



2005 Long Term Care Report

Tennessee Department of Health
Division of Health Care Facilities



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
CORDELL HULL BLDG.
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37247

PHIL BREDESEN
GOVERNOR

KENNETH S. ROBINSON, M.D.
COMMISSIONER

MEMORANDUM

TO: The Honorable Phil Bredesen, Governor
The Honorable John S. Wilder, Lieutenant Governor
The Honorable Jimmy Naifeh, Speaker of the House of Representatives

FROM: Kenneth S. Robinson, MD, Commissioner, Department of Health

DATE: May 8, 2006

SUBJECT: 2005 Nursing Home Inspection and Enforcement Activities

Attached is the report mandated by the Nursing Home Compassion, Accountability, Respect and Enforcement Reform Act of 2003.

This report includes the following:

- Executive Summary
- Nursing Home Oversight
- Top 10 deficiencies cited for skilled facilities and nursing facilities dealing with health issues
- Top 10 deficiencies cited for skilled facilities and nursing facilities dealing with fire safety issues.
- List of state civil penalties cited
- List of federal civil penalties cited
- Nurse Aide Registry and Abuse Registry activity
- Nursing Home Sprinkler Status
- Deficiency Free Surveys
- Unusual Event Report
- Complaint Log
- Copy of the Nursing Home Compassion, Accountability, Respect & Enforcement Reform Act of 2003

Please feel free to contact me if you should have any questions.

EXECUTIVE SUMMARY

Deficiencies cited in nursing home facilities in the State of Tennessee for 2005 are consistent with deficiencies cited across the eight southeastern states (CMS Region IV) and the nation. The average number of deficiencies cited in Tennessee per nursing home was 6.7, compared to 5.8 nationwide and 6.0 within Region IV.

Of the 335 licensed nursing homes in Tennessee, the following was ascertained:

- Eleven (11) nursing homes had no deficiencies cited.
- Seven (7) nursing homes remain in bankruptcy.
- Seventeen (17) nursing homes were cited with Immediate Jeopardy substandard level of care which is a 57% decrease from 2004.
- Twenty-two (22) nursing homes were cited with substandard level of care.
- Forty (40) nursing homes were cited with a Federal Civil Penalty for a total assessed amount of \$747,245.00.
- Forty-Four (44) nursing homes were cited a State Civil Penalty for a total assessed amount of \$27,680.

The number and type of complaints received by the department is monitored and maintained on a federal software program. The software program tracks complaints on all health care facilities. The following statistical data is derived from that program:

- There are currently 335 nursing homes in the state of Tennessee.
- There were 1,733 complaints received for all health care facilities.
- The nursing home complaints totaled 1,118 or 65% of the total number of complaints or 7% reduction from 2004.
- There were 234 nursing homes with one or more complaints or 70% of the total nursing homes.
- There were twenty (28) nursing homes with ten (10) or more complaints or 8% of the total nursing homes.
- There were three (9) nursing homes with twenty (20) or more complaints or 3% of the total nursing homes.
- The number of nursing homes with substantiated complaints:
 - 2001 - 107 nursing homes or 31% of all nursing homes
 - 2002 - 100 nursing homes or 29% of all nursing homes
 - 2003 - 165 nursing homes or 40% of all nursing homes
 - 2004 - 134 nursing homes or 39% of all nursing homes
 - 2005 - 120 nursing homes or 36% of all nursing homes
- The percentage of substantiated complaints in all facility types:
 - 2002 27% of total complaints received
 - 2003 28 % of total complaints received
 - 2004 30% of total complaints received
 - 2005 28% of total complaints received

The reporting of unusual events/incidents is required by law and is also monitored by the Department.

- The number of unusual events/incidents reported in 2005 for all facilities was 6,764.
- Unusual incidents reported by nursing homes were 3,709 or 55% of the total number of incidents reported.
- Reported incidents in nursing homes have declined from year 2000 to 2005 by 61% (6,099 reported in 2000 and 3,709 reported in 2005).
- Initial reductions in the number of reported incidents can be attributed to the development of the interpretative guidelines and improvements in facility understanding of reportable events. It is anticipated that any future reductions in the number of reported events could be contributed to improvements in patient safety.

CHANGES IN 2005 AFFECTING NURSING HOME OVERSIGHT:

NURSING HOME QUALITY INITIATIVE 2005

In 2005, the Centers for Medicare and Medicaid Services (CMS) continued the National Nursing Home Improvement Collaborative. The project brings together Quality Improvement Organizations (QIO), nursing homes and the state survey agencies. The purpose of this collaborative is to develop and supports quality improvement in nursing homes, with specific emphasis on restraints and pressure ulcers. The project involves a total of three in-person learning sessions and one in-person “outcomes congress”, an estimated twelve (12) national teleconferences, a Web site and a listserv that can provide updated information. These venues allow the sharing of knowledge with and among participants, primarily the nursing home teams. Participating QIOs are responsible for supporting quality improvement and works alongside nursing homes. Participating nursing homes are required to collect processes of care and other measures that support rapid-cycle improvement in care delivery system components that are key to reducing prevalence of restraints and pressure ulcers. In 2004 originally two Nursing Homes were in the collaborative. In a second phase fifteen Nursing Homes were added to the collaborative.

This new collaborative involves a group of 17 select facilities located in Metropolitan Nashville and surrounding areas. It will run from April 2005 through January 2006. These select facilities work together to individually test system changes aimed at reducing and eliminating the use of physical restraints and to collectively share educational opportunities. This collaborative is the first pilot collaborative for the nursing home industry in Tennessee and will become a model for future statewide collaboratives. In addition, our experience in Tennessee provides important information for the development of other CMS-sponsored collaboratives for restraint reduction.

Quality measures are utilized in the public reporting on CMS’s nursing home compare website. This web site, www.medicare.gov is available for the public, and most importantly, the families and the potential residents to view.

NURSING HOME SPRINKLER PROCESS

After the law was signed into effect on May 3, 2004, all nursing homes providing patient care above the ground floor were required to have sprinkler plans completed and submitted to the Division of Health Care Facilities, Engineering Plans Review Section. The timeline for submission was no later than six (6) months from the effective date of the act or by November 3, 2004. Nursing homes providing care only on the ground floor have until April 3, 2005 to submit their sprinkler installation plans. Nursing homes not fully sprinklered as of the effective date of the act are authorized to choose to completely replace the facility as an alternative to complying with the act's sprinklering requirements. Facilities that elect to build a replacement facility are required to submit to the Board for Licensing Health Care Facilities a letter stating the intent to replace the facility and estimating the completion dates for the request for a certificate of need, commencement of construction of the facility, and licensure of the facility. Three (3) nursing homes providing care above the ground floor were late in getting their plans submitted, but have since submitted those plans. Two (2) nursing homes providing care above the ground floor and one (1) nursing home providing care only on the ground floor have obtained certificates of need for full or partial replacement of those existing facilities, and one (1) nursing home providing care only on the ground floor has stated its intent to seek a certificate of need to replace its existing facility.

RULES PROPOSED IN 2005:

- 1200-8-6-.01,.13 Nursing Homes - Advance Directives

Tennessee Nursing Home Summary of Oversight Activities Spreadsheet

	2003	2004	2005
Total Nursing Homes	343	338	335
Homes cited with "Immediate Jeopardy"	20	30	17
Homes cited with substandard level of care	11	6	22
Average number of deficiencies cited	6.7	6.9	6.71
Number of federal civil penalties cited	47	46	40
Total amount of federal penalties	\$919,791	\$831,369	\$747,245
Number of state civil penalties assessed	45	66	44
Total amount of state penalties	\$41,750	\$47,545	\$27,680
Total complaints all facilities	2,059	1,836	1733
Total nursing home complaints	1,243	1,064	1118
% of total number of complaints	60%	58%	65%
Nursing homes with one (1) or more complaints	281	239	234
% of nursing homes with one (1) or more complaints	82%	70%	70%
Nursing homes with \geq ten (10) complaints	44	20	28
% of nursing homes with \geq ten (10) complaints	12.8%	6%	8%
Nursing homes w/ \geq twenty (20) complaints	21	3	9
% of nursing homes w/ \geq twenty (20) complaints	6%	1%	3%
Number of nursing homes with substantiated complaints	165	134	120
% of total nursing homes with substantiated complaints	40%	39%	36%
Number of substantiated complaints in all facility types	673	508	478
% of substantiated complaints for all facility types	28%	30%	28%
Number of Unusual Incidents Reported	4307	4919	6764
Total nursing home incidents	2952	2987	3709
% of Total Number of Incidents	68%	61%	55%

MONTHLY REPORT OF LICENSED FACILITIES AND BEDS

December, 2005

FACILITY TYPE	# OF LICENSED FACILITIES	# OF LICENSED BEDS
HOSPITALS	145	23,526
NURSING HOMES	335	37,916
HOMES FOR THE AGED	136	2,720
ASSISTED CARE LIVING FACILITIES	192	11,322
*ALCOHOL AND DRUG FACILITIES	281	1,675
RESIDENTIAL HOSPICE	<u>3</u>	<u>56</u>
SUB-TOTAL	1,089	77,215
HOME HEALTH AGENCIES	159	-0-
ESRD	127	-0-
HOME MEDICAL EQUIPMENT	286	-0-
HOSPICE	58	-0-
PROFESSIONAL SUPPORT SERVICES	152	-0-
AMBULATORY SURGICAL TREATMENT CTR	158	-0-
BIRTHING CENTERS	<u>4</u>	<u>-0-</u>
	944	-0-
TOTAL	2,033	77,215

*Alcohol and Drug Facilities by Licensed Bed Types:

Halfway House Treatment Facilities	454
Residential Detox Treatment Facilities	190
Residential Rehab Treatment Facilities	1,031
Total:	1,675

Methadone Clinics (8 licensed facilities)

TOP TEN "HEALTH DEFICIENCIES" CITED 2005
 COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE
 DEFICIENCY LISTINGS FOR **SKILLED NURSING FACILITIES**

