



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  
AMENDED**

**Date:** June 6, 2017

**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 Board Meeting

**(Call-in Number: 1-888-757-2790 passcode: 152602#)**

**Date of Meeting:** June 7, 2017

**Time:** 9:00 a.m. CDT

**Place:** Iris Conference Room  
665 Mainstream Drive, First Floor  
Nashville, TN 37243

**Major Item(s) on Agenda:** See Attached Agenda

**Link to Live Video Stream:**

**June 7, 2017**

<https://web.nowuseeit.tn.gov/Mediasite/Play/493008ba65ed4c4da6094eaf8eda085b1d>

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.



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**JOHN J. DREYZEHNER, MD, MPH**  
COMMISSIONER

**BILL HASLAM**  
GOVERNOR

*THE MISSION OF THE TENNESSEE DEPARTMENT OF HEALTH IS TO PROTECT, PROMOTE AND  
IMPROVE THE HEALTH AND PROSPERITY OF PEOPLE IN TENNESSEE*

**BOARD FOR LICENSING HEALTH CARE FACILITIES**

**JUNE 7-8, 2017**

**IRIS CONFERENCE ROOM, FIRST FLOOR**

**PLEASE REMEMBER TO SILENCE YOUR ELECTRONIC DEVICES WHEN  
THE BOARD IS IN SESSION**

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1. **WELCOME NEW BOARD MEMBERS:** Mr. Chuck V. Griffin, Architect Representative replacing Mr. David Rhodes, Dr. Evelyn J. Brock, Osteopath Representative replacing Dr. Michael Miller and Ms. Patti Ketterman, Hospital Operated Nursing Home Administrator Representative replacing Ms. Diana Miller. Reappointments of Mr. Joshua Crisp, Assisted Care Living Representative and Mr. Robert Breeden, Nursing Home Industry Representative.
2. **CALL THE MEETING TO ORDER AND ESTABLISH A QUORUM.**
3. **CONTESTED CASE HEARING(S).**
4. **RULEMAKING HEARINGS-**Notice of Rulemaking Hearings can be viewed online at:
5. **REPORTS.**
  - A. **EMS REPORT** - Robert Seesholtz
  - B. **NURSE AIDE REPORT** – Wanda King
  - C. **OFFICE OF GENERAL COUNSEL REPORT** – Caroline Tippens
6. **BOARD APPROVAL FOR THE FOLLOWING INTERPRETATIVE GUIDELINES**
  - A. Ambulatory Surgical Treatment Center (ASTC) Interventional Pain 1200-08-10-.06(13)

- B. Pediatric Emergency Care Facility (PECF) & Hospital Designation 1200-08-01-.01(37)(g) & 1200-08-30-.02
- C. Meaning of Home for the Aged “Short-Term” in Rule 1200-08-11-.05(4).

7. **LICENSE STATUS REQUESTS.**

**MILAN HEALTH CARE CENTER, MILAN**

This sixty-six (66) nursing home bed facility is seeking to place their license on inactive status. The facility ceased operations on December 23, 2016. This date is desired for the effective date of the inactive status. This facility desires to retain the rights to the sixty-six (66) beds upon assuming inactive status.

**Representative(s):** Michaela D. Poizner, Attorney

**SISKIN HOSPITAL’S SUBACUTE REHABILITATION PROGRAM, CHATTANOOGA**

This twenty-nine (29) bed nursing home facility is seeking to place their license on inactive status. Siskin has determined that the space containing the 29-bed unit should be converted to use for 29 inpatient rehabilitation hospital beds. Siskin plan to cease new admissions to the unit effective March 1, 2017, with the expectation no patients will be in the unit by April 1, 2017.

**Representative(s):** Dan Elrod, Attorney

**SISKIN HOSPITAL FOR PHYSICAL REHABILITATION, CHATTANOOGA**

This eighty (80) bed hospital is requesting to increase their rehabilitation beds count by eight (8) beds for a total of eighty-eight (88) beds. This request is made pursuant to the Tennessee Health Services and Development Agency statute T.C.A. §68-11-1607(g). Siskin is using space formerly occupied by Siskin Subacute Rehab Program.

**REPRESENTATIVE(S):** Dan H. Elrod, Attorney

**MEMORIAL/MISSION OUTPATIENT SURGERY CENTER, CHATTANOOGA**

This ambulatory surgical treatment center is requesting a second extension waiver for their license to remain on inactive status. Memorial/Mission anticipate plans for the facility to reopen will be finalized within the next several months. In light of continuing interest to reopen the facility, Memorial/Mission request that inactive status be renewed by the Spring of 2018. This facility’s license was placed on inactive status on May 6, 2015 for twelve (12) months and an extension waiver for inactive status was granted on May 5, 2016 for additional twelve (12) months which expires June 2017.

**REPRESENTATIVE(S):** Dan H. Elrod, Attorney

**FRANKLIN TRANSITIONAL CARE UNIT, JOHNSON CITY**

This 13 bed skilled nursing facility is requesting a fourth extension waiver for their license to remain on inactive status through February 2019. Mountain State Health Alliance (MSHA) and Signature HealthCare have entered into a joint venture arrangement and Franklin Transitional Care Unit will be combined with another skilled facility in the MSHA organization and will relocate to a new, replacement facility. A CON was granted on December 14, 2016 and the project is proceeding. Mountain State Health Alliance will like to continue the inactive status for Franklin Transitional Care Unit pending completion and licensing of the new facility. Franklin Transitional Care's license was placed on inactive status for twelve (12) months on September 12, 2012; an extension waiver for inactive status was granted for an additional year on September 12, 2013; a second extension for inactive status was granted on September 2014 through June 2016; and a third extension waiver for inactive status was granted on May 5, 2016 for additional twelve (12) month that expires in June 2017.

**REPRESENTATIVE(S):** Dan Elrod, Attorney

**JACKSON PARK CHRISTIAN HOME, INC., NASHVILLE**

This twenty-eight (28) bed nursing home facility is seeking its fifth extension of their license to remain on inactive status for an additional twelve (12) months to June 2018. Signature Healthcare, LLC continues its efforts to find either a viable purchaser, or a viable development opportunity for the facility's beds with another replacement facility. Signature continues to evaluate the best options for the licensed facility going forward. Jackson Park Christian Home's license was placed on inactive status for twelve (12) months on May 2, 2012; an extension waiver for inactive status was granted for an additional twelve (12) months on May 1, 2013; a second extension was granted on May 8, 2014 for an additional twelve (12) months; a third extension was granted on May 6, 2015 for an additional twelve (12) months; and the fourth extension was granted on May 4, 2016 which will expire on June 2017.

