

Michael Reeves <mreeves.parkrest@gmail.com>

additional info needed for waiver

1 message

Kathy Zeigler < Kathy. Zeigler@tn.gov>

Mon, Aug 19, 2024 at 4:00 PM

To: "Mreeves.parkrest@gmail.com" <mreeves.parkrest@gmail.com>

Good afternoon,

Please provide evidence of the below in order for a determination to be made for a waiver at the facility. You can provide schedules, physician statements, arrangement of agreements, rural area determination and adds placed for nursing ect.

- 1. The facility is located in a rural area and the supply of skilled nursing facility services in the area is not sufficient to meet the needs of individuals residing in the area;
- 2. The facility has one full-time registered nurse who is regularly on duty at the facility 40 hours a week; and
- 3. Has only patients whose physicians have indicated (through physicians' orders or admission notes) that they do not require the services of a registered nurse or a physician for a 48-hours period or;
- 4. Has made arrangements for a registered nurse or a physician to spend time at the facility, as determined necessary by the physician, to provide necessary skilled nursing services on days when the regular full-time registered nurse is not on duty.

Thank you

Kathy



Kathy Zeigler Regional Administrator

Health Facilities Commission

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