TOTALS ARE BASED ON THE CURRENT
 SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: IV ATLANTA DEFICIENCY TYPE: ALL

SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE: TENNESSEE

	TN	REGION	NATION
** TOTAL # FACILITIES →	302	2,622	15,034

F0371 STORE/PREPARE/DISTRIBUTE FOOD UNDER SANITARY CONDITIONS	114 37.75%	1,090 41.57%	5,006 33.30%
F0309 PROVIDE NECESSARY CARE FOR HIGHEST PRACTICAL WELL BEING	107 35.43%	664 25.32%	4,181 27.81%
F0280 DEVELOPMENT/PREPARE/REVIEW OF COMPREHENSIVE CARE PLAN	100 33.11%	444 16.93%	1,721 11.45%
F0332 MEDICATION ERROR RATES OF 5% OR MORE	77 25.50%	316 12.05%	1,730 11.51%
F0315 RES NOT CATHETERIZED UNLESS UNAVOIDABLE	75 24.83%	379 14.45%	2,150 14.30%
F0441 FACILITY ESTABLISHES INFECTION CONTROL PROGRAM	72 23.84%	404 15.41%	2,408 16.02%
F0432 DRUGS STORED IN LOCKED COMPARTMENTS	68 22.52%	288 10.98%	1,102 7.33%
F0324 SUPERVISION/DEVICES TO PREVENT ACCIDENTS	67 22.19%	337 12.85%	3,047 20.27%
F0444 WASH HANDS WHEN INDICATED	58 19.21%	270 10.30%	1,486 9.88%
F0323 FACILITY IS FREE OF ACCIDENT HAZARDS	58 19.21%	464 17.70%	3,219 21.41%

TOP TEN "HEALTH DEFICIENCIES" CITED 2005
 COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE

DEFICIENCY LISTINGS FOR NURSING FACILITIES

TOTALS ARE BASED ON THE CURRENT
SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: IV ATLANTA DEFICIENCY TYPE: ALL SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE: TENNESSEE

	TN	REGION	NATION
	27	77	945
F0280 DEVELOPMENT/PREPARE/REVIEW OF COMPREHENSIVE CARE PLAN	14 51.85%	24 31.17%	121 12.80%
F0324 SUPERVISION/DEVICES TO PREVENT ACCIDENTS	11 40.74%	17 22.08%	177 18.73%
F0441 FACILITY ESTABLISHES INFECTION CONTROL PROGRAM	10 37.04%	19 24.68%	140 14.81%
F0371 STORE/PREPARE/DISTRIBUTE FOOD UNDER SANITARY CONDITIONS	7 25.93%	20 25.97%	316 33.44%
F0323 FACILITY IS FREE OF ACCIDENT HAZARDS	7 25.93%	14 18.18%	221 23.39%
F0444 WASH HANDS WHEN INDICATED	6 22.22%	10 12.99%	97 10.26%
F0432 DRUGS STORED IN LOCKED COMPARTMENTS/UNDER PROPER TEMPERATURE	6 22.22%	9 11.69%	69 7.30%
F332 MEDICATION ERROR RATES OF 5% OR MORE	6 22.22%	7 9.09%	91 9.63%
F0315 RES NOT CATHETERIZED UNLESS UNAVOIDABLE	6 22.22%	8 10.39%	108 11.43%
F0309 PROVIDE NECESSARY CARE FOR HIGHEST PRACTICAL WELL BEING	6 22.22%	14 18.18%	179 18.94%

TOP TEN (10) "LIFE SAFETY CODE" DEFICIENCIES CITED 2005
COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE
DEFICIENCY LISTINGS FOR **SKILLED NURSING FACILITIES**

TOTALS ARE BASED ON THE CURRENT
SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: IV ATLANTA DEFICIENCY TYPE: ALL SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE: TENNESSEE

TAG NO.	** TOTAL # FACILITIES →	TN	REGION	NATION
		302	2,622	15,034

K0130 OTHER	110 36.42%	285 10.87%	1,554 10.34%
K0018 CORRIDOR DOORS	97 32.12%	509 19.41%	4,474 29.76%
K0067 VENTILATING EQUIPMENT	91 30.13%	262 9.99%	1,679 11.17%
K0062 SPRINKLER SYSTEM MAINTENANCE	69 22.85%	312 11.90%	2,983 19.84%
K0029 HAZARDOUS AREAS – SEPARATION	60 19.87%	402 15.33%	3,444 22.91%
K0050 FIRE DRILLS	57 18.87%	219 8.35%	1,663 11.06%
K0038 EXIT ACCESS	49 16.23%	325 12.40%	3,181 21.16%
K0025 SMOKE PARTITION CONSTRUCTION	49 16.23%	302 11.52%	2,537 16.88%
K0056 AUTOMATIC SPRINKLER SYSTEM	44 14.57%	325 12.40%	2,569 17.09%
K0052 TESTING OF FIRE ALARM	43 14.24%	256 9.76%	1,282 8.53%

TOP TEN (10) “LIFE SAFETY CODE” DEFICIENCIES CITED 2005
COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE
DEFICIENCY LISTINGS FOR **NURSING FACILITIES**

TOTALS ARE BASED ON THE CURRENT

SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: IV ATLANTA DEFICIENCY TYPE: ALL SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE: TENNESSEE

** TOTAL # FACILITIES →

TN	REGION	NATION
27	77	945

K0130 OTHER	8 29.63%	9 11.69%	99 10.48%
K0067 VENTILATING EQUIPMENT	7 25.93%	8 10.39%	121 12.80%
K0029 HAZARDOUS AREAS – SEPARATION	6 22.22%	11 14.29%	243 25.71%
K0052 TESTING OF FIRE ALARM	5 18.52%	6 7.79%	90 9.52%
K0018 CORRIDOR DOORS	5 18.52%	9 11.69%	295 31.22%
K0141 NO SMOKING SIGNS WHERE OXYGEN USED	4 14.81%	4 5.19%	24 2.54%
K0054 SMOKE DETECTOR MAINTENANCE	4 14.81%	4 5.19%	126 13.33%
K0025 SMOKE PARTITION CONSTRUCTION	4 14.81%	9 11.69%	151 15.98%
K0147 EMERGENCY PLAN	3 11.11%	7 9.09%	139 14.71%
K0074 COMBUSTIBLE CURTAINS	3 11.11%	3 3.90%	57 6.03%

2005

**HEALTH CARE FACILITIES
NURSING HOMES
STATE CIVIL MONETARY PENALTIES**

REGIONAL OFFICE			TYPE OF SURVEY A, F, C	DATE OF SURVEY EXIT	3 DAY NOTICE	8 DAY NOTICE	TYPE OF PENALTY					DATE ASSESSED	HEARING DATE	SUSPENSION LIFTED	AMOUNT OF PENALTY ASSESSED	AMOUNT OF PENALTY RECEIVED	DATE PAID
WEST	MIDDLE	EAST					A	B1	B2	C (P)	C (A)						
	1		A	01/06/05					1								
1			A	01/06/05						1	01/07/05			\$300.00	\$300.00	01/24/05	
	1		A	01/12/05					1								
1			A	01/13/05					2								
1			A	01/13/05					1	1	01/18/05			\$600.00	\$600.00	02/03/05	
	1		A	01/20/05					3								
1			A	01/20/05					2								
		1	A	01/20/05					2								
1			A	01/20/05					1								
		1	A	01/27/05					1								
		1	A	01/27/05					1								
		1	A	02/02/05					1								
1			A	02/03/05	02/08/05	02/15/05	1				02/08/05		02/23/05	\$3,500.00	\$3,500.00	03/23/05	
	1		A	02/03/05	02/08/05	02/15/05	1				02/08/05		02/14/05	\$6,000.00	\$6,000.00	04/05/05	
		1	C	02/09/05					1								
		1	A	02/10/05					1								
		1	A	02/10/05					1								
1			A	02/10/05					1	1	02/11/05			\$300.00	\$300.00	02/15/05	
		1	A	02/16/05					1								
1			A	02/17/05					1								
1			A	02/17/05					2	2	02/22/05			\$600.00	\$600.00	03/04/05	
		1	A	02/24/05					1								
		1	A	02/24/05					1								
1			A	02/24/05					1								
		1	A	02/25/05					2	1	03/01/05			\$300.00	\$300.00	04/04/05	
1			C	02/28/05					2		03/01/05			\$600.00			
		1	A	03/02/05					1		03/04/05			\$300.00	\$300.00	03/14/05	
		1	C	03/04/05					1								
1			A	03/04/05					4								
1			A	03/08/05					3								
		1	A	03/17/05						1	03/21/05			\$300.00	\$300.00	03/29/05	
1			A	03/17/05					2								

Type of Survey:
 "A" - Annual
 "F" - Follow-Up
 "C" - Complaint

2005

**HEALTH CARE FACILITIES
NURSING HOMES
STATE CIVIL MONETARY PENALTIES**

	1		A	05/26/05					2	1	05/31/05			\$300.00	\$300.00	06/09/05
1			A	05/26/05						1	05/31/05			\$600.00	\$600.00	06/15/05
1			A	05/27/05					5							
1			A	06/02/05					1							
		1	A	06/02/05					1							
		1	A	06/09/05					1							
1			A	06/09/05					2							
1			A	06/09/05					3							
		1	C	06/13/05					1							
	1		A	06/15/05					1							
		1	A	06/16/05					1							
		1	C	06/21/05					1							
1			A	06/23/05					2							
		1	C	06/23/05					2							
1			A	06/23/05					2							
1			A	06/28/05					1							
		1	A	06/28/05					1							
1			A	06/29/05					1	1	06/30/05			\$270.00	\$270.00	07/08/05
1			A	06/30/05	07/06/05	07/13/05	1				07/06/05	7/20/2005		\$2,500.00		
		1	C	06/30/05					1							
	1		A	06/30/05					2							
		1	A	06/30/05	07/06/05	07/13/05	1				07/06/05	7/13/2005		\$1,500.00	\$1,500.00	08/18/05
	1		A	07/06/05					1							
1			A	07/07/05					1	1	07/12/05			\$270.00	\$270.00	07/22/05
		1	A	07/07/05					2							
1			A	07/07/05					2							
		1	A	07/07/05					2							
1			C	07/12/05					1							
1			A	07/13/05					1							
1			A	07/14/05					7							
	1		A	07/14/05						1	07/19/05			\$300.00	\$300.00	07/27/05
		1	A	07/18/05					1							
1			A	07/20/05					1							
1			A	07/20/05						2	07/22/05			\$600.00	\$600.00	08/12/05
		1	A	07/21/05					2							