**REPRESENTATIVE(S):** Chris Puri, Attorney

**ELDEREED HEALTH AND REHAB, LIMESTONE AND  
ELDEREED HAUS ASSISTED LIVING CENTER, LIMESTONE**

EldeReed Health and Rehab, Limestone, a sixty-three (63) bed nursing home facility and John M. Reed EldeReed Haus Assisted Care Living Facility, Limestone, a twenty (20) bed ACLF facility both facilities are requesting an extension waiver for their licenses remain on inactive status for sixty (60) to ninety (90) days. John M. Reed Home for the Aged, Inc., owner is in the process of selling both facilities and has recently entered into a sale agreement.

**REPRESENTATIVE(S):** James R. Wheeler, Attorney

**SURGICAL SERVICES, P.C., SWEETWATER**

This ambulatory surgical treatment center (ASTC) is seeking to place its license on inactive status. A period of time was not expressed.

**REPRESENTATIVE(S):** Dr. Ray Villanueva, President and Owner

**8. WAIVER REQUESTS.**

**A. THE FOLLOWING NURSING HOMES ARE REQUESTING TO WAIVE NURSING HOME REGULATIONS 1200-08-06-.04(1) FOR A TENNESSEE LICENSED NURSING HOME ADMINISTRATOR UNTIL A PERMANENT REPLACEMENT IS HIRED OR RECEIVES HIS/HER LICENSE IN TENNESSEE.**

- (1) Poplar Point Health and Rehabilitation, Memphis  
- Jordie Cortez Montgomery, Interim Administrator

**B. OTHER WAIVER REQUEST(S)**

**PENTEC HEALTH, INC., NASHVILLE**

This home health agency is seeking to waive two provisions: Home Health Services Rule 1200-08-26-.06(2) regarding a written summary report for each patient must be sent to the attending physician at least every 62 days and Home Health Services Rule 1200-08-26-.06(3)(b) regarding plan of care of a patient must be reviewed by attending physician and agency personnel as the severity of the patient's condition at least once every 62 days. Pentec's believes their staffing plan and existing policies for management of medical plans of care and nurse reporting meets the intent of the standards.

**REPRESENTATIVE(S):** Michelle Hiidel, RN and Karen Boyer, RN

**BIG SOUTH FORK MEDICAL CENTER, ONEIDA**

This facility is seeking to request a waiver of the 2010 Guidelines for Design and Construction of Health Care Facilities (FGI) guidelines 2.2-3.1.3.6(9) requirements for an emergency department to have a decontamination room.

**REPRESENTATIVE(S):** Tony Taylor, CEO

**SELECT SPECIALTY HOSPITAL-NASHVILLE, NASHVILLE**

Select Medical Corporation and its affiliated hospitals in Tennessee are requesting the Board to make a determination regarding compliance with Pediatric Emergency Care Facilities Rule 1200-08-30 and the Board to take the necessary action to remove any obligation to maintain any PECF designation (including the provision of any pediatric emergency services) and to consider a waiver for the noted hospitals relieving the hospitals of any requirements to comply. Select Specialty Hospital-Nashville was cited with this deficiency. Select Medical operates five long-term acute care hospitals, each has always been licensed as a Chronic Disease Hospital under Rule 1200-08-01-.01(37)(g).

**REPRESENTATIVE(S):** Paul Ambrosius, Attorney

**HEALTHSOUTH CANE CREEK REHABILITATION HOSPITAL,  
MARTIN AND HEALTH SOUTH REHABILITATION HOSPITAL  
NORTH MEMPHIS, MEMPHIS**

HealthSouth Corporation and its affiliated hospitals in Tennessee are requesting the Board to make a determination regarding compliance with Pediatric Emergency Care Facilities Rule 1200-08-30-.02 (“P” Tag 200) and the Board to take the necessary action to remove any obligation to maintain any PECF designation (including the provision of any pediatric emergency services) and to consider a waiver for the noted hospitals relieving the hospitals of any requirements to comply. Both hospitals HealthSouth Cane Creek Rehabilitation Hospital, Martin and Health South Rehabilitation Hospital North Memphis, Memphis were both cited with the same deficiency. Both hospitals are licensed as rehabilitation hospitals under Rule 1200-08-01-.01(37)(g).

**REPRESENTATIVE(S):** Chris Puri, Attorney

**CURAHEALTH NASHVILLE, LLC, NASHVILLE**

This long-term acute care hospital is requesting the Board to make a determination regarding compliance with Pediatric Emergency Care Facilities Rule 1200-08-30-.02 and the Board to take the necessary action to remove any obligation to maintain any PECF designation (including the provision of any pediatric emergency services) and to consider a waiver for the noted hospital relieving the hospital of any requirements to comply. Curahealth Nashville, LLC was cited for not complying with the requirement of Pediatric Basic Hospital. This hospital through the Change of Ownership application and selected the institution classification of “Chronic Disease” hospital. The new license included Pediatric Basic and Chronic Disease Hospital.

**REPRESENTATIVE(S):** Tom Rone, CEO

**MEMORIAL HOSPITAL AND MEMORIAL HOSPITAL HIXSON**

Memorial Hospital, a three hundred thirty-six (336) acute beds and Memorial Hospital Hixson, sixty-nine (69) acute beds are requesting to increase their general acute care beds. Memorial Hospital is requesting to increase their general acute care bed count by thirty-three (33) beds which will be a total of three hundred sixty-nine (369) beds. Memorial Hospital, Hixson is requesting to increase their general acute care beds count by six (6) beds which will be a total of seventy-five (75) beds. This request is made pursuant to the Tennessee Health Services and Development Agency statute T.C.A. §68-11-1607(g). Memorial Hospital and Memorial Hospital Hixson consistently experiences extremely high census days exceeding the established licensed capacity as evidence by the notification from the State which created the need for additional licensed beds.

**REPRESENTATIVE(S):** Dan H. Elrod, Attorney

**VANDERBILT UNIVERSITY MEDICAL CENTER, NASHVILLE**

Vanderbilt University Medical Center, a 1,025 licensed bed hospital including 96 neonatal intensive care beds, 88 psychiatric beds and 841 acute beds are requesting to increase their acute care beds by 68 beds. Thirty (30) of the proposed beds will be located in the existing Medical Center East building on the medical campus and thirty-eight (38) beds will be located in the Monroe Carell Jr, Children's Hospital at Vanderbilt. In addition Vanderbilt has 88 psychiatric beds will add 4 psychiatric beds, 2 child/adolescent and 2 adults will be located in the existing Vanderbilt Psychiatric Hospital. These requests are being made pursuant to the Tennessee Health Services and Development Agency statute T.C.A. §68-11-1607(g).

