

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

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

SUBJECT: Adequate Medical Screening for Employees Language

DATE: May 2, 2012

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

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

Standards for Hospital – Rule 1200-08-1-.04(3)

Standards for Nursing Homes – Rule 1200-08-6-.04(10)

Standards for Ambulatory Surgical Treatment Centers-
Rule 1200-08-10-.04(11)

Standards for Residential Hospices-Rule 1200-08-15-.04(12)

Standards for Birthing Centers – Rule 1200-08-24-.04(2)

Standards for Homecare Organization Providing Home Health Services-
Rule 1200-08-26-.04(11)

Standards for Homecare Organization Providing Hospice Services-
Rule 1200-08-27-.04(14)

Standards for HIV Supportive Living Facilities – Rule 1200-08-28-.04(12)

Standards for End Stage Renal Dialysis Clinics – Rule 1200-08-32-.04(2)

Standards for Homecare Organizations Providing Professional Support
Services – Rule 1200-08-34-.04(9)

Standards for Outpatient Diagnostic Centers – Rule 1200-08-35-.04(11)

Standards for Prescribed Child Care Centers – Rule 1200-08-02-.04(4)



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Board for Licensing Health Care Facilities
Interpretative Guidelines

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

DATE: July 28, 2008

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

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



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SUSAN R. COOPER, MSN, RN
COMMISSIONER

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

Ms. Faye Vance
East Tennessee Regional Administrator

Ms. Debra Verna
Middle Tennessee Regional Administrator

From: L. Erin Begley
Assistant General Counsel

Date: August 7, 2008

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

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

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

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

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



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

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



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

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



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

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

DATE: May 12, 2009

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

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

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

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

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

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



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

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

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

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

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



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

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

DATE: February 8, 2017**** (**OBSOLETE – In HME Regulations – effective June 6, 2019**); January 23, 2014***; January 20, 2010

RULES: Delivered home medical equipment must have assessment and education provided by the licensed agency upon delivery to the individual's place of residence. *Mail order suppliers (includes a company that lists products to buy, rent, or lease via telephone, mailed check with order form, or Internet order and delivers directly to an individual via a postal service (USPS), UPS, FedEx or another courier service) of home medical equipment are excluded from in-home training except for those agencies that provide lifesaving equipment such as oxygen and respiratory equipment. (see **OBSOLETE above**)*

****Board unanimously voted to add second sentence relative to licensed mail order home medical equipment providers. (**see OBSOLETE above**)

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



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

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

DATE: May 1, 2013

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

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



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



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

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

DATE: November 10, 2010

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

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



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**Board for Licensing Health Care Facilities
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SUBJECT: Residential Hospice 1200-08-15-.04(5) a R.N. must be in the facility at all times.

DATE: November 10, 2010

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



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

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

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



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

DATE: April 19, 2011

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



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**Board for Licensing Health Care Facilities
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SUBJECT: Home Medical Equipment Rule 1200-08-29-.01(20)(a)3 regarding Mobility Equipment

DATE: March 16, 2011

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



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

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

DATE: May 4, 2011

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



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

SUBJECT: Outpatient Diagnostic Center Rule 1200-QS-35-.06(2) regarding Invasive Procedures

DATE: May 4, 2011
(Obsolete-In ODC Regulations-effective January 18, 2016)

RULES: The Board interpretation of Outpatient Diagnostic Center Rule 1200-08-35-.06(2)(b) & (f) to be read/viewed in the context of 2(a) where anything greater than local anesthesia is used during a procedure.



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

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

DATE: May 4, 2011

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



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

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

DATE: October 19, 2011

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

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



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

SUBJECT: NFPA 72 – Door Locking Devices

DATE: October 19, 2011

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

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

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

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

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



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

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



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

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

DATE: January 11, 2012

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



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

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

DATE: September 11, 2013

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



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

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

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

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

RULES: Home Health Agency definition #57 for speech therapist to include speech language pathologist and speech language pathologist clinical fellow until rulemaking complete for change to 1200-08-26-.01(57).



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**Current Building Code Editions Approved by the
Board for Licensing Health Care Facilities**
Effective January 1st 2024

1. 2021 International Building Code
2. 2021 NFPA 101 Life Safety Code
3. 2021 NFPA 1 Fire Code
4. 2021 International Mechanical Code
5. 2021 International Plumbing Code
6. 2021 International Fuel & Gas Code
7. 2017 National Electric Code
8. 2018 Guidelines for Design & Construction of:
 - a. Hospitals
 - b. Outpatient Facilities
 - c. Residential Health Care & Support Facilities (FGI)
9. 2009 U.S. Public Health Food Code
10. The handicap code as required by T.C.A. 568-120-204(a) for all new and existing facilities are subject to the requirements of the 2010 Americans with Disabilities Act (A.D.A.)