Type of Survey:
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2005

**HEALTH CARE FACILITIES
NURSING HOMES
STATE CIVIL MONETARY PENALTIES**

		1	A	07/28/05						1	08/01/05			\$300.00	\$300.00	08/05/05
1			A	07/28/05					1	1	08/01/05			\$270.00	\$270.00	08/09/05
1			A	08/03/05					3							
		1	A	08/03/05					1							
		1	A	08/03/05					2							
1			A	08/04/05					2	3	08/08/05			\$900.00	\$900.00	11/29/05
1			A	08/04/05					1							
1			A	08/10/05					3	1	08/11/05			\$300.00	\$300.00	08/22/05
		1	A	08/11/05					2							
1			C	08/11/05					2							
		1	A	08/17/05					1							
		1	A	08/17/05					2							
	1		A	08/18/05					1							
1			A	08/18/05					4	2	08/22/05			\$900.00	\$900.00	09/19/05
1			A	08/24/05					1							
	1		A	08/25/05					1							
		1	A	08/25/05						1	08/29/05			\$300.00	\$300.00	10/03/05
1			A	08/25/05					2							
		1	C	09/07/05					2							
1			A	09/08/05					2							
1			A	09/14/05	09/19/05	09/26/05	1				09/19/05			\$1,500.00	\$1,500.00	12/12/05
	1		A	09/15/05					1							
1			A	09/15/05						1	09/16/05			\$300.00	\$300.00	09/26/05
	1		A	09/15/05					1							
	1		A	09/21/05					1							
		1	A	09/21/05					1							
		1	C	09/23/05					1							
		1	A	09/21/05					1							
	1		A	09/28/05					1							
		1	F	09/28/05					2							
1			A	09/29/05	10/04/05	10/11/05	1				10/04/05			\$1,350.00	\$1,350.00	10/10/05
1			A	10/05/05					1							
1			A	10/06/05					2							
1			A	10/12/05					1							
1			A	10/20/05					2	1	10/24/05			\$270.00	\$270.00	11/07/05

Type of Survey:
 "A" - Annual
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 "C" - Complaint

2005

**HEALTH CARE FACILITIES
NURSING HOMES
STATE CIVIL MONETARY PENALTIES**

		1	A	10/26/05					3								
1			A	10/26/05					1								
1			A	10/27/05					4								
		1	A	10/27/05					1								
		1	C	11/01/05					1								
		1	A	11/02/05					1								
		1	A	11/02/05					2								
1			A	11/03/05					2								
		1	A	11/03/05					1								
1			A	11/03/05					3								
1			A	11/08/05					5								
		1	A	11/08/05					1								
1			A	11/09/05					1								
1			A	11/16/05					1								
1			C	11/18/05						1	11/18/05			\$300.00			
		1	A	11/30/05					2								
		1	F	12/02/05						1	12/06/05			\$300.00	\$300.00	12/16/05	
	1		A	12/07/05					2								
1			A	12/08/05						1	12/12/05			\$600.00	\$600.00	12/29/05	
		1	C	12/14/05					1								
		1	A	12/14/05					2								
80	21	57					9		219	35				\$34,580.00	\$27,680.00		

Type of Survey:
 "A" - Annual
 "F" - Follow-Up
 "C" - Complaint

Civil Monetary Penalty Federal Log 2005

WTRO	MTRO	ETRO	*Origin of Visit	*Refer to CMS	SMA	Provider Number	Date of Survey	Date Forwarded to CMS/SMA	Scope and Severity	Date of Imposition	*Type of Penalty (D or PI)	Appeal Y/N	Recommended Penalty Amount	Number of Days	Total Amount of Penalty	Amount Received
	X		R	X		445388	1/6/2005	1/16/2005	GG	1/6/2005	D		\$300			
	X		C	X		445088	1/12/2005	1/22/2005	GG	1/12/2005	D		\$300	5	\$1,500	
		X	C	X		445240	1/26/2005		G		D		\$100		\$6,300	
X			R	X		445210	1/27/2005	2/6/2005	GG	1/27/2005	D		\$700			
		X	R	X		445111	2/3/2005	2/8/2005	GG	2/3/2005	D		\$100			
X			R	X		445118	2/3/2005	2/8/2005	IJ	2/3/2005	D		\$3,850		\$59,150R	
							2/3/2005									
	X		R	X		445418		2/8/2005	IJ	2/3/2005	D		\$3,350	10 @ \$3,350 15 @ \$300 29 @ \$50	\$39,450	
		X	C	X		445131	2/11/2005	2/16/2005	IJ	2/11/2005	D		\$3,350	7	\$23,450	
		X	R	X		445226	2/28/2005	3/6/2005	GG	2/25/2005	D		\$700			\$1,050
				X			4/1/2005	4/6/2005	IJ				\$3,150	2 @ \$3,150 2 @ \$50	\$6,400	
		X	C			445162				4/1/2005	D					
X			R	X		445274	4/14/2005		G		D		\$100	49	\$4,900	
x			C	X		445417	4/28/2005	4/32005	IJ	4/28/2005	D		\$3,250		\$78,000	
X			C	X		445440	4/28/2005		G		D		\$300	15	\$4,500	
				X			4/29/2005	5/4/2005	IJ				\$3,150	1 @ \$3,150 5 @ \$50	\$3,400	\$3,400
		X	C			445226				4/29/2005	D					
X			R	X		445401	5/5/2005	5/10/2005	IJ	5/5/2005	D		\$3,350	15 days	\$50,250	
X			R	X		445189	6/9/2005	6/15/2005	GG	6/9/2005	D		\$300	28	\$8,400	
		X	R	X		445464	6/10/2005	6/15/2005	IJ	6/10/2005	D		\$3,050	9	\$20,150R	
							6/21/2005							20 @ \$300 28 @ \$50	\$7,400	
		X	C	X		445258		6/30/2005	GG	6/21/2005	D		\$300			
X			R	X		445366	6/23/2005	7/3/2005	GG	6/23/2005	D		\$100		\$400R	\$400
		X	R	X		445295	6/30/2005	7/5/2005	IJ	6/30/2005	D		\$3,050	1	\$1,982.50R	\$1,982.50
X			R	X		445133	6/30/2005	7/5/2005	IJ	6/30/2005	D		\$3,050		\$39,650R	
		X	R	X		445098	7/14/2005	7/19/2005	IJ	7/14/2005	D		\$3,150	1 @ \$3,150 12 @ \$100	\$2,827.50R	
		X	R	X		445240	7/18/2005	7/22/2005	G, H	7/18/2005	D		\$300		\$6,300	
X			R	X		445448	7/20/2005	7/30/2005	GG	7/20/2005	D		\$300	55 @ \$300 5 @ \$50	\$10,887.50R	

Civil Monetary Penalty Federal Log 2005

X			R	X		445459	7/21/2005	7/26/2005	IJ	7/21/2005	D		\$3,050	1 @ \$3,050 5 @ \$100	\$3,550	
X			R	X		445471	7/28/2005	7/28/2005	G- optional penalty due to past hx. Of perform ance	7/28/2005	D		\$200		\$4,400	
X			R	X		445440	8/4/2005	8/9/2005	GG	8/4/2005	D		\$1,400		\$30,940R	
X			C	X		445366	8/15/2005	8/20/2005	IJ	8/15/2005	D		\$6,300	19 da @ \$6,300	\$77,805R	
		X	R	X		445294	8/17/2005	8/22/2005	IJ	8/17/2005	D		\$3,050		\$4,517.50R	
X			R	X		445433	8/18/2005	8/23/2005	GG	8/18/2005	D		\$300	53	\$15,900	
		X	R&C	X		445253	8/25/2005	8/31/2005	G	8/25/2005	D		\$100		\$2,900	
		X	R	X		445128	9/1/2005	9/7/2005	GG	9/1/2005	D		\$100		\$1,600	
X			C	X		445477	9/7/2005	9/17/2005	GG	9/7/2005	D		\$300			
X			R	X		445354	9/8/2005	9/13/2005	IJ	9/8/2005	D		\$3,050	21 da lifted 9/29/05	\$64,050	
	X		C	X		445148	9/12/2005	9/17/2005	GG	9/12/2005	D		\$300	9 da	\$2,700	
X			R	X		445470	9/14/2005	9/19/2005	IJ also Type A State penalty \$1,500	9/14/2005	D		\$3250 rec. CMS raised to \$5,000		\$40,250	
	X		R	X		445332	9/15/2005	9/20/2005	GG	9/15/2005	D		\$300 rec. CMS raised to \$500	48 @ \$500	\$24,500	
X			R	X		445462					D		\$50 da	38 da	\$1,235R	
X			R	X		445150	9/29/2005	10/4/2005	IJ also Type A State penalty \$1,500	9/29/2005	D		\$3350 rec. CMS raised to \$7,500		\$97,500R	
	X		C	X		445256	11/8/2005	11/19/2005	GG	11/7/2005	D		\$100			

Year: 2005

NURSE AIDE REGISTRY ABUSE REGISTRY ACTIVITY REPORT

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	YTD	Total
Nurse Aide Registry														
New Applicants	296	175	514	356	439	564	416	460	459	430	415	278	4802	4802
Renewals	501	449	925	608	619	698	598	608	625	655	635	526	7447	7447
Reciprocities	74	63	91	73	92	77	71	99	95	75	80	64	954	954
Verifications	0	0	24	19	18	22	25	25	15	25	20	27	220	220
Challenges Requested	39	36	52	39	36	54	38	43	56	31	33	43	500	500
Challenges Granted	24	24	37	28	22	42	28	38	44	25	27	35	374	374
Total Inactive	346	294	304	504	485	493	490	559	490	611	566	581	NA	73167
Total Active	764	687	779	789	839	909	773	951	895	840	782	630	NA	33652
Deceased	478	0	1239	150	0	1	0	0	0	178	0	0	2046	2046
Total Revoked C.N.A.	19	3	2	2	3	1	3	3	6	3	0	1	46	514
Abuse Registry														
Number Placed	4	8	7	11	2	16	10	2	18	12	5	7	102	102
Number Removed	0	0	0	0	0	4	0	0	0	0	0	0	4	4
Abuse Registry Total	970	978	985	996	998	1010	1020	1022	1040	1052	1057	1064	1064	1031
Department of Health	4	2	4	4	0	0	3	2	6	7	0	0	32	32
DMHDD	0	1	0	0	0	14	0	0	1	0	0	0	16	16
DMRS	0	3	0	4	2	2	7	0	11	4	5	7	45	45
TBI	0	2	3	3	0	0	0	0	0	1	0	0	9	9
Adult Protective Services/DHS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Department of Children's Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	4	8	7	11	2	16	10	2	18	12	5	7	102	102

CHAPTER NO. 862

HOUSE BILL NO. 2581

By Representatives Davis, Godsey, Casada, Clem, Sargent, Hargett, Gresham, Mumpower, Hagood, Montgomery, Vincent

Substituted for: Senate Bill No. 2312

By Senators Fowler, Crowe, Burchett, McLeary

AN ACT to amend and repeal appropriate portions of Tennessee Code Annotated, Title 32, Chapter 11; Title 33; Title 34 and Title 68, relative to the "Tennessee Health Care Decisions Act".