**REPRESENTATIVE(S):** Dan H. Elrod, Attorney

**SELECT SPECIALTY HOSPITAL-KNOXVILLE, KNOXVILLE AND  
SELECT SPECIALTY HOSPITAL-NORTH KNOXVILLE, KNOXVILLE**

Select Medical Corporation which owns and operates both hospitals is requesting for Select Specialty Hospital-Knoxville, Knoxville to become the satellite hospital of Select Specialty Hospital-North Knoxville, Knoxville. Select Medical Corporation anticipates as of October 1, 2017 Select Knoxville will merge into Select North Knoxville and will surrender its Medicare provider number.

**Representative(s):** Paul Ambrosius, Attorney

**AVALON HOSPICE, NASHVILLE**

Avalon Hospice Agency is seeking a waiver to open 2 new additional branch offices further than the one hundred (100) mile restriction pursuant to T.C.A. §68-11-202(e)(3), for branch offices under its parent hospice agency located at 2525 Perimeter Place Drive, Suite 121, Nashville, Tennessee. Avalon has a geographic service area of all 95 counties. Avalon wants to open two (2) branch offices in Chattanooga (approximately 135 miles from the Nashville parent office); and Cleveland (approximately 163 miles from the Nashville parent office).

**REPRESENTATIVE(S):** Chris, Puri, Attorney, John Dyer, Vice President of Operations, Nena Hart, Administrator, Gusti McGee, Director Regulatory Services

**COPPER BASIN MEDICAL CENTER, COPPERHILL**

Copper Basin Medical Center is requesting a discussion or waiver of the “hospital definition”. Copper Basin has recently temporarily suspended inpatient services on May 8, 2017 and is exploring any and all options to continue to serve the surrounding community. Copper Basin Medical Center plan to continue to provide all other outpatient services including lab, radiology, and general surgery and maintain a pharmacy as well as to continue to support specialty practices such cardiology, urology, and ophthalmology in their clinics.

**REPRESENTATIVE(S):** Dan Johnson, CEO

**NATIONAL BIOLOGICAL CORPORATION, NOLENSVILLE AND THE RICHMOND LIGHT COMPANY, NOLENSVILLE**

National Biological Corporation and Richmond Biological Corporation both are home medical equipment facilities are seeking to waive the following Home Medical Equipment Rules: 1200-08-29-.04(7)-(8) and 1200-08-29-.06(5)(c)-Physical Location; 1200-08-29-.04(9) – Charity Care Statement; 1200-08-29-.06(2) – Infection Control; 1200-08-29-.06(4)(a),(f), 1200-08-29-.06(4)(b), 1200-08-29-.06(6)(c)-Equipment Management; 1200-08-29-10-Infectious and Hazardous Waste; and 1200-08-29-11-Records and Reports. Both businesses are based in Ohio and have applied for licensure in Tennessee.

**REPRESENTATIVE(S):** Michael Kaufman, Vice President

**9. DISCUSSION(S).**

**A.** Tennessee Board for Licensing Health Care Facilities 2015 Performance Audit Report Updates on progress to address identified items. – Vincent Davis, Director

**B. CHI MEMORIAL HEALTH CARE SYSTEM, CHATTANOOGA (AND HIXSON)**

This hospital is licensed for 405 beds which 336 beds at Memorial Glenwood campus and 69 beds at Memorial Hixson campus. The hospital has exceeded its licensed bed capacity due to above average admissions through the emergency department and by above average surgery schedules. According to Hospital Rule



1200-08-01-.05(23) Memorial Health Care System is required to self-report this situation within forty-eight (48) hours. The facility failed to make notice within the required timeframe of the need to exceed its licensed bed capacity.

**REPRESENTATIVE(S):** Janelle Reilly, Chief Operating Officer, Melissa Roden, Deb Moore, Rhonda Poulson and Andrew McGill

C. Request to Revise all Initials and Change of Ownership (CHOWS) applications regarding Question #6 disciplinary actions.

D. Request Revisions Approval for the Provider Identification of a Surrogate form including Questions.

**REPRESENTATIVE(S):** Charles Key, Attorney, Tennessee End-of-Life Partnership (TELP)

E. Approval of the Joint Annual Report on the Status of Emergency Medical Services for Children 2017.

– Rhonda Phillippi, Executive Director, TN EMS for Children

**10. APPROVAL OF MINUTES.**

A. Board Meeting – February 8, 2017

B. Performance Improvement Issue Standing Committee Meeting-April 18, 2017

C. Assisted Care Living Facility Standing Committee Meeting – April 18, 2017

D. Assisted Care Living Facility Standing Committee Meeting – May 15, 2017

**11. CONSIDERATION AND RATIFICATION OF LICENSURE APPLICATIONS (CHANGE OF OWNERSHIP (CHOWS) AND INITIALS).**

**A. CONSIDERATION.**

**(CHOWS)**

Oakwood Senior Living, Knoxville

**B. RATIFICATION.**

**1. QUALIFYING APPLICATIONS**

**(INITIALS)**

**(a) Assisted Care Living Facility**

Dominion Senior Living of Hixson, Chattanooga

Dominion Senior Living of Bristol, Bristol

Memory Assisted Living at Uplands Village, Pleasant Hill

The Pointe at Lifespring Senior Living, Knoxville

The Waterford In Hermitage, Hermitage

- (b) **End Stage Renal Disease Facility**  
Fresenius Medical Care Raleigh Bartlett, Memphis
- (c) **Home for the Aged**  
Grace House, Murfreesboro  
His House, Cookeville  
Lynch's Residential Home Care for the Elderly, LLC, Cedar Hill
- (d) **Home Medical Equipment Facility**  
Ampro Medical, Chattanooga  
Clay County Xpress Pharmacy, LLC, Celina  
DIDD Seating and Positioning Clinics, Nashville  
Insulet Corporation, Nashville  
Novocure, Inc., Memphis  
RespirTech, Nashville  
Synergy Health Solutions, LLC, Halls  
WellSpring Medical Supply, LLC, Smyrna
- (e) **Nursing Homes**  
Life Care Center of East Ridge, East Ridge
- (f) **Professional Support Services**  
Better Life Therapies, LLC, Antioch  
Compassionate Nursing and Home Care Services, LLC, Cordova  
Complete Home Care Services of Tennessee, Columbia  
Triumph Care, LLC, Nashville
- (g) **Outpatient Diagnostic Center**  
Tennessee Imaging and Vein Center, Chattanooga
- (h) **Traumatic Brain Injury (TBI) Residential Home**  
21<sup>st</sup> Century Living Services, Inc., Gallatin (Leigh Lane location)  
21<sup>st</sup> Century Living Services, Inc., Gallatin (Hartsville Lane location)

2. **(CHOWS)**

- (a) **Hospice Facility**  
HighPoint Hospice, Gallatin
- (b) **Nursing Homes Facility**  
Bethany Center for Rehabilitation and Healing, LLC, Nashville  
Gallatin Center for Rehabilitation and Healing, LLC, Gallatin  
Lakebridge, A Waters Community, Johnson City  
Quality Center for Rehabilitation and Healing, LLC, Lebanon  
The Waters of Clinton, Clinton  
The Waters of Johnson City, Johnson City  
The Waters of Smyrna, Smyrna

