



The Tennessee Open Meetings Act passed by the General Assembly in 1974 requires that meetings of state, city and county government bodies be open to the public and that any such governmental body give adequate public notice of such meeting.

**TENNESSEE DEPARTMENT OF HEALTH
MEMORANDUM**

Date: March 4, 2015
To: Woody McMillin, Director of Communication and Media Relations
From: Wanda E. Hines, Board Administrator

Name of Board or Committee: Board for Licensing Health Care Facilities-Assisted Care Living Facility Standing Committee
(Call-in Number: 1-888-757-2790 passcode: 457462#)

Date of Meeting: March 24, 2015
Time: 10:00 a.m. – 12:00 noon, CDT
Place: Poplar Conference Room
665 Mainstream Drive, First Floor
Nashville, TN 37243

Major Item(s) on Agenda: See attachment.

This memo shall be forwarded from individual programs to the Public Information Office on the 15th day of the preceding month. The Public Information Office will prepare the monthly list of meetings within the Department and have ready for distribution to state media by the 28th day of the preceding month.

AGENDA

**BOARD FOR LICENSING HEALTH CARE FACILITIES
ASSISTED CARE LIVING FACILITY STANDING COMMITTEE MEETING**

665 Mainstream Drive, First Floor

Poplar Conference Room

Nashville, TN 37243

10:00 a.m. – 12:00 noon

March 24, 2015

1. Call the Meeting to Order and Establish a Quorum.
2. Administrator Requirement Language.
3. Pharmacy Services.
4. Medication Administration.
5. Top ACLF Deficiencies.
 - a. Overall Deficiencies
 - b. CMP Recommendation Deficiencies
6. Transfers.
7. MD Orders after Hospital Discharge.
8. Abuse Reporting.
9. Life Safety/Building Standards.
 - a. Exterior Lighting
10. Admission Paperwork Timeframe.
11. Other Discussion(s).
12. Public Comments.
13. Adjourn.

**MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
ASSISTED CARE LIVING FACILITY (ACLF)
STANDING COMMITTEE MEETING**

MARCH 24, 2015

The Board for Licensing Health Care Facilities' Assisted Care Living Facility (ACLF) Standing Committee meeting began on March 24, 2015. Joshua Crisp, Chairman, called the meeting to order. A quorum roll call vote was taken:

Mr. Joshua Crisp – here
Dr. Sherry Robbins – not here
Carissa Lynch – not here
Annette Marlar – here
Mr. Roger Mynatt – here
Dr. René Saunders - here

A quorum was established.

The meeting began with the discussion of agenda item, Administrator Requirement Language. Ann Reed presented the information on testing for the ACLF/RHA (Home for the Aged) administrator certification. She provided the Nursing Home Administrators' Board's rule regarding their testing for licensure. Ms. Reed further outlined the multistep testing the Nursing Home Administrator applicant undergoes. She also indicated to the standing committee that there is NAB testing for ACLF administrators. It was also discussed that the Nursing Home Administrators' Board's test for licensure is open book. Mr. Crisp voiced concern over creating barriers with testing, but believes in education and doesn't feel open book testing creates barriers.

Roger Mynatt asked about national standards i.e. other state requirements. Ms. Reed indicated she could provide this information from nationally published documents which indicate what each state requires with emphasis on the southern region of the United States. Linda Jennings Estes of Tennessee Health Care Association (THCA) has access to other states' testing for ACLF administrators.

Annette Marlar indicated no issue with an open book testing model. She feels the future of testing will be more of a clinical application maybe not at the administrator level, but at the clinical level. There are different levels of ACLF providers some may be associated with a nursing home with higher acuity patient. Ms. Marlar further stated she would like annual continuing education (CEU) requirements. Ms. Reed indicated the current requirement is two (2) years. She further stated this is in statute and is not certain the Board can tighten the requirement.

The recommendation of the standing committee was to have more information gathered from NAB on ACLF administrator testing; other state testing requirements for ACLFs (Linda Estes with THCA); review of the specific statute on ACLF training requirements (Kyonzté Hughes-Toombs addressed this item during the meeting reciting the statute that prescribes administrator CEU requirements); example of a fee and testing process; domains of practice i.e. fire safety, finance, human resources, etc; and trends in ACLF/Nursing Home (NH) administrators such as total number combined, number of ACLF

administrators with NH administrator licenses. This item is requested to be presented to the full Board at the September 2015 meeting. The associations were notified to create this presentation.