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 11, is amended by adding the following as a new part 17:

Section 68-11-1701. This part may be cited as the "Tennessee Health Care Decisions Act."

Section 68-11-1702.

(a) As used in this part, unless the context clearly requires otherwise:

(1) "Advance directive" means an individual instruction or a written statement relating to the subsequent provision of health care for the individual, including, but not limited to, a living will or a durable power of attorney for health care.

(2) "Agent" means an individual designated in an advance directive for health care to make a health care decision for the individual granting the power.

(3) "Capacity" means an individual's ability to understand the significant benefits, risks, and alternatives to proposed health care and to make and communicate a health care decision.

(4) "Designated physician" means a physician designated by an individual or the individual's agent, guardian, or surrogate, to have primary responsibility for the individual's health care or, in the absence of a designation or if the designated physician is not reasonably available, a physician who undertakes such responsibility.

(5) "Guardian" means a judicially appointed guardian or conservator having authority to make a health care decision for an individual.

(6) "Health care" means any care, treatment, service or procedure to maintain, diagnose, treat, or otherwise affect an individual's physical or mental condition, and includes medical care as defined in § 32-11-103(5).

(7) "Health care decision" means consent, refusal of consent or withdrawal of consent to health care.

(8) "Health care institution" means a health care institution as defined in §68-11-1602.

(9) "Health care provider" means a person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care in the ordinary course of business of practice of a profession.

(10) "Individual instruction" means an individual's direction concerning a health care decision for the individual.

(11) "Person" means an individual, corporation, estate, trust, partnership, association, joint venture, government, governmental subdivision, agency, or instrumentality, or any other legal or commercial entity.

(12) "Personally informing" means a communication by any effective means from the patient directly to a health care provider.

(13) "Physician" means an individual authorized to practice medicine or osteopathy under Tennessee Code Annotated, Title 63, Chapters 6 or 9.

(14) "Power of attorney for health care" means the designation of an agent to make health care decisions for the individual granting the power.

(15) "Reasonably available" means readily able to be contacted without undue effort and willing and able to act in a timely manner considering the urgency of the patient's health care needs. Such availability shall include, but not be limited to, availability by telephone.

(16) "State" means a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, or a territory or insular possession subject to the jurisdiction of the United States.

(17) "Supervising health care provider" means the designated physician or, if there is no designated physician or the designated physician is not reasonably available, the health care provider who has undertaken primary responsibility for an individual's health care.

(18) "Surrogate" means an individual, other than a patient's agent or guardian, authorized under this part to make a health care decision for the patient.

(19) "Treating health care provider" means a health care provider who at the time is directly or indirectly involved in providing health care to the patient.

(b) The terms "principal", "individual", and "patient" may be used interchangeably in this part unless the context requires otherwise.

Section 68-11-1703.

(a) An adult or emancipated minor may give an individual instruction. The instruction may be oral or written. The instruction may be limited to take effect only if a specified condition arises.

(b) An adult or emancipated minor may execute an advance directive for health care, which may authorize the agent to make any health care decision the principal could have made while having capacity. The advance directive must be in writing and signed by the principal. The advance directive must either be notarized or witnessed by two (2) witnesses. An advance directive remains in effect notwithstanding the principal's last incapacity and may include individual instructions. For the purposes of this section, a witness shall be a competent adult, who is not the agent, and at least one (1) of whom is not related to the principal by blood, marriage, or adoption and would not be entitled to any portion of the estate of the principal upon the death of the principal under any will or codicil made by the principal existing at the time of execution of the advance directive or by operation of law then existing. A written advance directive shall contain an attestation clause which attests that the witnesses comply with the requirements of this subsection.

(c) Unless otherwise specified in an advance directive, the authority of an agent becomes effective only upon a determination that the principal lacks capacity, and ceases to be effective upon a determination that the principal has recovered capacity.

(d) A determination that an individual lacks or has recovered capacity, or that another condition exists that affects an individual instruction or the authority of an agent, must be made by the designated physician. In making such determination, a designated physician is authorized to consult with such other persons as he or she may deem appropriate.

(e) An agent shall make a health care decision in accordance with the principal's individual instructions, if any, and other wishes to the extent known to the agent. Otherwise, the agent shall make the decision in accordance with the agent's determination of the principal's best interest. In determining the principal's best interest, the agent shall consider the principal's personal values to the extent known to the agent.

(f) A health care decision made by an agent for a principal is effective without judicial approval.

(g) An advance directive may include the individual's nomination of a guardian of the person.

(h) An advance directive that is executed outside of this state by a nonresident of this state at the time of execution shall be given effect in this state if that advance directive is in compliance with either the provisions of this part or the laws of the state of the principal's residence.

(i) No health care provider or institution, and no health care service plan, insurer issuing disability insurance, self-insured employee welfare benefit plan, or non profit hospital plan, shall require the execution or revocation of an advance directive as a condition for being insured for, or receiving, health care.

(j) Any living will, durable power of attorney for health care, or other instrument signed by the individual, complying with the terms of Tennessee Code Annotated, Title 32, Chapter 11, and a durable power of attorney for health care complying with the terms of Tennessee Code Annotated, Title 34, Chapter 6, Part 2, shall be given effect and interpreted in accord with those respective acts. Any advance directive that does not evidence an intent to be given effect under those acts but that complies with this act may be treated as an advance directive under this act.

Section 68-11-1704.

(a) An individual having capacity may revoke the designation of an agent only by a signed writing or by personally informing the supervising health care provider.

(b) An individual having capacity may revoke all or part of an advance directive, other than the designation of an agent, at any time and in any manner that communicates an intent to revoke.

(c) A decree of annulment, divorce, dissolution of marriage, or legal separation revokes a previous designation of a spouse as agent unless otherwise specified in the decree or in an advance directive.

(d) An advance directive that conflicts with an earlier advance directive revokes the earlier directive to the extent of the conflict.

Section 68-11-1705.

(a) The board for licensing health care facilities shall develop and issue appropriate model forms for advance directives that are consistent with provisions of this part.

(b) The board for licensing health care facilities is authorized to promulgate rules and regulations in order to implement the provisions of this part, in accordance with the provisions of Tennessee Code Annotated, Title 4, Chapter 5.

Section 68-11-1706.

(a) An adult or emancipated minor may designate any individual to act as surrogate by personally informing the supervising health care provider. The designation may be oral or written.

(b) A surrogate may make a health care decision for a patient who is an adult or emancipated minor if and only if: (1) the patient has been determined by the designated physician to lack capacity, and (2) no agent or guardian has been appointed or the agent or guardian is not reasonably available.

(c)

(1) In the case of a patient who lacks capacity, has not appointed an agent, has not designated a surrogate, and does not have a guardian, or whose agent, surrogate, or guardian is not reasonably available, the patient's surrogate shall be identified by the supervising health care provider and documented in the

current clinical record of the institution or institutions at which the patient is then receiving health care.

(2) The patient's surrogate shall be an adult who has exhibited special care and concern for the patient, who is familiar with the patient's personal values, who is reasonably available, and who is willing to serve. No person who is the subject of a protective order or other court order that directs that person to avoid contact with the patient shall be eligible to serve as the patient's surrogate.

(3) Consideration may be given in order of descending preference for service as a surrogate to:

(A) the patient's spouse, unless legally separated;

(B) the patient's adult child;

(C) the patient's parent;

(D) the patient's adult sibling;

(E) any other adult relative of the patient; or

(F) any other adult who satisfies the requirements of subdivision (c)(2) of this section.

(4) The following criteria shall be considered in the determination of the person best qualified to serve as the surrogate:

(A) Whether the proposed surrogate reasonably appears to be better able to make decisions either in accordance with the known wishes of the patient or in accordance with the patient's best interests;

(B) The proposed surrogate's regular contact with the patient prior to and during the incapacitating illness;

(C) The proposed surrogate's demonstrated care and concern;

(D) The proposed surrogate's availability to visit the patient during his or her illness; and

(E) The proposed surrogate's availability to engage in face-to-face contact with health care providers for the purpose of fully participating in the decision-making process.

(5) If none of the individuals eligible to act as a surrogate under this subsection (c) is reasonably available, the designated physician may make health care decisions for the patient after the designated physician either:

(A) Consults with and obtains the recommendations of an institution's ethics mechanism; or

(B) Obtains concurrence from a second physician who is not directly involved in the patient's health care, does not serve in a capacity of decision-making, influence, or responsibility over the designated physician, and is not under the designated physician's decision-making, influence, or responsibility.

(6) In the event of a challenge, there shall be a rebuttable presumption that the selection of the surrogate was valid. Any person who challenges the selection shall have the burden of proving the invalidity of that selection.

