

**PROGRAM QUESTIONS -**

1. For ACLFS, can someone with a bachelor's degree in social services sign that section of resident care plans if also the administrator?

**CO Response:** The ACLF regulations define licensed health care professional which includes clinical social worker as any health care professional currently licensed by the State of Tennessee to practice within the scope of a regulated profession such as a nurse practitioner, registered nurse, etc. There is not a regulation which prohibits the administrator from serving in the social worker role.

2. Where can I go online to review the most recent survey results for ACLFs?

**CO Response:** Not available on line at this time.

3. On discharge summary what if resident refuses to disclose new location?

**CO Response:** Documentation must be in place indicating the refusal by the resident to disclose transfer destination with resident acknowledging by signature.

4. What two (2) resident identifiers do you recommend for LTC residents?

**CO Response:** There is no rule or regulation that states which identifiers are to be used and we cannot recommend one. Refer to standards of practice or practice guidelines such as AHRQ.

5. On issues regarding personal hygiene items in resident rooms of an ALF memory care: Is hand soap liquid or bar allowed to be in bathroom for use or does it require being in secured area?

**CO Response:** Assessment of resident would determine how this would be addressed by the facility and viewed from a survey perspective. The assessment result would be captured during the care planning process.

6. Explain bedrails in ALCF especially if rails are resident choice from fear of falling or to aide in getting up.

**CO Response:** Assessment of resident would determine how bed rails would be addressed by the facility and viewed from a survey perspective. The assessment result would be captured in the care plan for the resident.

7. What are the requirements or recommendations for electronic narcotic tracking? E-MARS in general?

**CO Response:** Any resident or relative facility paperwork must be readily accessible to the surveyors. Suggest using a company that is compliant with Meaningful Use and the facility has the capability of following the mediation and everyone who touched it from receipt all the way through disposition.

8. Why doesn't the Board either use a cover page to the reqs that show us the changes (like IRS does at front of book each year) or somehow highlight changes so we can spot them easier?

**Response:** We have no authority over the web placement of updated regulations. This is under the responsibility of the Secretary of State. Upon a regulation update we provide electronic notification to the administrator of the facility.

9. Can we e-mail at any time to see how many CEUs we currently have?

**Response:** Yes. E-mail Eddie Stewart at [Eddie.J.Stewart@tn.gov](mailto:Eddie.J.Stewart@tn.gov).

### **LIFE SAFETY QUESTIONS –**

1. Are self-door closers required for resident rooms in Assisted Living? In RHA?

**Response:** **SMALL – 33.2.3.6.4(3) Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5.3. LARGE – 33.3.3.6.6.3 In buildings protected throughout by an approved automatic sprinkler system installed in accordance with 33.3.3.2, doors, other than doors to hazardous areas, vertical openings, and exit enclosures, shall not be required to be self-closing or automatic-closing.**

2. What do you do with an ACLF resident who continues to refuse to leave their room during a fire drill? Capable just refuses. A deficiency would be cited during a fire drill if a facility fails to demonstrate evacuation per the facility's plan. What the facility does with a specific resident is the facility's choice, however, participation in fire drills should be something the residents are aware of and acknowledge on admission. During the fire drill, the evacuation would be timed until all residents have evacuated including keeping the alarm activated until all residents have evacuated. This is a Life Safety Code requirement: **33.7.3.3 The drills shall involve the actual evacuation of all residents to an assembly point, as specified in the emergency plan, and shall provide residents with experience in egressing through all exits and means of escape required by the Code.**
3. Can residents use a metal trash can if it does not say UL approved? **Yes these can be used.**
4. Can a memory foam mattress topper be used? What about memory foam mattresses? **YES and YES since smoke detectors are in all residents sleeping rooms.** A topper would be considered a component of the bed's mattress. **33.7.5.3.2 Mattresses belonging to residents in sleeping rooms shall not be required to be tested, provided that a smoke alarm is installed in such rooms; battery-powered single-station smoke alarms shall be permitted in such rooms.**
5. Do you have to have emergency night lights if you have a backup generator to power the whole building? A facility must have emergency lighting in the means of egress. The facility must demonstrate that a night light in the resident room will come on for illuminating the egress path upon loss of power. A simple night light with an on/off switch does not guarantee this.