The second item discussed was pharmacy services. This item was tabled until the next scheduled meeting.

The next item discussed was medication administration. Ms. Estes stated to the Board the desire to coordinate a meeting of the Nursing Board, Pharmacy Board, and HCF Board representatives to discuss the topic medication administration and the use of non-licensed staff in certain licensed facility types. She further stated the law allowing medication technicians should be discussed along with the fact this law has not been implemented. Ms. Estes spoke to developing best practices in ACLFs.

The recommendation of the standing committee was to allow time for the fruition of this concept and to bring any new information to the next scheduled standing committee if this group was convened.

The fourth item for discussion was the top ACLF deficiencies. Ms. Reed provided to the standing committee the overall top deficiencies cited in ACLFs for the past year. Brett McReynolds with Tennessee Center for Assisted Living (TNCaL) addressed the standing committee regarding building and life safety standards and tags which have been cited during the last two (2) years. He provided specific citations to the standing committee for reference. Ms. Reed also provided the top Civil Monetary Penalty (CMP) recommendation deficiencies. She gave an explanation to how these deficiencies and CMP amounts are determined using a surveyor tool in the form of a grid. This CMP grid was provided to the members of the ACLF Standing Committee.

The next item for discussion was transfers. Ms. Marlar voiced frustration with other licensed entities not following regulations on transfers when ACLFs are showing compliance with their regulations. The standing committee members determined emergency room physicians are not familiar with ACLF regulations which then begin a vicious cycle of transfer, discharge, and admission. Tennessee Assisted Living Federation of America (TN ALFA) will have feedback on this item available at the next scheduled meeting.

The sixth item for discussion was physician orders after hospital discharge. Ms. Marlar stated this was an operational issue of a facility. Ms. Reed indicated the plan of care should address changes in the patients' condition/status which would also include changes in medications. Ms. Estes, THCA, provided information on a pilot titled Interact that was conducted by a Brookdale facility. This pilot was specific to ACLFs and was online and free to the facility. The pilot is a Center of Medicare and Medicaid Services (CMS) developed project. The intent was to reduce the number of readmits to the hospital. It also helps to prevent silos for patient care. Brookdale had success with using the tool, but the success can vary from facility to facility. An example would be a facility that does not employ a nurse. Mr. Crisp further stated success may be a result of providers that have best practices in place versus providers that don't. Mr. Mynatt asked about the clinical aspect of regulations in the ACLF regulations and should a review of the regulations occur to determine the clinical requirements. It was indicated the Joint Annual Report (JAR) would contain some of this information. Mr. Crisp wants to determine what the average ACLF resident looks like and what level of care do facilities provide. This can be determined via the JAR data. Mr. Crisp asked THCA to develop a survey tool for their members asking about resident needs and who is being cared for in ACLFs. The NH 672 form could be used to gather this resident information. For Mr. Mynatt's concern to be addressed more information must be known about the resident population of ACLFs.

The recommendation of the standing committee was to table this item until the next scheduled meeting of the standing committee. HCF administrative staff should explore the ACLF regulations for specifics to clinical requirements.

The next item for discussion was abuse reporting. The standing committee determined this item was addressed under the Unusual Incident Reporting System (UIRS). The group moved this item from the standing committee's agenda and future work.

The eighth item for discussion was building/life safety standards. The concern of exterior lighting was voiced at the previous standing committee meeting. There are codes/rules in place to address exterior lighting as it relates to egress. This item was moved from the agenda and future work of the standing committee.

The final agenda item for discussion was admission paperwork timeframes. The standing committee moved this item off the agenda. The group indicated the standards for this were different across the state and for each provider. It was not felt important to have a timeframe placed in the regulations. The standing committee felt this would be an unfair requirement for the ACLF providers who have residents and families desiring a quick admission. It was felt the current regulations allow families and residents time to review admission paperwork.

There was no other discussion brought before the standing committee at this meeting.

Mr. Crisp adjourned the ACLF Standing Committee meeting.