(d) A surrogate shall make a health care decision in accordance with the patient's individual instructions, if any, and other wishes to the extent known to the surrogate. Otherwise, the surrogate shall make the decision in accordance with the surrogate's determination of the patient's best interest. In determining the patient's best interest, the surrogate shall consider the patient's personal values to the extent known to the surrogate.

(e) A surrogate who has not been designated by the patient may make all health care decisions for the patient that the patient could make on the patient's own behalf, except that artificial nutrition and hydration may be withheld or withdrawn for a patient upon a decision of the surrogate only when the designated physician and a second independent physician certify in the patient's current clinical records that the provision or continuation of artificial nutrition or hydration is merely prolonging the act of dying and the patient is highly unlikely to regain capacity to make medical decisions.

(f) A health care decision made by a surrogate for a patient is effective without judicial approval.

(g)

(1) Except as provided in subdivision (2) of this subsection:

(A) Neither the treating health care provider nor an employee of the treating health care provider, nor an operator of a health care institution nor an employee of an operator of a health care institution may be designated as a surrogate; and

(B) A health care provider or employee of a health care provider may not act as a surrogate if the health care provider becomes the principal's treating health care provider.

(2) An employee of the treating health care provider or an employee of an operator of a health care institution may be designated as a surrogate if:

(A) The employee so designated is a relative of the principal by blood, marriage, or adoption; and

(B) The other requirements of this section are satisfied.

(h) A health care provider may require an individual claiming the right to act as surrogate for a patient to provide a written declaration under penalty of perjury stating facts and circumstances reasonably sufficient to establish the claimed authority.

Section 68-11-1707.

(a) Absent a court order to the contrary, a guardian shall comply with the patient's individual instructions and may not revoke the patient's advance directive.

(b) Absent a court order to the contrary, a health care decision of an agent takes precedence over that of a guardian.

(c) A health care decision made by a guardian for the patient is effective without judicial approval.

Section 68-11-1708.

(a) A designated physician who makes or is informed of a determination that a patient lacks or has recovered capacity, or that another condition exists which affects an individual instruction or the authority of an agent, guardian, or surrogate, shall promptly record the determination in the patient's current clinical record and communicate the determination to the patient, if possible, and to any person then authorized to make health care decisions for the patient.

(b) Except as provided in subsections (c), (d), and (e) of this section, a health care provider or institution providing care to a patient shall:

(1) comply with an individual instruction of the patient and with a reasonable interpretation of that instruction made by a person then authorized to make health care decisions for the patient; and

(2) comply with a health care decision for the patient made by a person then authorized to make health care decisions for the patient to the same extent as if the decision had been made by the patient while having capacity.

(c) A health care provider may decline to comply with an individual instruction or health care decision for reasons of conscience.

(d) A health care institution may decline to comply with an individual instruction or health care decision if the instruction or decision:

(1) is contrary to a policy of the institution which is based on reasons of conscience, and

(2) the policy was timely communicated to the patient or to a person then authorized to make health care decisions for the patient.

(e) A health care provider or institution may decline to comply with an individual instruction or health care decision that requires medically inappropriate health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution.

(f) A health care provider or institution that declines to comply with an individual instruction or health care decision pursuant to subsections (c), (d), or (e) of this section shall:

- (1) promptly so inform the patient, if possible, and any person then authorized to make health care decisions for the patient;
- (2) provide continuing care to the patient until a transfer can be effected or until the determination has been made that transfer cannot be effected;
- (3) unless the patient or person then authorized to make health care decisions for the patient refuses assistance, immediately make all reasonable efforts to assist in the transfer of the patient to another health care provider or institution that is willing to comply with the instruction or decision; and
- (4) if a transfer cannot be effected, the health care provider or institution shall not be compelled to comply.

Section 68-11-1709. Unless otherwise specified in an advance directive, a person then authorized to make health care decisions for a patient has the same rights as the patient to request, receive, examine, copy, and consent to the disclosure of medical or any other health care information.

Section 68-11-1710.

(a) A health care provider or institution acting in good faith and in accordance with generally accepted health care standards applicable to the health care provider or institution is not subject to civil or criminal liability or to discipline for unprofessional conduct for:

- (1) complying with a health care decision of a person apparently having authority to make a health care decision for a patient, including a decision to withhold or withdraw health care;
- (2) declining to comply with a health care decision of a person based on a belief that the person then lacked authority; or
- (3) complying with an advance directive and assuming that the directive was valid when made and has not been revoked or terminated.

(b) An individual acting as agent or surrogate under this part is not subject to civil or criminal liability or to discipline for unprofessional conduct for health care decisions made in good faith.

(c) A person identifying a surrogate under this part is not subject to civil or criminal liability or to discipline for unprofessional conduct for such identification made in good faith.

Section 68-11-1711.

(a) A health care provider or institution that intentionally violates this part is subject to liability to the aggrieved individual for damages of two thousand five hundred dollars (\$2,500) or actual damages resulting from the violation, whichever is greater, plus reasonable attorney's fees and costs.

(b) A person who intentionally falsifies, forges, conceals, defaces, or obliterates an individual's advance directive or a revocation of an advance directive without the individual's consent, or who coerces or fraudulently induces an individual to give, revoke, or not to give an advance directive, is subject to liability to that individual for damages of two thousand five hundred dollars (\$2,500) or actual damages resulting from the action, whichever is greater, plus reasonable attorney's fees and costs.

Section 68-11-1712.

(a) This part does not affect the right of an individual to make health care decisions while having capacity to do so.

(b) An individual is presumed to have capacity to make a health care decision, to give or revoke an advance directive, and to designate or disqualify a surrogate.

Section 68-11-1713. A copy of a written advance directive, revocation of an advance directive, or designation or disqualification of a surrogate has the same effect as the original.

Section 68-11-1714.

(a) This part does not create a presumption concerning the intention of an individual who has not made or who has revoked an advance directive.

(b) Death resulting from the withholding or withdrawal of health care in accordance with this part does not for any purpose constitute a suicide or homicide or legally impair or invalidate a policy of insurance or an annuity providing a death benefit, notwithstanding any term of the policy or annuity to the contrary.

(c) The withholding or withdrawal of medical care from a patient in accordance with the provisions of this part shall not, for any purpose, constitute a suicide, euthanasia, homicide, mercy killing, or assisted suicide.

(d) This part does not authorize a surrogate to give consent for or take any action on behalf of a patient on any matter governed by Tennessee Code Annotated, Title 33.

Section 68-11-1715. On petition of a patient, the patient's agent, guardian, or surrogate, a health care provider or institution involved with the patient's care, or an individual described in Section 68-11-1706(c)(5), a court of competent jurisdiction may enjoin or direct a health care decision or order other equitable relief. A proceeding under this section shall be expedited on the court's civil dockets.

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 140, Part 6, is amended by deleting the part in its entirety.

SECTION 3. Tennessee Code Annotated, Section 68-11-224, is amended by deleting the section in its entirety and by substituting instead the following:

(a) A universal do not resuscitate order may be issued by a physician for his patient with whom he has a bona fide physician/patient relationship, but only:

(1) with the consent of the patient; or

(2) if the patient is a minor or is otherwise incapable of making an informed decision regarding consent for such an order, upon the request of and with the consent of the agent, surrogate, or other person authorized to consent on the patient's behalf under the Tennessee Health Care Decisions Act; or

(3) if the patient is a minor or is otherwise incapable of making an informed decision regarding consent for such an order and the agent, surrogate, or other person authorized to consent on the patient's behalf under the Tennessee Health Care Decisions Act is not reasonably available, the physician determines that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards.

(b) If the patient is an adult who is capable of making an informed decision, the patient's expression of the desire to be resuscitated in the event of cardiac or respiratory arrest shall revoke a universal do not resuscitate order. If the patient is a minor or is otherwise incapable of making an informed decision, the expression of the desire that the patient be resuscitated by the person authorized to consent on the patient's behalf shall revoke a universal do not resuscitate order. Nothing in this section shall be construed to require cardiopulmonary resuscitation of a patient for whom the physician determines cardiopulmonary resuscitation is not medically appropriate.

(c) Universal do not resuscitate orders issued in accordance with this section shall remain valid and in effect until revoked. In accordance with this section and applicable regulations, (1) qualified emergency medical services personnel, and (2) licensed health care practitioners in any facility, program or organization operated or licensed by the board for licensing health care facilities or by the department of mental health and developmental disabilities or operated, licensed, or owned by another state agency are authorized to follow universal do not resuscitate orders that are available to them in a form approved by the board for licensing health care facilities.

(d) Nothing in this section shall authorize the withholding of other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or to alleviate pain.

(e) For the purposes of this section:

(1) "Emergency responder" means a paid or volunteer firefighter, law enforcement officer, or other public safety official or volunteer acting within the scope of his or her proper function under law or rendering emergency care at the scene of an emergency.

(2) "Health care provider" shall have the same meaning as ascribed to that term in Tennessee Code Annotated Section 68-11-1702(a)(9), and shall

include, but shall not be limited to, qualified emergency medical services personnel.

(3) "Person authorized to consent on the patient's behalf" means any person authorized by law to consent on behalf of the patient incapable of making an informed decision or, in the case of a minor child, the parent or parents having custody of the child or the child's legal guardian or as otherwise provided by law.

(4) "Qualified emergency medical service personnel" shall include, but shall not be limited to, emergency medical technicians, paramedics, or other emergency services personnel, providers, or entities acting within the usual course of their professions, and other emergency responders.

(5) "Universal do not resuscitate order" means a written order that applies regardless of the treatment setting and that is signed by the patient's physician which states that in the event the patient suffers cardiac or respiratory arrest, cardiopulmonary resuscitation should not be attempted.

(f) If a person with a universal do not resuscitate order is transferred from one health care facility to another health care facility, the health care facility initiating the transfer shall communicate the existence of the universal do not resuscitate order to the receiving facility prior to the transfer. The transferring facility shall assure that a copy of the universal do not resuscitate order accompanies the patient in transport to the receiving health care facility. Upon admission, the receiving facility shall make the universal do not resuscitate order a part of the patient's record.