The Waters of Winchester, Winchester  
Trevecca Center for Rehabilitation and Healing, LLC, Nashville

(c) **Assisted Care Living Facility**

Athens Place, Athens  
Foxbridge Assisted Living and Memory Care, Memphis  
J. B. Knowles Home Assisted Living, Nashville f/k/a Autumn Hills

12. **LICENSE STATUS UPDATES.**

**METHODIST LE BONHEUR GERMANTOWN HOSPITAL, GERMANTOWN**

This three hundred nine (309) bed hospital had been denied to increase their bed count by Health Services and Development Agency (HSDA) in September 2016. On May 17, 2017 Health Services and Development Agency approved Methodist LeBonheur Germantown Hospital, Germantown to increase the hospital's bed count by ten (10) acute care beds from 285 acute care beds to 295 acute care beds. The total licensed beds will increase from 309 beds to 319 beds. Being that LeBonheur Germantown Hospital is one of the five hospital that make up Methodist Healthcare-Memphis Hospitals, system wide acute care beds will increase from 1459 to 1469 and the system wide total licensed beds 1583 to 1593. This was done pursuant to the Tennessee Health Services and Development Agency statute T.C.A. § 68-11-1607(g).

**TENNOVA HEALTHCARE-MCNAIRY REGIONAL HOSPITAL, SELMER**

This forty-five (45) bed hospital was granted inactive status on May 5, 2016 until June 5, 2017. Tennova Healthcare-McNairy Regional Hospital has anticipated the closure of the hospital. This action was taken due to the deterioration and significant repairs required to the building. After extensive evaluation of the current situation McNairy Hospital Corporation which owns and operates Tennova Healthcare-McNairy Regional Hospital, Selmer has decided to permanently close the hospital on May 18, 2016.

**\*FACILITY CLOSURES**

See attachment.

13. **BOARD POLICY CONSENTS.**

A. **THE FOLLOWING NURSING HOMES ARE REQUESTING A WAIVER TO PROVIDE OUTPATIENT THERAPY SERVICES AS PROVIDED FOR BY BOARD POLICY #32:**

Raintree Health and Rehab, McMinnville

B. **THE FOLLOWING FACILITIES ARE REQUESTING APPROVAL TO PERMIT A NURSING HOME ADMINISTRATOR TO SERVE AS ADMINISTRATORS BOTH A NURSING HOME AND RESIDENTIAL HOMES FOR AGED AND/OR ASSISTED CARE LIVING FACILITY ACCORDANCE WITH BOARD POLICY #39:**

Mabry Health and Rehabilitation, Gainesboro (Nursing Home) and Mabry Assisted Living, Gainesboro (ACLF)

**14. REGULATION(S).**

**A. BOARD APPROVAL FOR RULEMAKING HEARING.**

- (1) Ambulatory Surgical Treatment Center Rules 1200-08-10-Medtronic & TMA proposed changes – Pages 25-26.

**B. PROPOSED RULE LANGUAGE**

- (1) Tennessee Community Organization (TNCO) a home care services to patients receiving services under the Tennessee Department of Intellectual Disabilities has proposed changes to the Professional Support Services Rules 1200-08-34 for consideration and approval for rulemaking.

–Melanie Keller, Chair, TNCO Health Committee

**15. ORDERS.**

**A. Consent Orders.**

**16. OTHER BUSINESS.**

**A. OHCF P& P 240 – Facility Plans of Correction (POC)**

**B. River Oaks Place - Loudon**

**MINUTES**  
**BOARD FOR LICENSING HEALTH CARE FACILITIES**  
**June 7, 2017**

The Board for Licensing Health Care Facilities Board meeting began June 7, 2017.

Dr. René Saunders, chairman, called the meeting to order. Dr. Saunders recognized reappointments to the Board for Joshua Crisp, Assisted Care Living Representative, and Robert Breeden, Nursing Home Industry Representative. She also recognized new appointments to the Board; Chuck V. Griffin, Architect Representative, Dr. Evelyn J. Brock, Osteopath Representative, and Patti Ketterman, Hospital Operated Nursing Home Administrator Representative. A roll call of attendance was requested.

Dr. René Saunders, Chairman – here  
Mr. Robert Breeden – here  
Dr. Jennifer Gordon-Maloney – not here  
Mr. Joshua Crisp – here  
Ms. Carissa Lynch – here  
Ms. Annette Marlar – here  
Mr. Chuck Griffin - here  
Mr. Jim Shulman, Chairman Pro Tem – here  
Mr. Bobby Wood – here  
Mr. Roger Mynatt – not here  
Dr. Sherry Robbins – here (arrived at 9:19 am)  
Dr. Kenneth Robertson – here  
Ms. Janet Williford – not here  
Mr. Thomas Gee – not here  
Mr. Paul Boyd – here (arrived at 9:12 am)  
Ms. Gina Throneberry – here  
Ms. Patricia Ketterman – here  
Mr. Thomas Gee – not here  
Dr. Evelyn Brock – here

A quorum was established.

**CONTESTED CASE HEARING:**

Caroline Tippens, Office of General Counsel (OGC), presented a case against Hometown Home Health a licensed home health agency. A court reporter was present during this hearing and record of the hearing can be found in OGC.

**REPORTS:**

**EMS -**

Robert Seesholtz, EMS Trauma System Manager, presented the EMS report. He provided the Board with results of the following four facility trauma site visits –

Bristol Regional Medical Center: Level 2 trauma center review with deficiencies found; trauma site review team recommended provisional Level 2 designation for one year with a focused site review in one year.

Holston Valley Medical Center: Trauma site review team recommended continued designation as a Level 1 Trauma Center.

Johnson City Medical Center: Trauma site review team recommended continued designation as a Level 1 Trauma Center.

Summit Medical Center: Provisional Level 3 trauma center review with deficiencies found; trauma site review team recommended continued provisional Level 3 designation for one year with a focused site review in one year.

**Mr. Shulman made a motion to accept the above recommendations of the trauma site review team; seconded by Dr. Robertson. The motion was approved.**

Mr. Seesholtz also reported to the Board the Board's representation on the Trauma Care Advisory Council (TCAC) has been left vacant due to the expiration of John Marshall's service on the Board. Discussion ensued regarding if the Chairperson who is the Commissioner's Designee on the Board, Dr. René Saunders, could be appointed as representative. The nomination and vote was tabled for the next Board meeting with OGC doing research regarding the Commissioner's Designee serving in that role. Lastly, Mr. Seesholtz presented the November 2016 TCAC meeting minutes for the Board members' information.