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

1. 2012 International Building Code
2. 2012 National Fire Protection Code(NFPA) NFPA 1 including Annex A which code incorporates the 2012 edition of the Life Safety Code
3. 2012 International Mechanical Code
4. 2012 International Plumbing Code
5. 2012 International Fuel and Gas Code
6. 2018 Guidelines for Design and Construction of :
 - (a) Hospitals
 - (b) Outpatient Facilities
 - (c) Residential Health, Care, and Support Facilities
7. 2011 National Electrical Code
8. 2009 U.S. Public Health Service Code.
9. The handicap code as required by T.C.A. §68-120-204(a) for all new and existing facilities are subject to the requirements of the 2010 Americans with Disabilities Act (A.D.A)

October 2018



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: New Federal Standards for Facility Upkeep of Crash Carts

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

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Definition of Secured Unit

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

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

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Storage of Resident Medication

DATE: January 21, 2015
**(Obsolete-In Assisted Care Living Facility Regulations-effective
October 8, 2018)**

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Flu Vaccination

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

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Flu Vaccination

DATE: January 21, 2015

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nurse Aide Training Programs

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

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

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

DATE: May 6, 2015

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

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

DATE: May 6, 2015

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

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

DATE: September 18, 2015

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

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

DATE: September 18, 2015

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

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

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Outpatient Services for Hospitals to include Dialysis Services

DATE: September 18, 2015

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

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

DATE: September 18, 2015

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

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

DATE: September 18, 2015

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Corridor Width Requirements in Assisted Care Living Facilities (ACLF) and Homes for the Aged (RHA)

DATE: September 18, 2015

RULES: ACLF 1200-08-25-.10(2)(f) and RHA 1200-08-11-.08(8)

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

- SUBJECT:** Cooking Appliances
- DATE:** September 7, 2016***; January 14, 2016
- RULES:** Assisted Care Living Facility, 1200-08-25-.10(2)(i)

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Ventilator Services Guidance

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

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

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Ventilator Services Guidance

DATE: January 14, 2016

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

“Physically present” in the designated ventilator unit.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Ventilator Services Guidance

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

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

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Ventilator Services Guidance

DATE: January 14, 2016

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

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



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

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

DATE: May 4, 2016

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

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

DATE: May 4, 2016

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



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

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

DATE: May 4, 2016

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Surgical Services in Hospitals with General Designation

DATE: September 7, 2016

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

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



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Emergency Call System

DATE: February 8, 2017*; September 7, 2016

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

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

*The Board revised the above IG to clarify the intent of the IG to be that if a facility chooses to install an emergency call system that system must meet the UL rated standard.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Ambulatory Surgical Treatment Center (ASTC) Interventional Pain

DATE: June 7, 2017

(OBSOLETE – In ASTC regulations – effective June 6, 2019)

RULES: 1200-08-10-.06(13)

The Board interprets the above regulation of the ASTC Standards to mean only a medical doctor, licensed pursuant to T.C.A. §63-6-101 et seq., or an osteopathic physician, licensed pursuant to T.C.A. §63-9-101 et seq., who meet the following qualifications:

1. Board certified through the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) or the American Board of Physician Specialties (ABPS)/American Association of Physician Specialists (AAPS) in one of the following medical specialties:

(i) Anesthesiology;

(ii) Neurological surgery, or Neuromusculoskeletal medicine;

(iii) Orthopedic surgery;

(iv) Physical medicine and rehabilitation; Radiology; or Any other board certified physician who had completed an ABMS subspecialty board in pain medicine or completed an ACGME accredited pain fellowship;

2. A recent graduate in a medical specialty listed in part 1 not yet eligible to apply for ABMS, AOA, or ABPS/AAPS board certification; provided, there is a practice relationship with a medical doctor or an osteopathic physician who meets the requirements of part 1.;

3. A licensee who is not board certified in one of the specialties listed in part 1, but is board certified in a different ABMS, AOA, or ABPS/AAPS specialty and has completed a post-graduate training program in interventional pain management approved by the board;

4. A licensee who serves as a clinical instructor in pain medicine at an accredited Tennessee medical training program; or