(g) This section shall not prevent, prohibit, or limit a physician from issuing a written order, other than a universal do not resuscitate order, not to resuscitate a patient in the event of cardiac or respiratory arrest in accordance with accepted medical practices. This section shall have no application to any do not resuscitate order that is not a "universal do not resuscitate order," as defined in this section.

(h) Valid do not resuscitate orders or emergency medical services do not resuscitate orders issued before July 1, 2004, pursuant to the then-current law, shall remain valid and shall be given effect as provided in this section.

(i)

(1) The board for licensing health care facilities shall promulgate rules and create forms regarding procedures for the withholding of resuscitative services from patients in accordance with the provisions of this act and this section.

(2) The rules shall address:

(A) The mechanism or mechanisms for reaching decisions about the withholding of resuscitative services from individual patients;

(B) The mechanism or mechanisms for resolving conflicts in decision making, should they arise; and

(C) The roles of physicians and, when applicable, of nursing personnel, other appropriate staff, and family members in the decision to withhold resuscitative services.

(3) The rules shall include provisions designed to assure that patients' rights are respected when decisions are made to withhold resuscitative services and shall include the requirement that appropriate orders be written by the physician primarily responsible for the patient, and that documentation be made in the patient's current clinical record if resuscitative services are to be withheld.

(4) The provisions of this section shall not be construed or implemented in any manner which restricts or impairs the decision-making authority of the agent, surrogate, or other person designated in the Tennessee Health Care Decisions Act. This section does not authorize a surrogate to give consent for or take any action on behalf of a patient on any matter governed by Tennessee Code Annotated, Title 33.

(j) A health care provider or institution acting in good faith and in accordance with generally accepted health care standards applicable to the health care provider or institution is not subject to civil or criminal liability for:

(1) complying with a universal do not resuscitate order;

(2) declining to comply with a universal do not resuscitate order based on a reasonable belief that the order then lacked validity; or

(3) complying with a universal do not resuscitate order and assuming that the order was valid when made and has not been revoked or terminated.

SECTION 4. The Tennessee Right to Natural Death Act, Tennessee Code Annotated, Title 32 Chapter 11, is amended by adding the following as a new, appropriately designated section:

Section 32-11-_____.

(a) A living will entered into before July 1, 2004 under this chapter shall be given effect and interpreted in accord with this chapter.

(b) A living will entered into on or after July 1, 2004 that evidences an intent that it is entered into under this chapter shall be given effect and interpreted in accord with this chapter.

(c) A living will entered into on or after July 1, 2004 that does not evidence an intent that it is entered into under this chapter may, if it complies with the provisions of the Tennessee Health Care Decisions Act, Tennessee Code Annotated, Title 68, Chapter 11, Part 17, be given effect as an individual instruction under that act.

SECTION 5. Tennessee Code Annotated, Title 34, Chapter 6, Part 2, is amended by adding the following language as a new, appropriately designated section:

Section 34-6-_____.

(a) A durable power of attorney for health care entered into before July 1, 2004 under this part shall be given effect and interpreted in accord with this part.

(b) A durable power of attorney for health care entered into on or after July 1, 2004 that evidences an intent that it is entered into under this part shall be given effect and interpreted in accord with this part.

(c) A durable power of attorney for health care entered into on or after July 1, 2004 that does not evidence an intent that it is entered into under this part may, if it complies with the provisions of the Tennessee Health Care Decisions Act, Tennessee Code Annotated, Title 68, Chapter 11, Part 17, be given effect as an advance directive under that act.

SECTION 6. For purposes of rulemaking this act shall take effect on becoming a law, for all other purposes, this act shall take effect July 1, 2004, the public welfare requiring it.

PASSED: May 20, 2004


JIMMY RAIFEH, SPEAKER
HOUSE OF REPRESENTATIVES


JOHN S. WILDER
SPEAKER OF THE SENATE

APPROVED this 8th day of June 2004


PHIL BREDESEN, GOVERNOR

CHAPTER NO. 169

SENATE BILL NO. 694

By Henry, Ramsey, Crutchfield, Graves, Trail, Haynes,
Harper, Kilby, McNally, Cooper, Burks, McLeary

Substituted for: House Bill No. 1135

By Briley, Mr. Speaker Naifeh, Sherry Jones, Harmon, Borchert, Chumney, Rinks, Shaw, Armstrong, Maddox, Shepard, Pinion, Hackworth, Litz, Yokley, Fitzhugh, Tindell, Sontany, Pruitt, Langster, Coleman, Cobb, Bone, Brenda Turner, Henri Brooks, Hood, Garrett, Michael Turner, Ferguson, Cooper, Newton, Vaughn, Kent, Todd, Sargent, Godsey, Hargett, Walker, Patton, DuBois, Dunn, Harry Brooks, Bittle, Wood, Montgomery, Crider, Pleasant, John DeBerry, Brown, Head, Davidson, Ulysses Jones, McMillan, West, Winningham, Fraley, Curtiss, Hargrove, Miller, McDonald, Towns

AN ACT to amend Tennessee Code Annotated, Title 63; Title 68 and Title 71, relative to nursing home facilities and services.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act shall be referred to as the "Nursing Home Compassion, Accountability, Respect and Enforcement Reform Act".

SECTION 2. Tennessee Code Annotated, Section 68, Chapter 1, Part 1, is amended by adding the following language, designated as a new Section 68-1-120:

Section 68-1-120. The commissioner shall submit a report by not later than February 1 of each year to the Governor and to each House of the General Assembly regarding the department's nursing home inspection and enforcement activities during the previous year. The report shall analyze trends in compliance with nursing home standards and residents' rights by nursing homes in the state, and shall be limited to identifying those trends through aggregate and quantitative data only. In preparing the report, the commissioner may utilize quantitative data compiled by nursing homes pursuant to federal or state regulations. The commissioner shall ensure that the report is promptly made available to the public by dissemination via the Internet and that the report is available for members of the public to copy.

SECTION 3. Tennessee Code Annotated Section 68-11-207, is amended by adding the following new subsection, to be designated as a new subsection (e):

(e)(1) In addition to the authority granted above, the board shall have the authority to place a facility on probation. To be considered for probation, a facility must have had at least two (2) separate substantiated complaint investigation surveys within six (6) months, where each survey had at least one deficiency cited at the level of substandard quality of care or immediate jeopardy, as those terms are defined at 42 C.F.R. § 488.301. None of the surveys can have been initiated by an unusual event or incident self reported by the facility.

(2) If a facility meets those criteria, the board may hold a hearing at its next regularly scheduled meeting to determine if the facility should be placed on probation. Prior to initiating such a hearing, the board shall provide notice to the facility detailing what specific non-compliance the board has identified that the facility must respond to at the probation hearing.

(3) Prior to imposing probation, the board may consider and address in its findings all factors which it deems relevant, including, but not limited to, the following:

(A) What degree of sanctions is necessary to ensure immediate and continued compliance; and

(B) Whether the non-compliance was an unintentional error or omission, or was not fully within the control of the facility; and

(C) Whether the nursing home recognized the non-compliance and took steps to correct the identified issues, including whether the facility notified the department of the non-compliance either voluntarily or as required by state law or regulations; and

(D) The character and degree of impact of the non-compliance on the health, safety and welfare of the patient or patients in the facility; and

(E) The conduct of the facility in taking all feasible steps or procedures necessary or appropriate to comply or correct the non-compliance; and

(F) The facility's prior history of compliance or non-compliance.

(4) If the board places a facility on probation, the facility shall detail in a plan of correction those specific actions, which when followed, will correct the non-compliance identified by the board.

(5) During the period of probation, the facility must make reports on a schedule determined by the board. These reports must demonstrate and explain to the board how the facility is implementing the actions identified in its plan of correction. In making such reports, the board shall not require the facility to disclose any information protected as privileged or confidential under any state or federal law or regulation.

(6) The board is authorized at any time during the probation to remove the probational status of the facility's license, based upon information presented to it showing that the conditions identified by the board have been corrected and are reasonably likely to remain corrected.

(7) The board must rescind the probational status of the facility if it determines that the facility has complied with its plan of correction as submitted and approved by the board, unless the facility has additional non-compliance that warrants an additional term of probation as defined in § 68-11-207(e)(1).

(8) A single period of probation for a facility shall not extend beyond twelve (12) months. If the board determines during or at the end of the probation that the facility is not taking steps to correct non-compliance or otherwise not responding in good faith pursuant to the plan of correction, the board may take any additional action as authorized by law.

(9) The hearing to place a facility on probation including all proceedings under this subsection and judicial review of the board's decision shall be in accordance with the Uniform Administrative Procedures Act, compiled in Title 4, Chapter 5.

(10) The provisions in this act in no way relieve any party from the responsibility to report suspected adult abuse, neglect and/or exploitation to, or to share information with, the Adult Protective Services Program in accordance with the provisions of the Tennessee Adult Protection Act, Tennessee Code Annotated, Title 71, Chapter 6, Part 1.

SECTION 4. Tennessee Code Annotated, Section 68-11-801, is amended by adding the following new subsection, to be designated as follows:

(e) The imposition of a state civil penalty pursuant to this section and the decision to impose such shall not be affected by either the imposition or withholding of a federal sanction under the provisions of Title XVIII (42 U.S.C. § 1395 et seq.) or XIX (42 U.S.C. § 1396 et seq.) of the Social Security Act.

SECTION 5. Tennessee Code Annotated, Section 68-11-811, is amended by deleting from subsection (a) the language "five thousand dollars (\$5,000)" and substituting instead "seven thousand five hundred dollars (\$7,500)"; by deleting from subsection (b) the language "one thousand dollars (\$1,000)" and substituting instead "one thousand five hundred dollars (\$1,500)"; by deleting from subsection (c) the language "two hundred fifty dollars (\$250)" and substituting instead "two hundred fifty dollars (\$250) and not more than four hundred dollars (\$400)".