October 12, 2015 State Licensure Training –

1. Social Services – How do you manage residents that flirt with staff? Any issues that need to be addressed along that line?

**CO Response:** 1200-08-25-.12(5)(b)4. “Plan of care...Recreational and social activities which are suitable, desirable, and important to the well-being of the resident...” Staff in any medical facility setting would be expected to respond professionally by respectfully reminding the resident of personal space and emotional comfort levels with a gentle but unmistakable request asking the resident to refrain. Many residents do not even realize it is flirting or that they are making someone uncomfortable. If the behavior continued or if the facility even felt it appropriate after one encounter, they could work with the resident to place it on the Care Plan.

2. Social Services – What if you have residents that bully other residents and/or staff verbally and with vindictive behaviors? How do administration/staff deal with that effectively and legally?

**CO Response:** If the resident is meeting the requirement found at assisted care living facility regulation 1200-08-25-.08(1)(e) which states, “Exhibits verbal or physical aggressive behavior which poses an imminent physical threat to self or others, based on behavior, not diagnosis;” then resident would not be allowed to remain in the facility. Further guidance is found in 1200-08-25-.08(2) which indicates a resident should be discharged/transferred to an appropriate setting.

3. What are the secure unit requirements and statistical info required?

**CO Response:** Refer to assisted care living facility regulation 1200-08-25-.08(9). This section of regulation addresses the utilization of secure units.

**PROGRAM QUESTIONS -**

1. Can a facility be named Blessed A(not sure of spelling) Assisted Living Center and the building be named John Hopkins after a person honoring that person

**CO Response:** The ACLF regulations do not dictate nor prohibit the naming of a facility and building as you have described above.

2. Why aren't all seminars provided by regional offices? If they are regional offices aren't aware of CEU approval status?

**CO Response:** For consistency across the state, the Central Office of Health Care Facilities is charged in conjunction with the assistance of the Regional Offices to conduct provider training. The Regional Offices are responsible for the surveying of the certified and licensed health care facilities.

3. How can resident medications be filled if they have already had medications filled for the month? Insurance companies won't allow our pharmacy to refill meds.

**CO Response:** New med orders would require filling just as those medications which are already filled.

Prescribed medications are filled according to physician approval i.e. with refills or without refills and according to regulatory standards for refills, i.e. monthly, every three months whether the medications are controlled substances or non-controlled substances. If medications are not administered per physician orders or if the medications are missing, a discrepancy in the allotted amount filled by the pharmacy and available for the resident will occur.

A discrepancy in the prescribed count of the medication could occur by pharmacy error prior to delivery to the facility. However, many pharmacies have implemented double and triple counts in the dispensing process to assure accuracy and customers are required to sign for medications prior to the pharmacy releasing the medications to the customer. Facilities are required to sign the pharmacy manifest by the driver of the pharmacy to assure the delivery of the medications.

A discrepancy in the dispensed count from the pharmacy may occur in another manner after delivery. In an effort to self-medicate their drug abuse addiction or to curb the untoward side effects of drug abuse for themselves or their loved ones perpetrators not only target narcotics for misappropriation but also medications for blood pressure and anxiety. Also, perpetrators misappropriate other medications because of their euphoric side effects, i.e. Robitussin DM, known as Skittles in the drug market and Seroquel known as Baby Heroin in the prison population. Tagamet, a medication by prescription and over the counter, is targeted by perpetrators to prolong the euphoric effects of narcotics by blocking the receptor sites of the narcotics. The blocking of these receptor sites by Tagamet allows the narcotics to remain in the blood stream longer thus providing a longer euphoric effect.

If the dispensed amount of any medication is not lasting the full refill cycle, the facility may consider implementing a documented and witnessed physical count at the time of the medication delivery and then placing the documentation of the administration of each dose of medication on a count sheet (as a narcotic would be administered) for a perpetual inventory of the dispensed refill.