#### **Nurse Aide –**

Wanda King, Nurse Aide Program Manager, presented to the Board the Nurse Aide Report. She informed the Board that as of March 2017 there were 36,902 active nurse aides certified in Tennessee with 2,040 new applicants certified during the first quarter. Ms. King further stated of these four certifications has been revoked and eight were suspended for failure to pay student loans. The abuse registry as of May 31, 2017 saw 2,215 placements. Ms. King reported that thus far this year 81 placements have been made. She also updated the Board on the number of nurse aide training programs which includes 135 approved nursing home based training programs and 156 private training programs.

#### **OGC –**

Ms. Tippens presented the OGC report. She indicated there are seven open cases in OGC with five consent orders being presented during today's meeting. Ms. Tippens stated the Advance Care Directive Form rules became effective May 9, 2017. She further stated there are several rule packets in OGC under review to include, but not limited to trauma centers, central service technicians, nursing home civil monetary penalty, proposed caregiver language, and fee increases. Ms. Tippens' report included a legislative update by Jeremy Davis, Legislative Affairs in the Tennessee Department of Health. Mr. Davis' report included the following –

PC 240 – documents associated with investigation are considered confidential, chief administrative officer at facility level will report disciplinary action of professional to appropriate Board; new violations of practitioner's practice if use of prescription level drug without valid prescription or valid medical reason. Duty to self-report within 3 days to appropriate Board Peer Assistance program, employer reports to licensure board, QI Committee of the facility to share QI information with others, no approval from AG's Office for emergent actions; and board action gives/unable/unreasonable restraint of trade

the Commissioner may review, develop rule giving unreasonable restraint of trade, Commissioner will review then send back for further work.

PC 242 – Tennessee Department of Health promoted this PC. Inspections for annual surveys to every three years for ESRD, PCCC, Birthing Center, HCOs, HIV Supportive Living, and ODC; define independent living to state not under purview of the Office of Health Care Facilities (OHCF) and the Board. This was effective May 2017. Vincent Davis, Director of Health Care Facilities, stated the above survey schedule mimics the federal certification survey schedule.

PC 327 – extends Board for Licensing Health Care Facilities (BLHCF) for three years.

### **BOARD APPROVAL FOR THE FOLLOWING INTERPRETATIVE GUIDELINES (IG):**

The following three IGs were presented to the Board for approval –

- 1.) 1200-08-10-.06(13), Ambulatory Surgical Treatment Center (ASTC) Interventional Pain. **Mr. Shulman made a motion to accept; seconded by Dr. Robbins. The motion was approved.**
- 2.) 1200-08-01-.01(37)(g) & 1200-08-30-.02, Pediatric Emergency Care Facility (PECF) and Hospital Designation. Chris Puri, attorney, wanted clarity to the application of this IG for those facilities with outstanding deficiencies. Paul Ambrosia, attorney, provided suggested revision language for this IG. He wished for the IG to also include those hospital's designated as chronic disease. The changes were made and voiced to the Board prior to a vote being taken. **Mr. Shulman made a motion to accept the IG with revisions; seconded by Dr. Robbins. The motion was approved.**
- 3.) 1200-08-11-.05(4), Home for the Aged (RHA) meaning of "Short-Term". Linda Estes, THCA, stated to the Board as this IG was presented that there were no medical requirements in the RHA regulations. She stated that she does not have an issue with six months for the "short-term", but suggests tabling the IG for the next ACLF Standing Committee in order that providers may give input. Ms. Estes stated there is not a requirement for an interdisciplinary team review in the RHA unless the facility has a secured unit. Dr. Robbins state more and more hospice patients are in RHAs and needing more care. **Mr. Crisp made a motion to accept the IG; seconded by Mr. Griffin. The motion was approved.**

### **LICENSE STATUS REQUEST(S):**

Ms. Reed presented the eight (8) licensure status requests.

#### **Milan Health Care Center –**

This 66 licensed bed nursing home is seeking to place its license on inactive status. The facility ceased operations on December 23, 2016 which is the desired date of the inactive status. This facility desires to retain the rights to the 66 bed once on inactive status. Representative for the facility is Michaela D. Poizner, attorney. **Mr. Shulman made a motion to approve the inactive status until the June 2018 Board meeting; seconded by Dr. Robertson. The motion was approved.**

#### **Siskin Hospital's Subacute Rehabilitation Program –**

This 29 licensed bed nursing home is seeking to place its license on inactive status. The facility has determined the space containing the 29 bed unit should be converted to use for 29 inpatient rehabilitation hospital beds. Siskin plans to cease new admission to the nursing home effective March 1, 2017 with the expectation non patients will be in the unity by April 1, 2017. Representative for the facility was Dan Elrod, attorney. Mr. Elrod further stated to the Board some of the space will be support services and not all rehab services of the hospital. He also informed the Board that no patients were in

the nursing home as of today's date. **Mr. Shulman made a motion to approve the inactive status until the June 2018 Board meeting; seconded by Ms. Lynch. The motion was approved.**

**Siskin Hospital for Physical Rehabilitation –**

This 80 licensed bed hospital is requesting to increase its rehabilitation bed count by eight (8) beds for a total of 88 licensed rehabilitation beds. This request is made pursuant to the Tennessee Health Services and Development Agency statute T.C.A. §68-11-1607(g). The hospital will be using the space formerly occupied by Siskin Subacute Rehabilitation Program a licensed nursing home (see above request). Representative for the facility is Dan Elrod, attorney. **Mr. Shulman made a motion to approve the increase of the licensed bed count by eight (8); seconded by Dr. Robbins. The motion was approved.**

**Memorial/Mission Outpatient Surgery Center –**

This ambulatory surgical treatment center is requesting a second extension of the inactive status of its license. The facility anticipates plans for the facility to reopen will be finalized within the next several months. In light of continuing interest to reopen the facility, the request for the inactive status is until spring of 2018. Representative for the facility is Dan Elrod, attorney. Dr. Robbins asked why this process is taking so long. Mr. Elrod stated there had been difficulty in getting the physicians in agreement. **Mr. Shulman made a motion to approve the second extension of the inactive status until the June 2018 Board meeting; seconded by Mr. Boyd. The motion was approved.**

**Franklin Transitional Care Unit –**

This 13 licensed bed nursing home requested a fourth extension of its inactive status to go through February 2019. Mountain State Health Alliance (MSHA) and Signature HealthCare have entered into a joint venture arrangement and the facility will be combined with another skilled facility in the MSHA organization with relocation to a new replacement facility. A certificate of need (CON) was granted for such on December 14, 2016 and the project is moving forward. MSHA would like to continue the inactive status of the Franklin Transitional Care Unit's license until completion and licensing of the new facility. Representative for the facility was Dan Elrod, attorney. **Mr. Shulman made a motion to approve the fourth extension of the inactive status through February 2019; seconded by Mr. Griffin. The motion was approved.**