SECTION 6. Tennessee Code Annotated, Section 68-11-210, is amended by adding the following language, to be designated as a new subsection (d):

(d) Any nursing home that files for federal bankruptcy protection shall immediately inform the Commissioner of Health regarding its financial condition and the status of the legal proceedings. In overseeing a facility that has filed for federal bankruptcy protection, the Department of Health shall follow any existing policies or regulations pertaining to any special inspection or oversight of such a facility. The fund established by § 68-11-827 may be used for the purpose of protecting the residents of such a nursing home, if the facility's non-compliance with the conditions of continued licensure, applicable state and federal statutes, rules, regulations and contractual standards threatens the residents' continuous care, the residents' property, the nursing home's continued operation, or the nursing home's continued participation in the medical assistance program of Title 71, Chapter 5. The commissioner shall inform the attorney general and reporter regarding the status of the legal proceedings.

SECTION 7. Tennessee Code Annotated, Section 71-6-103(d), is amended by replacing the semicolon at the end of subsection (d)(2) with a period and adding the following language to the end of the subsection:

The Commissioner of Health, upon becoming aware through personal knowledge, receipt of a report or otherwise, of confirmed exploitation, abuse, or neglect of a nursing home resident, shall report such instances to the Tennessee Bureau of Investigation for a determination by the bureau as to whether the circumstances reported constitute abuse of the Medicaid program or other criminal violation.

SECTION 8. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following language, which shall be designated as a new section:


71-5-195. The comptroller of the treasury, in conjunction with any appropriate TennCare drug utilization review committees, shall study the use of prescription drugs in nursing homes and the costs of those prescription drugs for residents of nursing homes. The study shall examine prescription use overall, and shall focus on any practices that would improve the quality of resident care while reducing costs to the TennCare program. By January 1, 2005, the comptroller of the treasury shall deliver its report to the Speakers of the respective Houses of the General Assembly.

SECTION 9. If any provision of this act or the application of it to any person or circumstance is held invalid, such invalidity shall not affect other provisions or application of the act that can be given effect without the invalid provision or application, and to that end the provisions of this act are declared to be severable.

SECTION 10. This act shall take effect on July 1, 2003, the public welfare requiring it.

PASSED: May 12, 2003


JOHN S. WILDER
SPEAKER OF THE SENATE


JIMMY NAIFEH, SPEAKER
HOUSE OF REPRESENTATIVES

APPROVED this 21st day of May 2003


PHIL BREDESEN, GOVERNOR

Facilities Sprinklered Status Nursing Homes

Note: Nursing Homes not appearing on this list are fully sprinklered. Newly sprinklered facilities will be removed the month following inspection approval.

Note: Smoke detector installation, signage, and posting requirements for the following facilities is being confirmed upon survey.

***Exempt:** T.C.A. 68-11-235 exempts nursing homes that choose to completely replace the facility as an alternative to sprinklering the existing facility. These facilities have obtained approval from the Health Services and Development Agency and have submitted plans to the Department for such. The replacement facility must be in construction beyond the footing stage within three (3) years of July 1, 2004.

Small project - Denotes facility almost completely sprinklered except for small area not requiring submission of sprinkler plans.

EAST TENNESSEE REGION: Nursing Homes

Facility Name	City	Number of Stories	Date Plans Submitted to DOH	Date Plans Approved by DOH	DOH Onsite
					Inspection Approval Date
ASBURY PLACE AT JOHNSON CITY	JOHNSON CITY	6	CN0402-015	Exempt*	
BRISTOL NURSING HOME	BRISTOL	2	7/6/2004	11/10/2004	
HILLCREST SOUTH	KNOXVILLE	1	7/6/2004	11/18/2004	
LAKE CITY HEALTH CARE CENTER	LAKE CITY	1	8/20/2004	1/12/2005	9/1/2005
ONEIDA NURSING & REHABILITATION CENTER	ONEIDA	1	4/18/2005	5/5/2005	
SEVIER COUNTY HEALTH CARE CENTER	SEVIERVILLE	1	12/23/2004	12/28/2004	
ST BARNABAS NURSING HOME	CHATTANOOGA	4	CN0308-069A	Exempt*	
ST MARY'S HEALTH & REHABILITATION CENTER	LAFOLLETTE	3	12/13/2004	1/20/2005	
UNICOI CO NURSING HOME	ERWIN	1	1/20/2005	2/17/2005	

Total Facilities: 6

Total Exempt & scheduled for replacement: 2

**MIDDLE TENNESSEE REGION:
Nursing Homes**

Facility Name	City	Number of Stories	DOH Onsite		Inspection Approval Date
			Date Plans Submitted to DOH	Date Plans Approved by DOH	
BELCOURT TERRACE NURSING HOME	NASHVILLE	1	3/24/2005	4/6/2005	
CHRISTIAN CARE CTR. SPRINGFIELD (ELM HURST)	SPRINGFIELD	1	7/22/2005	8/25/2005	
ERLANGER BLEDSOE MEDICAL SNF	PIKEVILLE	1	4/8/2005	8/19/2005	
GALLATIN HEALTH CARE CENTER	GALLATIN	1	12/10/2004	2/9/2005	
HARPETH TERRACE CONVALESCENT CENTER	FRANKLIN	1	3/22/2005	4/28/2005	
PEACHTREE CENTER NURSING & REHABILITATION	SMYRNA	1	1/26/2005	3/10/2005	
QUALITY CARE HEALTH CENTER	LEBANON	1	11/17/2004	11/19/2004	
SMITH COUNTY HEALTH CARE CTR.	CARTHAGE	1			
SOUTHERN TN MEDICAL CTR. SNF//EMERALD HOGS	WINCHESTER	1	4/19/2005	7/11/2005	
THE PALACE	RED BOILING SPRINGS	1	4/29/2005	5/4/2005	

Total Facilities: 10

Total Exempt & scheduled for replacement: 0

**WEST TENNESSEE REGION:
Nursing Homes**

Facility Name	City	Number of Stories	DOH Onsite		Inspection Approval Date
			Date Plans Submitted to DOH	Date Plans Approved by DOH	
ATRIUM OF MEMPHIS (formerly Heartland)	MEMPHIS	4	6/8/2004		
BAILEY PARK COMMUNITY LIVING CENTER	HUMBOLDT	1	3/16/2005	9/9/2005	
BRIARWOOD COMMUNITY LIVING CENTER	LEXINGTON	1	4/5/2005	4/12/2005	
COURT MANOR	MEMPHIS	1	Intend to Replace		
GENERAL CARE CONVALESCENT CENTER	CLARKSVILLE	1	2/3/2004	3/10/2004	
HARDIN HOME	SAVANNAH	1	8/4/2005	11/28/2005	
LAUDERDALE COMM LIVING CENTER	RIPLEY	1	4/5/2005	11/5/2005	
OAK MANOR HEALTH CARE CENTER	MC KENZIE	1	Small Project	N/A	
OAKWOOD COMMUNITY LIVING CENTER	DYERSBURG	1	Small Project	N/A	

PARIS MANOR NURSING & REHABILITATION CENTER	PARIS	1	CN0311-96A	Exempt*	
QUALITY CARE CENTER OF MEMPHIS	MEMPHIS	1	3/22/2005	3/30/2005	
SENIOR CARE	MEMPHIS	1	4/7/2005	4/15/2005	
WAYNE COUNTY NURSING HOME	WAYNESBORO	1	7/6/2005	7/22/2005	
WEAKLEY COUNTY NURSING HOME	DRESDEN	1	9/15/2004	5/6/2005	
WHITEHAVEN COMMUNITY LIVING	MEMPHIS	1	4/5/2005	5/6/2005	

Total Facilities: 14

Total Exempt & scheduled for replacement: 1

Statewide: 337

Nursing Homes

Total Not in Compliance: 30

Total Exempted & scheduled for replacement: 3

Pending Onsite: 0

**Deficiency Free Surveys
January 1, 2005 through December 31, 2005**

East Tennessee Regional Office

Name of Facility	Date of Survey
Asbury Place at Kingsport	12/18/2005
Briarcliff Health Care Ctr.	03/02/2005
Blount Memorial TCU	08/03/2005
Mountain City Care & Rehabilitation Ctr.	10/13/2005
Rhea County Nursing Home	11/16/2005
Roan Highlands Nursing Center	03/10/2005
Takoma TCU	05/11/2005

Middle Tennessee Regional Office

Name of Facility	Date of Survey
Hidden Acres Health Care Center	07/28/2005
Sumner Regional Medical TCU	08/31/2005

West Tennessee Regional Office

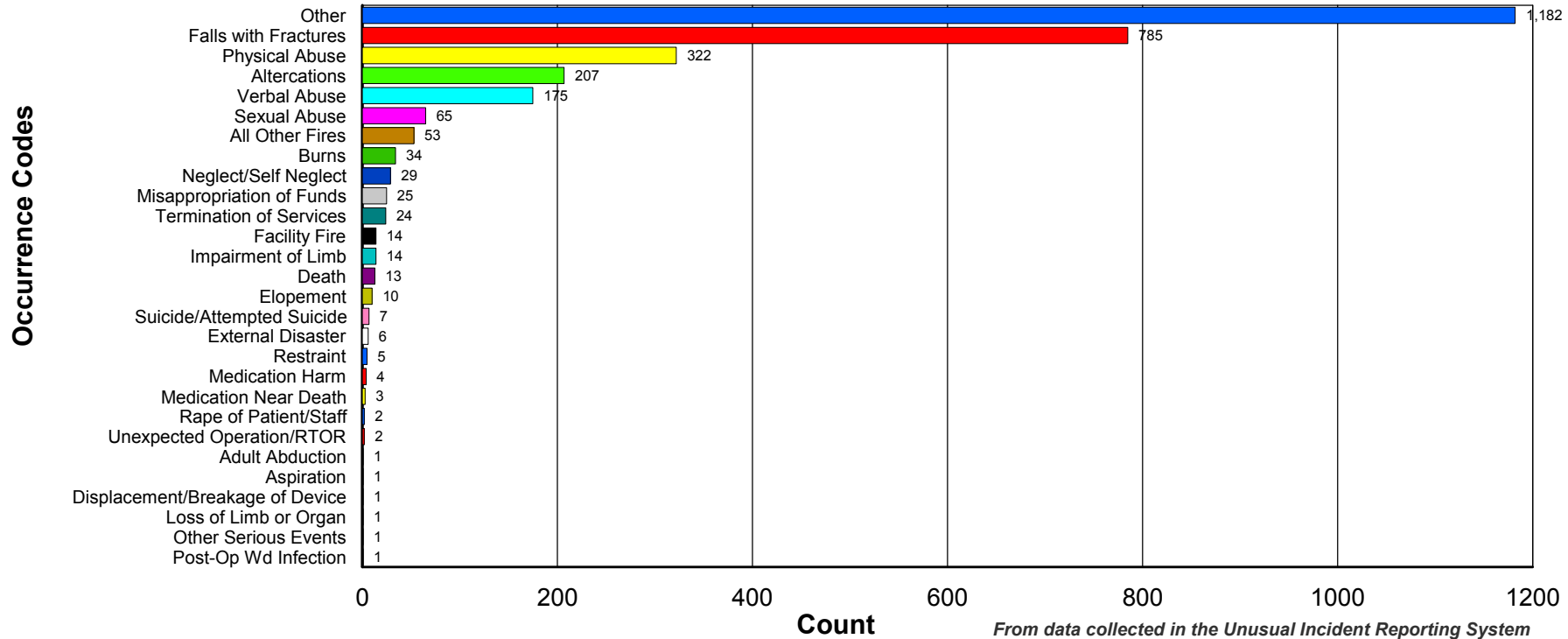
Name of Facility	Date of Survey
Ava Maria Home	09/08/2005
Harbert Hills Academy NH	03/23/2005
NHC Health Care Dickson	09/22/2005