5. A licensee who has an active pain management practice in a clinic accredited in outpatient interdisciplinary pain rehabilitation by the Commission on Accreditation of Rehabilitation Facilities or any successor organizations

will be permitted to perform invasive procedures of the spine, spinal cord, sympathetic nerves of the spine or block of major peripheral nerves of the spine, in each case, for the treatment of acute or chronic pain until the new regulation is effective.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Meaning of Home for the Aged 'Short-Term' in Rule

DATE: June 7, 2017

RULE(S): 1200-08-11-.05(4)

The Board interprets the above regulation to define 'short-term' as six (6) months or less.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Pediatric Emergency Care Facility (PECF) & Hospital Designation

DATE: June 7, 2017

RULES: 1200-08-01-.01(37)(g) & 1200-08-30-.02

The Board interprets the above regulations of the PECF and Hospital Standards to mean that the PECF regulations and their requirements do not apply to specialty designated rehabilitation and chronic disease hospitals that only provide rehabilitation or chronic disease services to adult patients and also do not maintain any emergency department.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: 1200-08-30, Standards for Pediatric Emergency Care Facilities Table 1; Part 2 Equipment

DATE: October 4, 2017

RULES: The Board interprets the following items listed in PECF Table 1; Part 2 Equipment to be exempt from the rule requirements:

- Table 1; Part 2. Equipment: Laryngoscope handle and blades: omit the requirement for 1½ straight or Miller blade
- Table 1; Part 2. Equipment: Recommend to omit Bretylium
- Table 1; Part 2. Equipment: Recommend to omit Ipecac
- Table 1; Part 2. Equipment: Recommend to omit Sodium Bicarbonate 7.5%
- Table 1; Part 2. Equipment: Recommend to omit Butterflies, size 19 gauge
- Table 1; Part 2. Equipment: Tracheostomy tube sizes: Size range is inappropriate; recommend changing requirement to Tracheostomy tube sizes 3 to 6 as compliant
- Table 1; Part 2. Equipment: Urinary catheterization: Foley 6-14 Fr: The 6 Fr Foley size is not commercially available; recommend accepting a 6 Fr Feeding Tube as compliant
- Table 1; Part 2. Equipment: (Airway Control/Ventilation Equipment): Recommend to omit the requirement for Oxygen Blender
- Table 1; Part 2. Equipment: (Fracture Management Devices): Recommend to change the requirement for Activated Charcoal from EED to EH for all facility levels.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Ambulatory Surgical Treatment Center (ASTC) Rules 1200-08-10-.01(7)(a) & (b)

DATE: February 7, 2018

RULES: The Board interprets the following rule language to be exempt from requirement by a facility –

1200-08-10-.01(7)(a) "surgical procedures performed must be limited to those procedures which are commonly performed on an inpatient basis in hospitals but may safely be performed in an ASTC;"

1200-08-10-0-.01(7)(b) "if anesthesia is required for a surgical procedure, it must be local, regional or general anesthesia and routinely be four (4) hours or less in duration;"

Until new rule language is effective which removes the above two rules from the current ASTC Standards and incorporates 1200-08-10-.01(7)(c) into the full ASTC definition.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Use of 'Physician' Term

DATE: October 2, 2019*; October 3, 2018

RULES: Professional Support Services Agency, 1200-08-34-.06(2)(b)*;
Assisted Care Living Facility, 1200-08-25-.08(5)(a)(b) & 1200-08-25-.08(9)(a)

The Board for Licensing Health Care Facilities for the purposes of this interpretative guideline adopts the following definitions:

"Treating physician" refers to the primary physician who is responsible for managing the resident's medical care.

"Non-physician practitioner (NPP)" is a nurse practitioner (NP, clinical nurse specialist (CNS), or physician assistant (PA).

"Nurse practitioner" shall have the same definition as found at Tenn. Code Ann. § 63-7-126

"Clinical nurse specialist" shall have the same definition as found at Tenn. R.& Regs § 1000-04-.02(2)

"Physician assistant" shall have the same definition as found at Tenn. R. & Regs. § 1200-08-25-.02(30)

The Board for Licensing Health Care Facilities interprets Tenn. R & Reg § 1200-08-25-.08(9)(a) to be read in conjunction with existing Tennessee law allowing the delegation of physician tasks. Any "physician" under the provision of the noted regulation may delegate to a NPP any interdisciplinary team activity otherwise allowed under the provisions of Tennessee law to be delegated, so long as the following conditions are met:

- (a) The NPP to whom tasks are delegated must maintain a relationship with the physician and must be acting as the agent of the physician and be under their supervision or delegation.
- (b) The NPP may not be employed by the assisted care living facility where the resident resides.
- (c) Compliance with all other laws and regulations is maintained.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Disaster Preparedness Tennessee Emergency Management Agency (TEMA) participation/completion of TEMA form

