home health services and as such there would not be an exception made for those services provided by a pharmacy, licensed pharmacy or a pharmaceutical company.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Home Medical Equipment Rule 1200-08-29-.01(20)(b)1, "Home medical equipment does not include medical equipment used or dispensed...by hospitals and nursing facilities..." and T.C.A. 68-11-201(21)(B)(i).

DATE: September 11, 2013

RULES: 1200-08-29-.01(20)(b)(1), 'Home medical equipment does not include medical equipment used or dispensed...by hospitals and nursing facilities...' is interpreted to stand as written. Hospitals and nursing homes are not required to have a home medical equipment (HME) licensed provided that the hospital and/or nursing home use or dispense medical equipment for the provision of services within their respective facility type. The above is determined to be the intent of T.C.A. 68-11-201(21)(B)(i).



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SUBJECT: Assisted Care Living Facility Rule 1200-08-25-.02(3), Administering Medication

DATE: September 11, 2013
(Obsolete-In ACLF Regulations-effective June 25, 2015)

RULES: Administering medication is interpreted to include the placement of a medication(s) into a container.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

- SUBJECT:** 1200-08-30 Pediatric Emergency Care Facilities Table, 2. Equipment, Airway Control/Ventilation Equipment, Tracheostomy Tubes (Shiley Sizes 0-6)
- DATE:** September 11, 2013
(Obsolete–In Pediatric Emergency Care Facilities Regulations–effective June 25, 2015)
- RULES:** The use of the term 'Shiley' does not limit the use of other tracheostomy tubes by the facility.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Home Health Agency definition 1200-08-26-.01(57), Speech Therapist

DATE: January 23, 2014
(Obsolete-In Home Health Agency Regulations-effective December 14, 2015)

RULES: 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).



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Board for Licensing Health Care Facilities
Interpretative Guidelines

Current Building Code Editions Approved by the Board for Licensing Health Care Facilities

1. 2012 International Building Code
2. 2012 National Fire Protection Code (NFPA) NFPA 1 including Annex A which incorporates the 2012 edition of the Life Safety Code
3. 2012 International Mechanical Code
4. 2012 International Plumbing Code
5. 2012 International Fuel Gas Code
6. 2010 Guidelines for Design and Construction of Health Care Facilities (FGI)
7. 2011 National Electrical Code
8. 2009 U.S. Public Health Service Code
9. The handicap code as required by T.C.A. §68-120-204(a) for all new and existing facilities are subject to the requirements of the 1999 North Carolina Handicapped Accessibility Codes with 2004 Amendments and 2010 Americans with Disabilities Act (A.D.A)

May 2014



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: New Federal Standards for Facility Upkeep of Crash Carts

DATE: 6/2/2014
(Obsolete-In ASTC Regulations-effective June 25, 2015)

RULE(S): 1200-08-10-.06(1),(o) & (p)

Until the new standards are effective for the above citations, the Board for Licensing Health Care Facilities interprets the above regulations to be met **if compliance with current federal requirements for crash cart equipment** and medications are found in the licensed ambulatory surgical treatment center (ASTC).



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Definition of Secured Unit

DATE: May 6, 2016***; January 21, 2015

RULES: 1200-08-25-.02(36) and 1200-08-11-.01(47)

Until the new standards are effective for the above regulation, the Board for Licensing Health Care Facilities interprets the above regulations to mean that a facility may use delayed or electrically controlled egress locking mechanisms to deny egress from the distinct part secured unit in accordance with 18.2.2.2 of current Board adopted life safety codes.

***Board unanimously voted to include home for the aged regulation 1200-08-11-.01(47) to this interpretative guideline and to change/include in the interpretative language "...may use...or electronically controlled..." and "...18.2.2.2 of..."