**Jackson Park Christian Home, Inc. –**

This 28 licensed bed nursing home requested a fifth extension of its inactive status for an additional 12 months until June 2018. Signature HealthCare, LLC continues its efforts to find either a viable purchaser or a viable development opportunity for the facility's beds with a replacement facility. Signature continues to evaluate the best options for the licensed facility going forward. Representative for the facility was Chris Puri, attorney. Mr. Puri also informed the Board of a letter of intent to purchase this facility is under negotiations. **Mr. Shulman made a motion to approve the fifth extension of the inactive status until the June 2018 Board meeting; seconded by Mr. Mynatt. The motion was approved.**

**Eldereed Health and Rehab & Eldereed Haus Assisted Living Center –**

Eldereed Health and Rehab a 63 licensed bed nursing home and Eldereed Haus Assisted Living Center a 20 licensed bed assisted care living facility requested an extension of its inactive statuses for a 60 to 90 days period. Both facilities are in the process of a change of ownership. Representative for the facility was James Wheeler, attorney. Mr. Wheeler informed the Board that for the change of ownership to move forward they have had to seek approval of the sale by the Attorney General's office. **Mr. Shulman**



**made a motion to approve the extension of the inactive status until the June 2018 Board meeting; seconded by Mr. Mynatt. The motion was approved.**

**Surgical Services, P.C. –**

This ambulatory surgical treatment center (ASTC) requested to place its license on inactive status. A timeframe was not requested. Representative for the facility was Dr. Ray Villanueva. Dr. Villanueva informed the Board his reasons for this request are the intent to sell the facility due to changes in TennCare, more surgeons to the area, a decrease in case numbers, and based on the results of a recent survey. He stated to correct the recent survey it would be too much and the facility does not have the finances to complete the suggested corrections. Dr. Villanueva further made the Board aware of how long he has been in operation and that the regulatory requirements are becoming too much to meet. Ms. Reed stressed to Dr. Villanueva that if the inactive status was granted the facility would still be required to submit licensure renewal fees each year and that no surgeries could be performed in the licensed ASTC. The action of this Board would have no impact on Dr. Villanueva's privileges at the hospital. Dr. Villanueva made the Board aware that he has his physician practice at this same location. Board members questioned more about the activities of his physician practice and how it intersects with the ASTC. Ms. Reed informed the Board they have no jurisdiction over the physician practice. Ms. Reed also explained to Dr. Villanueva that he could not perform any services, surgeries in the licensed ASTC if this inactive status was granted. She further emphasized there was no authority of this Board over his physician practice. **Mr. Shulman made a motion to approve the inactive status request until the June 2018 Board meeting; seconded by Ms. Lynch. The motion was approved.**

**WAIVER REQUEST(S):**

Ms. Reed presented the following waiver requests for consideration by the Board.

Poplar Point Health and Rehabilitation, Memphis -

This licensed nursing home is seeking to waive nursing home regulation 1200-08-06-.04(1) for a Tennessee licensed nursing home administrator until a permanent replacement can be hired or receives his/her license in Tennessee. Jordie Cortez Montgomery, interim administrator, for the facility addressed the Board. He stated that on June 5, 2017 his Tennessee Nursing Home administrator application was ratified by the Board of Examiners for Nursing Home Administrators and he is awaiting his license. Dr. Saunders stated she did not see why this request was needed. Ms. Tippens stated the facility is asking for the waiver out of an abundance of caution. Ms. Marlar stated BLHCF only addresses facility requirements not nursing home administrator requirements. **Mr. Shulman made a motion to grant the waiver request until the October 2017 Board meeting; second by Dr. Robertson. Dr. Saunders abstained. The motion was approved.**

Pentec Health, Inc; Nashville –

This licensed home health agency is seeking to waive two provisions of the Home Care Organizations Providing Home Health Services Standards. These are 1200-08-26-.06(2) regarding a written summary report for each patient be sent to the attending physician at least every 62 days and 1200-08-26-.06(3)(b) regarding plan of care of a patient must be reviewed by attending physician and agency personnel as the severity of the patient's condition at least once every 62 days. Pentec believes their staffing plan and existing policies for e management of medical plans of care and nurse reporting meets the intent of these standards. Representative for the facility was Michelle Hiidel, RN, and Karen Boyer, RN. The Pentec representative stated the provider has some patients seen more than every 62 days, but no more than 90 days. Generally, the physicians see the patients every three months. She further

stated a full nursing assessment is done at these visits. The Pentec representative stated their patient population does not meet the 'typical' home health patient definition. She stated physicians in areas such as Chattanooga have turned their patients over to Pentec. Dr. Saunders inquired as to what this meant. The Pentec representative stated it was to perform the pump refills so this would no longer be done in the physician's office. Dr. Saunders asked what happens if a patient needs assistance during a greater period of time. Pentec stated there is a supportive plan in place to address this circumstance. Ms. Marlar asked legal in order to understand what to do that Pentec got a home health agency license even though the facility provides more advanced care in order to be able to provide the service they do in Tennessee. She further stated this will be seen more in the future. Ms. Tippens responded by reading into record the specific rules being requested to waive. The Pentec representative stated the physicians whose patients they see would love for the waiver to be granted and she has signed letters from them attesting to this fact. She stated to the Board visits are made to the patients based upon the need to refill the pump. The agency does make 30 day calls to patients and would only make a visit to the patient if it was determined during the phone call that more education was needed. Mr. Shulman stated the home health regulations may be outdated in regards to timeframes. Ms. Reed stated that is not necessarily the case as the timeframes are reflective of the federal requirements. Pentec confirmed the agency was licensed only and did not receive Medicare reimbursement. The Board expressed the feeling that the rules and regulations are being met and that the agency must alter their service method in order to meet the regulations. Discussion entailed possible move to a standing committee to vet more thoroughly. Ms. Tippens not sure this item needs to go to a standing committee since it is not an interpretative guideline or rule language request. **Mr. Shulman made a motion to move to the PI Standing Committee; seconded by Mr. Boyd.** Dr. Saunders reiterated that legal counsel had expressed this item was not appropriate to move to a standing committee. **A roll call vote was required on this motion. The motion was approved by a vote of eight ayes to seven nays.** It was then discussed what type of information to bring to the PI Standing Committee. The items identified were other state requirements and equipment changes for intrathecal care only and requirements for change in treatment.