DATE: October 3, 2018

RULES: Assisted Care Living Facility, 1200-08-25-.16(3)(a), RHA 1200-08-11-.13(2), ACH-Level 2 1200-08-36-.17(3)(a), TBI 1200-08-37-.17(3)(a), Prescribed Child Care Centers 1200-08-02-.13(2), ASTC 1200-08-10-.14(2), ESRD 1200-08-32-.14(1)(f), & ODC 1200-08-35-.14

The Board for Licensing Health Care Facilities interprets the above regulations containing reference to completion of a TEMA form to mean instead the establishment and maintenance by the facility of communications with the county Emergency Management Agency. This includes the provision of the information and procedures that are needed for the local comprehensive emergency plan. The facility shall cooperate, to the extent possible, in the area disaster drills and local emergency situations.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Change in Infectious Waste definition & language in Infectious Waste and Hazardous Waste

DATE: October 3, 2018

RULES: All relevant licensed facility type regulations shall have the term *infectious waste* removed from the Definitions and Infectious Waste and Hazardous Waste sections. In these same regulations, the term *regulated waste* will be defined to mean liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials, as defined in United States Department of Labor Occupational Safety & Health Administration, 1910.1030, Bloodborne Pathogens. The term *regulated waste* will be further referenced in the newly renamed section Regulated Waste and Hazardous Waste.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Reporting of suspected opioid abuse or diversion - notice to employees of health care facilities

DATE: October 3, 2018

RULES: All health care facilities licensed pursuant to T.C.A. §§ 68-11-201, et. seq. shall provide information to employees about reporting suspected opioid abuse or diversion. The information may be provided to each employee individually in writing, documented by the employing entity, OR by posting the following in a conspicuous location in a non-public employee area:

- (a) A statement indicating the following, "NOTICE: PLEASE REPORT ANY SUSPECTED ABUSE OR DIVERSION OF OPIOIDS, OR ANY OTHER IMPROPER BEHAVIOR WITH RESPECT TO OPIOIDS, TO THE DEPARTMENT OF HEALTH'S COMPLAINT INTAKE LINE.
- (b) Contact information including the Department of Health's Complaint Intake Line: 800-852-2187."
- (c) Such information shall be provided on a sign at least eleven inches (11") in height and seventeen inches (17") in width.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Hospital Rule 1200-08-01-.03(1) Disciplinary Procedures Report of Involuntary Commitments

DATE: October 3, 2018

RULES: Failure to report involuntary commitments to local law enforcement pursuant to Tenn. Code Ann. § 33-3-117 will result in Board disciplinary action.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Third revisit survey and recoupment of associated costs

DATE: October 3, 2018

RULES: For all licensed facility types if the same or different deficiencies are cited on the third revisit survey, then the department may pursue disciplinary action against the facility before the board, including seeking reimbursement for the un-recouped costs associated with subsequent revisit surveys that were incurred by the department.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Hospital Rule 1200-08-01-.02(2) Licensing Procedures ST Elevation Myocardial Infarction (STEMI) and stroke designations

DATE: October 3, 2018

RULES: The applicant shall disclose ST-elevation myocardial infarction (STEMI) and stroke related designations.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Supervision of “unskilled” services delivered in the patient’s residence.

DATE: June 5, 2019

RULES: The supervisory visit to the patient’s residence required by Tenn. Comp. R. & Regs. 1200-08-26-.06(7)(c) may be conducted once every sixty (60) days. This interpretative guideline is intended to resolve a discrepancy between state regulations and 42 CFR § 484.36(d)(3), which requires a supervisory visit to the residence of a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services to occur at least once every sixty (60) days.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

- SUBJECT:** Assisted Care Living Facility (ACLF) Regulation 1200-08-25-.10(3)(b) and Home for the Aged (RHA) Regulation 1200-08-11-.08(2)
- DATE:** October 2, 2019
- RULES:** For purposes of the above rules, sleeping hours are defined as 8:00 pm – 6 am.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: 1200-08-30, Standards for Pediatric Emergency Care Facilities Table 1; Part 2 Equipment & Part 3 Facilities

DATE: October 2, 2019

RULES: The Board interprets the following items listed in PECF Table 1; Part 2 Equipment to be exempt from the rule requirements:

Table 1; Part 2. Equipment: Monitoring devices: Blood Pressure Cuffs: Recommend omitting the requirement for a “thigh” blood pressure cuff