4. Do residents require yearly TB skin tests?

**CO Response:** There is no regulatory language in the nursing home, home for the aged, or assisted care living facility regulations which requires yearly TB skin tests. There is not a Federal Requirement for TB testing. The regulation states the resident must be free from communicable diseases. The facility must have a policy that addresses residents and communicable diseases.

5. Do vitamins provided by family need a label on them?

**CO Response:** When prescribed medications are administered by the clinical staff in the nursing homes and assisted care living facilities, the medications should be administered per federal, state labeling requirements and because of patient safety in original pharmacy dispensing packaging or manufacturer's packaging. Otherwise, because so many medications look alike and have the same shape and size the nurse and a facility would be assuming total responsibility the medication was what the physician had prescribed, the dose was correct, the medication had been stored properly before administration – not too hot or too cold thus destroying the medication potency – and most of all the medication was manufactured by a reliable source and not purchased from the black market.

Medications that are prescribed by physicians as well as medication available for purchase over-the-counter without a physician order may interact with each other causing overdoses or negate or alter the use of medications.

Guidance would include making the physician aware of all medications prescribed and taken over the counter by every resident in order to prevent drug interactions and to make a clinical decision of what the resident should be administering per diagnoses.

During physician visits for non-institutionalized patients, it has become the norm to ask the patient to list the medications prescribed as well as those taken without a physician order which include vitamins, antacids, herbals, et. The physician is now aware of how to treat the patient

6. When does CMS get involved in POC?

**CO Response:** For certified facilities, CMS gets the POC after the regional office uploads the acceptable POC. In the case of a Directed Plan of Care (DPOC) they (CMS) must approve the DPOC as well as the regional office.

7. How does one get involved or put on one of standing committees of BLHCF?

**CO Response:** The standing committees of the Board for Licensing Health Care Facilities are comprised of members of the Board for Licensing Health Care Facilities. Board members are appointed by the governor.

8. Is there any plan to make the document (2567) easier to type information for POC? It is very difficult to and time consuming to type into area and “cut/paste” from other documents.

**CO Response:** There is no guidance from CMS that the 2567 form will be changed.

9. Can over the counter meds such as vitamins, calcium chews, ocalcite, etc be placed in small bottles from big bottles labeled with residents name and put in med cart to be administered?

**CO Response:** It is suggested to contact the Board of Pharmacy in regards to the repackaging of medications including over the counter medications at the following number, 615-741-2718 or 615-253-1299. In regards to protecting patient safety, to protecting professional licensure, and to protecting the liability of the facility, pharmacists and manufacturers should label all medications. Otherwise, the accuracy or origin of the vitamins and the potency are not validated.

#### **LIFE SAFETY QUESTIONS –**

1. Please explain what documentation for ninety (90) minute test of emergency lights.

**CO Response:** Ninety (90) minute test of the emergency lights per, NFPA 101, 7.9.3.1.2 (2012 Edition) Testing of required emergency lighting systems shall be permitted to be conducted as follows:

- (1) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be provided.
- (2) Not less than once every thirty (30) days, self-testing/self-diagnostic battery-operated emergency lighting equipment shall automatically perform a test with a duration of a minimum of thirty (30) seconds and a diagnostic routine.
- (3) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall indicate failures by a status indicator.
- (4) A visual inspection shall be performed at interval not exceeding thirty (30) days.
- (5) Functional testing shall be conducted annually for a minimum of 1 ½ hours.
- (6) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be fully operational for the duration of the 1 ½ hour test.
- (7) Written records of visual inspections and tests shall be kept by the owner for Inspection by the authority having jurisdiction.

2. Are electric blankets allowed in ACLF?

**CO Response:** Electric blankets and heating pads, there are no codes governing these, but the facility should have a policy for the use and care of these items.

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**CO Response:** Heating pads and electric blankets, there are no codes governing these, but the facility should have a policy for the use and care of these items.

4. Are crockpots with auto shut off allowed?

**CI Response:** Crockpots with a timer will be allowed under the Board's Interpretive Guidelines letter (ACLFS only), dated January 14, 2016 – pending Board approval.