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Storage of Resident Medication

DATE: January 21, 2015

RULES: 1200-08-25-.07(5)(c)

The Board for Licensing Health Care Facilities interprets the above regulation to allow storage of resident medication via a locked or closed container and/or room which includes, but is not limited to, some type of box; piece of furniture; an individual resident room; and/or a designated room within the facility which maintains resident medication out of the sight of other residents.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Flu Vaccination

DATE: January 21, 2015
(Obsolete-In Assisted Care Living Facility Regulations-effective June, 25, 2015)

RULES: Assisted Care Living Facility, 1200-08-25-.06(5)(b); Hospital, 1200-08-01-.06(3)(f); and Adult Care Home – Level 2, 1200-08-36-.05(4)(b)

The Board for Licensing Health Care Facilities interprets the above regulations to include the licensed facility encouraging all staff and independent practitioners to obtain an influenza vaccination and education of all employees on the influenza vaccination, non-vaccine control measures, and the impact of influenza.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Flu Vaccination

DATE: January 21, 2015

RULES: Nursing Homes, 1200-08-06-.06(3)(i); Homes for the Aged, 1200-08-11-.05(3)(f); Residential Hospice, 1200-08-15-.06(7); and HIV Supportive Living, 1200-08-28-.06(6)

The Board for Licensing Health Care Facilities interprets the above regulations to include the licensed facility encouraging all staff and independent practitioners to obtain an influenza vaccination; use of a declination form for those refusing the influenza vaccination for reasons other than medical contraindications; education of all employees on the influenza vaccination, non-vaccine control measures, and the impact of influenza; annual evaluation of the influenza vaccination program; and allowances for the suspension of the influenza vaccination or declination statements in the event of a vaccine shortage.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nurse Aide Training Programs

DATE: January 21, 2015
(Obsolete-In Nursing Home Regulations-effective June 25, 2015)

RULES: Nursing Homes, 1200-08-06-.15(2)(c)(5)

The Board for Licensing Health Care Facilities interprets the above regulation, which states, "Program is subject to closure after demonstration of a consistent pattern of poor test performance," to mean that a nurse aide training program that has a pass rate below 70% on the written and/or performance exam for three (3) or more consecutive years is subject to closure.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Clarification of the Term 'beds' and Capacity of Licensed Facilities

DATE: May 6, 2015

RULES: All relevant licensed facility types excluding licensed hospitals shall have licensed capacity based upon the number of residents residing in the facility.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Board Adopted Waiver of NFPA 99 17.3.5 Hard Piped Gas Suction Systems & Ventilator Service(s) Unit(s) for Licensed Nursing Homes Providing Ventilator Services

DATE: May 6, 2015

RULES: If licensed nursing home does not have a piped gas or suction system and desires to provide ventilator services, portable oxygen concentrators and suction machines may be substituted in place of the hard piped gas and suction with emergency power requirements being met. This provides an exception to the NFPA hard piped gas, suction systems requirement. In addition, if hard piped gas, suction is not used, the following technical items must be meet –

1. Oxygen concentrators shall be capable of delivering 10 liters per minute; each will be connected to emergency generator plugs and equipped with an alarm which sounds in the event of power loss.
2. Each resident will have "E" Cylinder Oxygen back up at the bedside in the event of power loss/inability to Oxygenate with the Concentrator.
3. Each oxygen concentrator shall be analyzed daily for delivered oxygen concentration with result being documented in the resident record.
4. Portable electric suction machines shall be used and shall also have internal battery systems which will provide for adequate airway clearance in the event of power loss.
5. All equipment shall be currently up to date on functional inspection and preventative maintenance in accordance with 1200-08-06-.04(20).
6. The facility shall have admission criteria in place to only accept residents whose oxygen requirement is less than 50% while on the ventilator.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Assisted Care Living Facility (ACLF) and Home for the Aged (RHA) Disaster Plan, HVAC, and Emergency Generator Regulations 1200-08-25-.16(4) and 1200-08-11-.13(3)

DATE: September 18, 2015

RULES: For the above regulations, it is the intent of the Board to apply in lieu of the current regulatory language for ACLF and RHA the Nursing Home (NH) regulation 1200-08-06-.14(2)(a)2 until the change in the ACLF and RHA regulatory language found at 1200-08-25-.16(4) and 1200-08-11-.13(3), respectively, is effective.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Nurse Aide Training Program Pass/Fail Rate Calculation

DATE: September 18, 2015

RULES: 1200-08-06-.15(2)(c)4

Facility pass rates will be determined per student on the written as well as the skills examination. Facility pass/fail rates will be calculated after the maximum number of examination attempts.