Table 1; Part 2. Equipment: Airway control/ventilation equipment:

1. Clear oxygen masks, standards and non-rebreathing (neonatal to adult sizes): Recommend changing this requirement to “Clear oxygen non-rebreathing masks(neonatal to adult sizes),
2. Nasogastric tubes: Recommend changing sizes to (sizes 8 – 16 fr),
3. Endotracheal tubes: Recommend changing the uncuffed requirements to “uncuffed (2.5-5.5 – may accept cuffed sized 3.5-5.5 as compliant for the respective uncuffed sizes), &
4. Continuous oxygen analyzers with alarms: Recommend omitting this requirement

Table 1; Part 2. Equipment: Vascular access supplies:

1. Butterfiles: Recommend omitting this requirement
2. Needles: Recommend changing the size requirement from (18-27 gauge) to (various sizes ranging 18-27 gauge)

Table 1; Part 2. Equipment: Specialized pediatric trays:

1. Urinary catheterization: Recommend changing to Urinary catheterization: Foley 6-14 fr (may accept a 5 or 6 feeding tube or umbilical catheter as compliant for the 6 fr Foley),
2. Venous cutdown: Recommend omitting this requirement, &
3. Peritoneal lavage tray: Recommend omitting this requirement

Table 1; Part 2. Equipment: Fracture management devices

1. Dextrose: Recommend omitting the requirement for 50% Dextrose

Table 1; Part 3. Facilities: Recovery Room:

1. Radiant warmer: Recommend omitting this requirement



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

SUBJECT: Assisted Care Living Facility (ACLF) Civil Monetary Penalty (CMP)
Regulation 1200-08-25-.05(5)

DATE: October 2, 2019

RULES: For purposes of this rule, civil penalties to include the maximum amount of
civil penalties allowed by statute.



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

SUBJECT: Assisted Care Living Facility Definition of Secured Unit

DATE: February 5, 2020

RULES: 1200-08-25-.02(37)

Until new standards are effective for the above regulation, the Board for Licensing Health Care Facilities interprets the above regulation to include the term 'facility'.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Licensed Practitioners Medication/Treatment Orders for Inpatients

DATE: February 5, 2020

RULES: 1200-08-01-.05(5)

Except in emergency situations, no medication or treatment shall be given or administered to any inpatient in a hospital except on the order of a physician, dentist, or podiatrist, nurse practitioner, physician assistant, or registered nurse acting pursuant to standing order or similar, or other person lawfully authorized to give such an order. This requirement shall not apply to physical therapy, occupational therapy or speech language pathology services being provided in an outpatient setting when the services are being provided consistent with the scope of practice of physical therapists, occupational therapists and speech language pathologists as set forth in their respective practice acts found in Tennessee Code Annotated, Title 63, Chapters 13 and 17.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Assisted Care Living Facility rule 1200-08-25-.10(3)(a & b) and Homes for the Aged rule 1200-08-11-.08(2) regarding conducting of fire drills (**OBSOLETE-effective August 2, 2021**)

DATE: February 3, 2021***; October 7, 2020**; June 3, 2020

RULES: During the COVID-19 crisis, the above rule is interpreted to permit a quarterly documented orientation training program for each shift related to the current fire plan, which considers current facility conditions. The training will instruct all employees, including existing, new or temporary employees, on their current duties, life safety procedures and the fire protection devices in their assigned area. This waiver would remain in effect until the October 2020 Board Mtg.

****This waiver has been rendered obsolete by the Board for Licensing Health Care Facilities with a grace period of 60-days before becoming effective on August 2, 2021.

***This waiver would remain in effect until the June 2021 Board Mtg

**This waiver would remain in effect until the February 2021 Board Mtg



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Assisted Care Living Facility rule 0720-26-.08(1)(c) regarding admission or retention of resident with COVID-19

DATE: February 1, 2023^{*****}, June 1, 2022^{*****}, October 5, 2021^{*****}, June 2, 2021^{*****}, February 3, 2021^{****}; October 7, 2020^{***}; June 3, 2020^{**}; April 1, 2020

RULES: During the COVID-19 crisis, the above rule is interpreted to allow Assisted Care Living Facilities to admit or retain residents diagnosed with COVID-19 if the facility is capable of providing care and services to that resident following the CDC guidelines found at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-healthcare-facilities/index.html>.

^{*****}This waiver would remain in effect until May 11, 2023 or the end of the Public Health Emergency (PHE) whichever occurs first.

^{*****}This waiver would remain in effect until the February 2023 Board meeting.