#### Big South Fork Medical Center, Oneida –

This licensed hospital is seeking a waiver of the 2010 Guidelines for Design and Construction of Health Care Facilities (FGI) guideline 2.2-3.1.3.6(9) for an emergency department to have a decontamination room. Representative for the facility was Tony Taylor, CEO. At this time, Ms. Reed also made the Board aware that the facility has maintained the inactive status of its license past the proposed April 1, 2017 date indicated when the inactive status was requested. This is due in part to the waiver request before the Board today. Mr. Taylor stated the facility wishes to move its current emergency department to a former obstetrical area which would provide more room and better access for emergency patients. He was advised by the OHCF's Plans Review Section this would prompt submission of plans and requirement to meet the current building standards. Mr. Taylor stated that is why the request is before the Board today. He did emphasize the facility's access to a mobile decontamination unit. He further informed the Board there have been no decontamination issues seen at the facility in past years. Board members questioned set-up of the mobile unit. Mr. Taylor stated the mobile unit at the hospital has not been activated, but from his past experience with a mobile decontamination unit in South Carolina it would take approximately 45 minutes to set-up. Ms. Tippens asked if there was a large agricultural presence in the area. Mr. Taylor stated no agricultural issues. He stated there are a plastics factory, flooring factory, and minimal mining in this area. Mr. Griffin asked if the hospital's physical space would allow for a decontamination room. Mr. Taylor stated no and this would require a build out away from the emergency room and ambulance entrance. Dr. Robbins asked if it would be possible for the mobile decontamination unit to be more permanent. Mr. Taylor stated possibly. It was further clarified that

the facility under the codes that currently apply to the facility is not required to have a decontamination room, but the facility does have the mobile unit already in place at the facility. Ms. Marlar stated she needed to see a layout of the building and desired input from the Trauma System's Manager, Rob Seesholtz. Mr. Seesholtz indicated that all trauma centers are required by trauma rule to have decontamination rooms as well as mobile decontamination capabilities. Vincent Davis, Director of the Office of Health Care Facilities, asked Mr. Taylor if he has reached out to other states with hospitals in a similar situation to see what they have done. Mr. Taylor stated South Carolina and Virginia have the county hazmat team to take care of decontamination patients and situations. Mr. Griffin indicated more information is needed before a decision is made such as drawings of the facility, exhaustion of alternatives to solve, etc. **Mr. Griffin made a motion to deny the waiver request. No second received. The motion died.** Dr. Robertson stated if the request is tabled it could go to the Facilities' Construction Standing Committee; a recommendation could be made by that committee to the full Board in October; drawings could be reviewed; more information received; and other states' information could be reviewed as well. **Mr. Shulman made a motion to table the waiver request and bring more information to the October Board meeting for further discussion; seconded by Dr. Robbins. The motion was approved.**

Select Specialty Hospital-Nashville, Nashville -

Select Medical Corporation and its affiliated hospitals in Tennessee are requesting the Board to make a determination regarding compliance with Pediatric Emergency Care Facilities (PECF) rule 1200-08-30 and the Board to take the necessary action to remove any obligation to maintain any PECF designation (including the provision of any pediatric emergency services) and to consider a waiver for the noted hospitals relieving the hospitals of any requirements to comply. Select Specialty Hospital-Nashville was cited with this deficiency. Select Medical operates five long-term acute care hospitals, each has always been licensed as a Chronic Disease Hospital under rule 1200-08-01-.01(37)(g). Representative for the facility was Paul Ambrosius, attorney. Due to approval of the IG for Pediatric Emergency Care Facility (PECF) and Hospital Designation, this facility withdrew this request.

HealthSouth Cane Creek Rehabilitation Hospital, Martin and HealthSouth Rehabilitation Hospital North Memphis, Memphis –

HealthSouth Corporation and its affiliated hospitals in Tennessee are requesting the Board to make a determination regarding compliance with Pediatric Emergency Care Facilities (PECF) rule 1200-08-30 and the Board to take the necessary action to remove any obligation to maintain any PECF designation (including the provision of any pediatric emergency services) and to consider a waiver for the noted hospitals relieving the hospitals of any requirements to comply. Both hospitals HealthSouth Cane Creek Rehabilitation Hospital, Martin and HealthSouth Rehabilitation Hospital North Memphis, Memphis were both cited with this deficiency. Both hospitals are licensed as Rehabilitation Hospitals under rule 1200-08-01-.01(37)(g). Representative for the facility was Chris Puri, attorney. Due to approval of the IG for Pediatric Emergency Care Facility (PECF) and Hospital Designation, these facilities withdrew this request.

CuraHealth Nashville, LLC; Nashville –

This long-term acute care hospital requested the Board to make a determination regarding compliance with Pediatric Emergency Care Facilities (PECF) rule 1200-08-30 and the Board to take the necessary action to remove any obligation to maintain any PECF designation (including the provision of any pediatric emergency services) and to consider a waiver for the noted hospital relieving the hospital of any requirements to comply. Curahealth Nashville, LLC was cited with the deficiency for noncompliance with the requirement of Pediatric Basic Hospital. Representative for the facility was Tom Rone, CEO.

Due to approval of the IG for Pediatric Emergency Care Facility (PECF) and Hospital Designation, these facilities withdrew this request.

Memorial Hospital and Memorial Hospital Hixson –

Memorial Hospital a 336 licensed acute bed facility and Memorial Hospital Hixson a 69 licensed acute bed facility are requesting to increase their general acute care beds. Memorial Hospital requested to increase their general acute care bed count by 33 beds which will be a total of 369 beds. Memorial Hospital Hixson requested to increase their general acute care beds by six beds which will be a total of 75 beds. This request is made pursuant to the Tennessee Health Services and Development Agency statute T.C.A. §68-11-1607(g). Memorial Hospital and Memorial Hospital Hixson consistently experience extremely high census days exceeding the established licensed bed capacity as evidenced by notification from the state of Tennessee which created the need for additional licensed beds. **Mr. Shulman made a motion to approve the increase in licensed beds; seconded by Dr. Robbins. The motion was approved.**

Vanderbilt University Medical Center, Nashville –

Vanderbilt University Medical Center a 1,025 licensed bed facility including 96 neonatal intensive care beds, 88 psychiatric beds, and 841 acute beds requested to increase their acute care beds by 68. 30 of the proposed beds will be located in the existing Medical Center East building on the medical campus and 38 beds will be located in the Monroe Carell Jr. Children’s Hospital at Vanderbilt. In addition, Vanderbilt has 88 psychiatric beds for which they seek to add four total psychiatric beds, two as child/adolescent and two as adult which will be located in the existing Vanderbilt Psychiatric Hospital. This request is made pursuant to the Tennessee Health Services and Development Agency statute T.C.A. §68-11-1607(g). Dr. Brock recused from this item. **Mr. Shulman made a motion to approve the increase in licensed beds; seconded by Ms. Lynch. The motion was approved**

Select Specialty Hospital-Knoxville, Knoxville and Select Specialty Hospital- North Knoxville, Knoxville –