Programs who have trained 20 or more students annually will have their pass/fail rates evaluated annually on the previous twelve (12) months.

Programs who have trained less than 20 students annually will have their pass/fail rates evaluated annually on the previous twenty-four (24) months.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Outpatient Services for Hospitals to include Dialysis Services

DATE: September 18, 2015

RULES: 1200-08-01-.07(4)(a)(b)

2010 Tennessee Department of Health's Office of General Counsel (OGC) opined/determined outpatient dialysis services may be provided by a hospital under the licensure of the hospital as long as the services meet the needs of patients in accordance with acceptable standards of practice and are appropriately organized and integrated with inpatient services. These services may be provided to patients in any of the following situations: undocumented alien, charity care, and/or with behavior management issues. The provision of dialysis services on an outpatient basis is not typically reimbursed by the Centers for Medicare and Medicaid Services (CMS).



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Assisted Care Living Facility Infection Control regulation 1200-08-25-.06(5)(a)

DATE: September 18, 2015

RULES: For the above regulation, it is interpreted to mean no specific screening requirement such as documentation by a licensed healthcare provider be present in facility personnel or patient records to '*ensure*' no reportable communicable disease. '*Shall ensure*' interpreted to mean if a facility determines staff or resident has a communicable disease an approved protocol by the Board's administrative staff must be present in the facility. How determination is made of the presence of a communicable disease would be through facility policy.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Licensed Practitioners Admission Privileges and Provision of On-Call Services in Hospitals

DATE: September 18, 2015

RULES: 1200-08-01-.05 Admissions, Discharges, and Transfers Section

The above does not preclude the admission of a patient to a hospital by licensed practitioners, licensed to practice in Tennessee under the supervision of a credentialed MD/DO also licensed to practice in Tennessee. The licensed practitioners may also provide on call services to patients in the hospital. The name of the attending licensed practitioners shall be recorded in the patient medical record as well as the name of the credentialed supervising MD/DO. If a hospital allows these practitioners to admit and care for patients, as allowed by state law, the governing body and medical staff would have to establish practices and bylaws to ensure that the requirement of 42 CFR 482 are met.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

- SUBJECT:** Corridor Width Requirements in Assisted Care Living Facilities (ACLF) and Homes for the Aged (RHA)
- DATE:** September 18, 2015
- RULES:** ACLF 1200-08-25-.10(2)(f) and RHA 1200-08-11-.08(8)

Define the term 'clear' in the above rule as an area of unobstructed egress that conforms to a minimum established criteria based on calculations as defined by applicable life safety code.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Cooking Appliances

DATE: September 7, 2016***; January 14, 2016

RULES: Assisted Care Living Facility, 1200-08-25-.10(2)(i)

Until the new standards are effective for the above citation, the Board for Licensing Health Care Facilities interprets the above regulation to be met if the cooking appliance is provided by the facility in accordance with facility policies or is provided by the resident or his or her representative and meets applicable codes and standards as well as facility safety standards. Each cooking appliance shall have an automatic shut off. *If the appliance to be used is a range/cooktop a residential suppression system device that complies with UL must be in place.*

***Board unanimously voted to add the italicized last sentence language to the interpretative guideline originally approved January 14, 2016.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Ventilator Services Guidance

DATE: September 7, 2016**; January 14, 2016

RULES: 1200-08-06-.06(12)(d)

Noninvasive technology is preferred over Arterial Blood Gas (ABG) sampling in the SNF. Continuous ETCO₂ and Pulse Oximetry monitoring is noninvasive and provides safe monitoring of patients who are actively weaning. If a facility chooses to use ABG rather than ETCO₂, the ABG must be performed and analyzed onsite.