^{*****}This waiver would remain in effect until the June 2022 Board meeting.

^{****}This waiver would remain in effect until the October 2021 Board meeting.

^{****}This waiver would remain in effect until the June 2021 Board meeting.

^{***}This waiver would remain in effect until the February 2021 Board meeting.

^{**}This waiver would remain in effect until the October 2020 Board meeting.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Home Health Agency rule 1200-08-26-.05(2) & (4) regarding written plan of care being established & reviewed by a physician and care under the supervision of a physician and rule 1200-08-26-.05(8) regarding medication or treatment ordered by physician

DATE: February 2, 2022

RULES: The above rules are interpreted by the Board to allow nurse practitioners and/or physician assistants to establish & review the plan of care for patients, the care of patients shall be under the supervision of a nurse practitioner and/or physician assistant and medications and treatments shall be on the order of a nurse practitioner and/or physician assistant. This interpretation stands until new rule language is effective.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Home Health Agency rule 0720-27-.06(3)(b) regarding evidence of review of plan of care must include physician's signature

DATE: February 1, 2023^{*****}, February 2, 2022^{*****}, June 2, 2021^{*****}, February 3, 2021^{***}; October 7, 2020^{**}; June 3, 2020^{**}; April 1, 2020

RULES: During the COVID-19 crisis, the above rule is interpreted to allow evidence of review of plan of care to include electronic signature or verbal authorization.

*******This waiver would remain in effect until May 11, 2023 or the end of the Public Health Emergency (PHE) whichever occurs first.**

*****This waiver is now in effect as long as the CMS 1135 waiver is in place or until the February 2023 Board meeting whichever occurs first.

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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Home Health Agency rule 0720-27-.06(7)(c) regarding supervisory visit by registered nurse to patient's place of residence at least monthly

DATE: February 1, 2023^{*****}, February 2, 2022^{*****}, June 2, 2021^{*****}, February 3, 2021^{*****}; October 7, 2020^{***}; June 3, 2020^{**}; April 1, 2020

During the COVID-19 crisis, the above rule is interpreted to be met if supervisory visits are made via an alternative means such as telehealth (virtually or by phone). This interpretation would also include any other administrative type visits required by a home health agency.

*******This waiver would remain in effect until May 11, 2023 or the end of the Public Health Emergency (PHE) whichever occurs first.**

*****This waiver is now in effect as long as the CMS 1135 waiver is in place or until the February 2023 Board meeting whichever occurs first.

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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Hospice rule 0720-28-.05(3) & (5) regarding written plan of care being established & reviewed by a physician and care or treatment under the supervision of a physician and rule 0720-28-.05(9) regarding medication or treatment ordered by physician

DATE: February 1, 2023^{*****}, February 2, 2022^{*****}, June 2, 2021^{*****}, February 3, 2021^{****}; October 7, 2020^{***}; June 3, 2020^{**}; April 1, 2020

RULES: During the COVID-19 crisis, the above rules are interpreted to allow nurse practitioners and/or physician assistants to establish & review the plan of care for patients, the care or treatment of patients shall be under the supervision of a nurse practitioner and/or physician assistant, and medications and treatments shall be on the order of a nurse practitioner and/or physician assistant.

*******This waiver would remain in effect until May 11, 2023 or the end of the Public Health Emergency (PHE) whichever occurs first.**

*****This waiver is now in effect as long as the CMS 1135 waiver is in place or until the February 2023 Board meeting whichever occurs first.

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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Hospice rule 0720-28-.06(11)(b) regarding supervisory visit by registered nurse to patient's place of residence at least monthly

DATE: February 1, 2023^{*****}, February 2, 2022^{*****}, June 2, 2021^{*****}, February 3, 2021^{****}, October 7, 2020^{***}, June 3, 2020^{**}, April 1, 2020

RULES: During the COVID-19 crisis, the above rule is interpreted to be met if supervisory visits are made via an alternative means such as telehealth (virtually or by phone). This interpretation would also include any other administrative type visits required by a hospice agency.

^{*****}This waiver would remain in effect until May 11, 2023 or the end of the Public Health Emergency (PHE) whichever occurs first.

^{*****}This waiver is now in effect as long as the CMS 1135 waiver is in place or until the February 2023 Board meeting whichever occurs first.