Reported Events from: 1/1/2004 to 12/31/2004
for Long Term Care

Unusual Event Reports

Statewide Distribution of Primary Occurrence Code by Provider Type



Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
901 - Other	1,182	39.57%	1,478	79.97%
751 - Falls with Fractures	785	26.28%	1,232	63.72%
968 - Physical Abuse	322	10.78%	351	91.74%
964 - Altercations	207	6.93%	228	90.79%
970 - Verbal Abuse	175	5.86%	190	92.11%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.



Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
969 - Sexual Abuse	65	2.18%	79	82.28%
936 - All Other Fires	53	1.77%	76	69.74%
701 - Burns	34	1.14%	60	56.67%
971 - Neglect/Self Neglect	29	0.97%	36	80.56%
972 - Misappropriation of Funds	25	0.84%	36	69.44%
933 - Termination of Services	24	0.80%	36	66.67%
935 - Facility Fire	14	0.47%	25	56.00%
918 - Impairment of Limb	14	0.47%	43	32.56%
915 - Death	13	0.44%	89	14.61%
923 - Elopement	10	0.33%	15	66.67%
922 - Suicide/Attempted Suicide	7	0.23%	15	46.67%
932 - External Disaster	6	0.20%	9	66.67%
966 - Restraint	5	0.17%	6	83.33%
108 - Medication Harm	4	0.13%	10	40.00%
109 - Medication Near Death	3	0.10%	26	11.54%
963 - Rape of Patient/Staff	2	0.07%	3	66.67%
819 - Unexpected Operation/RTOR	2	0.07%	132	1.52%
962 - Adult Abduction	1	0.03%	1	100.00%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.



Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
201 - Aspiration	1	0.03%	5	20.00%
806 - Displacement/Breakage of Device	1	0.03%	31	3.23%
917 - Loss of Limb or Organ	1	0.03%	7	14.29%
937 - Other Serious Events	1	0.03%	1	100.00%
808 - Post-Op Wd Infection	1	0.03%	256	0.39%

Total Occurrences for Provider Type: Long Term Care
 counting Reported Events from: 1/1/2004 to 12/31/2004 2,987

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT.	OCT.	NOV.	DEC.	YTD	04	03	02
TOTAL COMPLAINTS	132	144	133	146	160	127	117	152	168	188	136	130	1733	1836	2059	2198
PRIORITY OF COMPLAINT																
Total Priority 1	22	17	24	26	15	21	26	27	24	23	14	15	254	221	210	217
Total Priority 2	76	89	72	79	87	59	59	60	71	89	81	63	885	1085	1050	1,123
Total Priority 3	34	38	37	41	58	47	30	65	69	76	41	50	586	516	767	752
Total Priority 4	0	0	0	0	0	0	2	0	3	0	0	1	6	12	26	67
Total Priority 5	0	0	0	0	0	0	0	0	1	0	0	1	2	2	6	39
PERCENTAGES																
Priority 1	22	17	24	26	15	21	26	27	24	23	14	15	254	221	210	217
% of Total	16.67%	11.81%	18.05%	17.81%	9%	17%	22%	18%	14%	12%	10%	12%	15%	12%	10%	10%
Priority 2	76	89	72	79	87	59	59	60	71	89	81	63	885	1,085	1,050	1,123
% of Total	57.58%	61.81%	54.14%	54.11%	54%	46%	50%	39%	42%	47%	60%	48%	51%	59%	51%	51%
Priority 3	34	38	37	41	58	47	30	65	69	76	41	50	586	516	767	752
% of Total	25.76%	26.39%	27.82%	28.08%	36%	37%	26%	43%	41%	40%	30%	38%	34%	28%	37%	34%
Priority 4	0	0	0	0	0	0	2	0	3	0	0	1	6	12	26	67
% of Total	0.00%	0.00%	0.00%	0.00%	0%	0%	2%	0%	2%	#VALUE!	0%	1%	0%	1%	1%	3%
Priority 5	0	0	0	0	0	0	0	0	1	0	0	1	2	2	6	39
% of Total	0.00%	0.00%	0.00%	0.00%	0%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	2%

ALLEGATION/COMPLAINT	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT.	OCT.	NOV.	DEC.	YTD	04	03	02
Patient/Resident Abuse	25	17	23	26	27	19	16	23	24	25	9	19	253	255	291	397
Patient/Resident Neglect	59	81	69	81	69	58	49	76	62	54	55	52	765	897	885	1027
Patient/Resident Rights	45	48	44	50	50	34	48	74	62	45	43	42	585	582	522	768
Refused Emergency Care	3		2	2	1	6		3	5	1			23	39	35	35
Environment (living)	17	17	14	24	13	23	20	24	21	33	23	17	246	209	323	273
Care or Services	157	176	187	132	257	206	205	194	182	161	118	104	2079	2153	1902	1849
Dietary/Food Services	19	19	20	28	19	23	16	30	19	19	13	9	234	202	230	171
Misuse Funds/Property	2	5	1	6	3	1	3	5	2	2	2	5	37	35	45	47
Unqualified Nurse Aide		1											1	27	2	5
Falsification of Records/Reports	1	3		1	4		1	7	4	2	1	1	25	23	21	35
Unqualified Personnel/Staff	6	8	9	15	9	10	2	4	2	8	3	4	80	107	48	70
Speciman Handling		1	1		2	5	1	2	4	4	4		24	22	20	2
Wrong Diagnosis													0	9	1	1
Errors in Test Results (Lab)													0	2	2	2
Death/Transfusion Death	3	12	13	7	3	10	5	8	6	3	2	2	74	72	72	8
Other (specify)	69	49	67	74	99	78	75	89	76	90	92	60	918	883	454	219
Total	406	437	450	446	556	473	441	539	469	447	365	315	5344	5517	4853	4909

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT.	OCT.	NOV.	DEC.	YTD	04	03	02
FACILITY TYPES																
Hospitals	18	11	23	14	20	21	18	28	23	27	17	10	230	212	235	246
Prescribed Child Care											1		1	0	0	0
Nursing Homes	77	89	78	100	95	79	81	112	119	111	91	86	1118	1064	1243	1435
ASTC										1	2	1	4	4	6	5
Homes for Aged	3	5	6	2	3	1	3	4	3	9	6	1	46	72	56	84
Residential Hospice	1												1	0	0	0
RRTF													0	2	0	1
NRTF	1	1				2	1		1	1	1		8	13	10	5
PPTF													0	1	0	0
NRNTF	1							1					2	1	2	8
Halfway House		1							1	1			3	2	1	1
RDTF													0	2	4	3
DUI				1	1							1	3	2	1	0
Birth Centers													0	0	0	0
ACLF	7	5	8	12	14	14	7	12	9	20	11	7	126	133	123	144
HHA	2	1	1	2	6	3		13	3	6	2	8	47	30	35	53
Hospice		2	2	1		2	1	2	1	2		3	16	8	16	11
HIV													0	0	0	0
HME				2					2	1		3	8	10	6	5
Pediatric Emergency Care													0	1	2	0
CLIA			1	1	1						1		4	9	7	5
ICF/MR	18	25	12	11	16	4	6	4	3	1			100	242	297	140
ESRD	4	4	1		3			2	1	7		2	25	20	11	27
OPT													0	1	2	1
Rural Health Clinic													0	2		
Professional Support Services					1								1	1		
CORF									1				1	1		
PRTF								1	1							
Unlicensed	6			8		3		5	4	1	1	2	30	21	18	32
TOTAL	138	144	132	154	160	129	117	184	172	189	135	122	1,774	1,854	2,075	2,206
TOTAL # OF SURVEY INSPECTIONS	410	452	607	498	495	507	461	499	492	517	493	463	5894	5544	5159	4708
Initial	16	22	22	14	21	12	12	17	17	17	21	12	203	323	228	102
Annual	147	175	234	162	161	189	173	115	174	179	160	150	2019	1796	1470	1393
Complaints	99	113	146	158	138	152	107	166	149	155	152	150	1685	1670	2057	1836
Follow-Ups	120	122	162	137	139	140	137	167	122	139	128	110	1623	1450	1226	1166
Renovation/Final	28	20	43	27	36	14	32	34	30	27	32	41	364	305	178	211
# OF COMPLAINT VISITS COMPLETED	99	113	146	158	138	152	107	166	149	155	152	150	1685	1670	2042	1830
# OF COMPLAINTS SUBSTANTIATED	28	34	32	58	35	41	36	59	28	47	43	37	478	508	573	491
% OF SUBSTANTIATED COMPLAINTS	28%	30%	22%	37%	25%	27%	34%	36%	19%	30%	28%	25%	28%	30%	28%	27%