**Revision to the January 14, 2016 IG language to fit better with the original intent of the IG and further clarifies the use of ventilator vs. CPAP or BiPAP.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Ventilator Services Guidance

DATE: January 14, 2016

RULES: 1200-08-06-.06(12)(a)

“Physically present” in the designated ventilator unit.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Ventilator Services Guidance

DATE: September 7, 2016**; January 14, 2016

RULES: 1200-08-06-.06(12)(a)1

The word “ventilator” includes any device FDA approved as a ventilator with the CBK modifier used either invasively or noninvasively, regardless of the mode of use. As used in this rule, the word “ventilator” does not include BiPAP and CPAP devices which do not have the CBK modifier.

**Revision to the January 14, 2016 IG language to fit better with the original intent of the IG and further clarifies the use of ventilator vs. CPAP or BiPAP.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Ventilator Services Guidance

DATE: January 14, 2016

RULES: 1200-08-06-.06(12)(a)4(b)

A physician board certified in pulmonary disease or critical care medicine as recognized by either the American Board of Medical Specialties (for M.D.s) or the American Osteopathic Association (for D.O.s) or an intensivist currently in ICU practice.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Assisted Care Living Facility (ACLF) Sign Posting Regulation 1200-08-25-.06(4)

DATE: May 4, 2016

RULES: For purposes of this rule, electronic posting does not meet the intent of the term posted.



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**Board for Licensing Health Care Facilities
Interpretative Guidelines**

SUBJECT: Ambulatory Surgical Treatment Centers (ASTC) Dantrolene Usage 1200-08-10-.06(2)(g)

DATE: May 4, 2016

RULES: For the purposes of the above rule, when inhaled general anesthesia known to trigger malignant hyperthermia and/or succinylcholine are maintained in the facility, adequate equipment and supplies must be available as determined by the governing body and medical staff and must meet the current acceptable standards of practice in the ASTC industry. At minimum, an adequate supply consisting of 3 vials of Ryanodex or 36 vials of dantrolene sodium injection must be available for the emergency treatment of an acute malignant hyperthermia event based on the types of procedures performed at the ASTC. This requirement applies to anesthesia agents, current or future, that are shown to cause malignant hyperthermia. If any formulation of dantrolene sodium is administered, appropriate monitoring must be provided post-operatively.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Home Health Agency (HHA) VA Physician Exemption 1200-08-26-.01(48)
& 1200-08-26-.05(4)&(8)

DATE: May 4, 2016

RULES: For purposes of these rules, a home health agency may accept referrals and orders from Tennessee licensed physicians and physicians exempt from T.C.A. §68-11-201(20)(G)(i) and §68-11-204(b).



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Surgical Services in Hospitals with General Designation

DATE: September 7, 2016

RULES: Hospital Rule 1200-08-01-.01(37)(a)4

The Board for Licensing Health Care Facilities interprets that the above requirement for a general hospital designation must be waived by the Board for Licensing Health Care Facilities if a hospital designated as a general hospital wishes to discontinue surgical services.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Emergency Call System

DATE: September 7, 2016

RULES: Homes for the Aged (RHA) 1200-08-11, Assisted Care Living Facility (ACLF) 1200-08-25, and Traumatic Brain Injury Residential Homes (TBI) 1200-08-37

The Board for Licensing Health Care Facilities interprets the above regulations to mean that a facility with 16 or more residents shall use an emergency call system tested and listed by a nationally recognized testing laboratory applicable to health care environments in accordance with 4.1-8.3.7 of current Board adopted Guidelines for Design and Construction of Health Care Facilities (FGI).