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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Hospital Rule 0720-14-.01(19) regarding definition of Critical Access Hospital

DATE: **February 1, 2023*******, **February 2, 2022*******, **June 2, 2021*******, **February 3, 2021******, **October 7, 2020*****, **June 3, 2020****, **April 1, 2020**

RULES: During the COVID-19 crisis, the above rule is interpreted to be waived allowing Critical Access designated hospitals to increase their licensed bed capacity beyond twenty-five (25) beds and to allow inpatient care to exceed an annual average of ninety-six (96) hours. This waiver would remain in effect until the February 2023 Boardmeeting.

*******This waiver would remain in effect until May 11, 2023 or the end of the Public Health Emergency (PHE) whichever occurs first.**

*****This waiver is now in effect as long as the CMS 1135 waiver is in place or until the February 2023 Board meeting whichever occurs first.

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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Hospital Rule 0720-14-.05(23) et al regarding exceeding of licensed bed capacity during an emergency

DATE: February 1, 2023^{*****}, April 5, 2022^{*****}, June 2, 2021^{*****}, February 3, 2021^{****}, October 7, 2020^{***}, June 3, 2020^{**}, April 1, 2020

RULES: During the COVID-19 crisis, the above rule is interpreted to be waived and allows hospitals to increase their licensed bed capacity by notification to the Office of Health Care Facilities Licensure Unit of the licensed bed increase. This waiver would remain in effect until the February 2022 Board meeting.

*******This waiver would remain in effect until May 11, 2023 or the end of the Public Health Emergency (PHE) whichever occurs first.**

*****This waiver is now in effect as long as the CMS 1135 waiver is in place or until the February 2023 Board meeting whichever occurs first.

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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Rule 0720-18-.05(7) regarding admission in excess of licensed bed capacity

DATE: **February 1, 2023*******, **February 2, 2022*******, **June 2, 2021*******, **February 3, 2021******, **October 7, 2020*****, **June 3, 2020****, **April 1, 2020**

RULE: During the COVID-19 crisis, the above rule is interpreted to be waived and allows nursing homes to admit patients in excess of the licensed bed capacity by notification to the Office of Health Care Facilities Licensure Unit of the licensed bed increase.

*******This waiver would remain in effect until May 11, 2023 or the end of the Public Health Emergency (PHE) whichever occurs first.**

*****This waiver is now in effect as long as the CMS 1135 waiver is in place or until the February 2023 Board meeting whichever occurs first.

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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Rule 1200-08-06-.15(3) regarding length of time a nurse aide may work in facility until name included on Nurse Aide Registry

DATE: October 5, 2021^{*****}, June 2, 2021^{*****}, February 3, 2021^{****}; October 7, 2020^{***}; June 3, 2020^{**}; April 1, 2020

RULES: During the COVID-19 crisis, the above rule is interpreted to allow nurse aides showing competency to work in the facility longer than four (4) months when their name is not included on the Nurse Aide Registry. This waiver would remain in effect until the June 2022 Board meeting.

^{*****}This waiver is now in effect as long as the CMS 1135 waiver is in place or until the June 2022 Board meeting whichever occurs first.

^{****}This waiver is now in effect as long as the CMS 1135 waiver is in place or until the October 2021 Board meeting whichever occurs first.

^{****}This waiver is now in effect as long as the CMS 1135 waiver is in place or until the June 2021 Board meeting whichever occurs first.

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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Assisted Care Living Facility rule 1200-08-25-.12(5)(a) regarding plan of care development and participation

DATE: June 3, 2020

RULES: The above rule is interpreted to include all individuals (resident or resident's legal representative, treating physician, or other licensed health care professionals or entity delivering patient services) listed in the rule to be included in the development of the plan of care.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Voting Residents Guidance

DATE: June 3, 2020

RULES: Per Nursing Home Residents – Voters List – T.C.A. 2-6-601(b) Each licensed nursing home, assisted care living facility, home for the aged, or similar licensed institution providing relatively permanent domiciliary care shall provide, upon request from the administrator of elections, a list of all the individuals in the licensed institution for the limited purpose of voting the registered voter. This list shall include the names and home addresses of each individual if such address is not the same as the licensed facility. The list shall be requested by the administrator of elections no later than forty (40) days prior to election day for each election and shall be provided promptly by the facility.

Failure to provide a list to the administrator of elections no later than 40 days prior to election shall be grounds for deficient practice.



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Board for Licensing Health Care Facilities

Interpretative Guidelines

SUBJECT: WAIVER OF BOARD EMERGENCY RULE FOR LICENSED SKILLED NURSING FACILITIES/NURSING FACILITIES IN LIGHT OF CMS RULES.

DATE: SEPTEMBER 8, 2020

RULES TENN. COMP. R. & REGS. § 1200-08-06-.06(j)

Upon the rule at CMS-3401-IFC (CMS Testing Rule) becoming effective, the provisions of the Board for Licensing Health Care Facilities Emergency Rules, Tenn. Comp. R. & Regs. § 1200-08-06-.06(j) *et. seq.*, are waived for any Tennessee licensed skilled nursing facility/nursing facility that is certified by the Centers for Medicare and Medicaid (CMS) and is required to comply with the provisions of the 42 C.F.R. §483.80(h) COVID-19 Testing. For these certified skilled nursing/nursing facilities, compliance with the Board for Licensing Health Care Facilities Emergency Rule, Tenn. Comp. R. & Regs. §1200-08-06-.06(j), is hereby waived pursuant to Tenn. Code Ann. § 68-11-209, effective October 1, 2020.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

**SUBJECT: INTERPRETATION OF HOSPITAL RULES RELATED TO THE
CMS ACUTE HOSPITAL CARE AT HOME WAIVER AND
EXECUTIVE ORDER #83**

DATE: OCTOBER 5, 2021, DECEMBER 17, 2020**

On or about November 25, 2020, the Centers for Medicare & Medicaid Services (CMS) announced its Acute Hospital Care at Home Program to provide hospitals with regulatory flexibilities to treat eligible beneficiaries in their homes. Hospitals wishing to provide acute inpatient services to beneficiary's home are required to complete a waiver request process and submit information to CMS demonstrating that the hospital meets the program's criteria.

Governor Lee issued Executive Order #83 which allowed increased number of hospital beds available for COVID-19 patients. The provisions of Tennessee Code Annotated, 68-11-1607, are hereby suspended to the extent necessary to allow hospitals, nursing homes, and home health agencies that would otherwise be subject to certificate of need requirements to temporarily increase their number of licensed hospital beds at any location or temporarily establish hospital, nursing home, home-based, and diagnostic services at any location, if necessary for the treatment of COVID-19 patients, as well as to the extent necessary to facilitate activity authorized by the provisions of this Order and any subsequent order concerning COVID-19.

The Board interprets Executive Order #83 to suspend any state hospital rules codified at Tenn. Comp. R. & Regs. 1200-08-01 *et seq.*, that would prohibit or impede implementation of Acute Hospital Care at Home Program.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Nursing Home Rule 1200-08-06-.06(6)(o) Drug Disposal

DATE: December 17, 2020

RULES: A nursing home complies with the provisions of 1200-08-06-.06(6)(o) requiring that a nursing home must destroy unused drugs “on the premises by a licensed nurse and a witness” if that facility utilizes an authorized collection receptacle located at that nursing home that complies with the provisions of DEA regulations, and specifically 21 C.F.R. §1317.80. The use of a DEA compliant authorized collection receptacle shall not be interpreted to be required to be used by any facility.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: T.C.A. §68-11-213(i)(1)

DATE: December 17, 2020

RULES: For operation of an assisted care living facility, home for the aged, adult care home, or traumatic brain injury residential home without having a licensed as required by statute, the Board interprets the above T.C.A. to mean that each day of a violation could be a fine up to \$5,000.00 per day.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Level 1 Trauma Center Cardiopulmonary Bypass Requirement

DATE: April 7, 2021

RULES: 1200-08-12-.04(2)c-1

Until further trauma rule revision, as it refers to this specific rule, guidance is acceptable that states “In Level I and Level II trauma centers, if cardiopulmonary bypass equipment is not immediately available, a contingency plan, including immediate transfer to an appropriate center and 100 percent performance improvement review of all patients transferred, must be in place”.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Surgical Specialty Availability From Inside or Outside Hospital

DATE: February 2, 2022

RULES: 1200-08-12-.04(2)5

The Board interprets the above rule to mean all subspecialties do not have to be onsite but must be available 24/7, all required subspecialties are to be available and trauma surgeons cannot replace those subspecialties, and transfer agreements are not allowed as subspecialties are to be available if required by rule.



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Board for Licensing Health Care Facilities
Interpretative Guidelines

SUBJECT: Trauma Center Rule 0720-22-.04(2)1(b)1(i). “If managing trauma patients, physicians with ongoing certification in the management of the traumatically injured patient”. Current rule allows a physician or physician extender with current certification as an ATLS provider may fulfill this role.

DATE: June 6, 2023

RULES: For level III centers, “allowing current ABEM (American Board of Emergency Medicine) certification to serve as proof of ongoing certification in the management of the traumatically injured patient”. These interpretative guidelines would remain in place until trauma rules are revised.