Select Medical Corporation which owns and operates both hospitals is requesting for Select Specialty Hospital-Knoxville, Knoxville to become the satellite hospital of Select Specialty Hospital-North Knoxville, Knoxville. Select Medical Corporation anticipates as of October 1, 2017 Select Knoxville will merge into Select North Knoxville and will surrender its Medicare provider number. Representative for the facility was Paul Ambrosius, attorney. Mr. Ambrosius stated the facilities are seeking Medicare approval and feel this should be received in the next few weeks. **Mr. Shulman made a motion to approve the satellite request; seconded by Dr. Robbins. The motion was approved.**

Avalon Hospice, Nashville –

Avalon Hospice agency sought a waiver to open two new additional branch offices further than the 100 mile restriction pursuant to T.C.A. §68-11-202(e)(3) for branch offices under its parent hospice agency located at 2525 Perimeter Place Drive, Suite 121, Nashville, TN. Avalon has a geographic service area of all 95 counties. Avalon wants to open these two branch offices in Chattanooga (approximately 135 miles from the Nashville parent office) and in Cleveland (approximately 163 miles from the Nashville parent office). Representatives for the facility were Chris Puri, attorney; John Dyer, Vice President of Operations; Nena Hart, Administrator; and Gusti McGee, Director of Regulatory Services. Mr. Puri presented to the Board that legislative research was done on this statute and was found to be 20 years old. He also stated that Avalon has other branch offices which are greater than 100 miles from the parent and have been approved by this Board. **Mr. Shulman made a motion to approve the addition of the two branch offices greater than 100 miles from the Nashville parent office; seconded by Mr. Breeden. The motion was approved.**

Copper Basin Medical Center, Copperhill –

Copper Basin Medical Center requested a discussion or waiver of the “hospital definition”. Copper Basin recently on a temporary basis suspended inpatient services effective May 8, 2017. The facility is exploring any and all options to continue to serve the surrounding community. Copper Basin Medical Center plans to continue to provide all other outpatient services including lab, radiology, and general surgery and to maintain a pharmacy as well as to continue to support specialty practices such as cardiology, urology, and ophthalmology in their clinics. Representative for the facility was Dan Johnson, CEO. Mr. Johnson gave a history of the facility and its port management and decision making. He stated the facility has IRS debt and outstanding bank loans. The facility has reached the point of being unable to make payroll. The decision of the facility to cease inpatient services temporarily were based upon patient safety due to RNs and LPNs leaving, health insurance lost to employees, etc. Currently, the facility has 40 full-time employees. Mr. Johnson stated the facility wishes to suspend inpatients services until September 30, 2017 if capital is there to continue operations. He stated the facility is willing to look at other alternatives including closure which would be a last resort. Dr. Saunders asked where the closet hospital was located. Mr. Johnson stated 15 miles away in Georgia. He informed the Board that Erlanger was an affiliated hospital which is located in Chattanooga. Mr. Johnson stated Copper Basin Medical Center does not have any agreements with the Georgia hospital for emergent services. Ms. Throneberry clarified that surgeries provided on an outpatient basis were not requiring an inpatient stay. Mr. Johnson verified that. Mr. Davis questioned what the primary payor source was for the facility. Mr. Johnson stated it was mix, but primarily Medicare. Mr. Davis then informed Mr. Johnson that the facility would not receive payment from Medicare if not providing services at the inpatient level. Mr. Johnson then sought from the Board other alternatives to address the issue faced by Copper Basin Medical Center. There were none suggested. The Board collectively gave Mr. Johnson the option to withdraw the request by Copper Basin Medical Center. He then asked what would be the results of a withdrawal. Ms. Reed stated if a complaint was received regarding the facility’s lack of providing inpatient services, surveyors would visit the facility, and deficiencies would be cited if no patients were found in house. Copper Basin Medical Center chose to withdraw the presented request.

National Biological Corporation, Nolensville and The Richmond Light Company, Nolensville –

National Biological Corporation and The Richmond Light Company both are home medical equipment (HME) facilities seeking to waive the following rules of the Standards for Home Care Organizations Providing Home Medical Equipment – 1200-08-29-.04(7)-(8); 1200-08-29-.06(5)(c), physical location; 1200-08-29-.04(9), charity care; 1200-08-29-.06(2), infection control; 1200-08-29-.06(4)(b) & 1200-08-29-.06(6)(c), equipment management; 1200-08-29-.10, infectious and hazardous waste; and 1200-08-29-.11, records and reports. Both entities are based in Ohio and have applied for licensure as home medical equipment agencies. Representative for the facility was Michael Kaufman, Vice President. Mr. Kaufman presented the two facility’s request for waiver of the above referenced rules indicating these rules do not apply based upon the model of service the two entities follow. The first rules considered were 1200-08-29-.04(7)-(8) which is relative to posting of signs including no smoking signs. Ms. Reed stated the Board could address the waiver request relative to this rule and that the only statutory requirement relative to this was for nursing homes. Ms. Tippens stated this may be related to the Commissioner’s smoking cessation rule. Ms. Reed stated she was not familiar with those regulations. Ms. Reed made the Board members aware that some of the rules requested to be waived could be addressed, but some were not possible to waive due to a statutory basis. **Mr. Shulman made a motion to move this item to the PI Standing Committee; seconded by Dr. Robbins. The motion was approved.**

## **DISCUSSION(S):**

### **Tennessee Board for Licensing Health Care Facilities 2015 Performance Audit Report Update on Progress –**

Mr. Davis presented on this item. He stated of the five areas cited during the audit all have been completed except ensuring regular health and complaint surveys are conducted in a timely manner. Mr. Davis stated more progress has been made on this item since the February report to the Board. He stated the OHCF is meeting the 15 month timeframe for completion of annual nursing home surveys. He further stated there is still a shortcoming in meeting the two and 10 day timeframe for complaints. Mr. Davis indicated there were five positions approved by the Governor's Appropriations Bill. He stated that legislators understand it will take a year or more to get new surveyors into position. He also added that the overall vacancy rate had decreased.

### **CHI Memorial Health Care System, Chattanooga (And Hixson) –**

This hospital is licensed for 405 beds with 336 beds at the Memorial Glenwood campus and 69 beds at the Memorial Hixson campus. The hospital exceeded its licensed bed capacity due to above average admissions through the emergency department and by above average surgery schedules. According to hospital rule 1200-08-01-.05(23) a hospital is to self-report the exceeding of licensed bed capacity within 48 hours. The facility failed to make this notice within the required timeframe. Representatives for the facility were Janelle Reilly, Chief Operating Officer; Melissa Roden, Deb Moore, Rhonda Poulson, and Andrew McGill. Ms. Reilly addressed the Board with a detailed explanation of the events that lead to the overage of beds from the current licensed capacity. She also indicated that prompted the facility to request the increase in beds which was approved earlier by the Board so as to eliminate a reoccurrence of such. Ms. Reilly also pointed out other measures to be taken to prevent an overage of the licensed bed capacity and failure to notify the department. Ms. Marlar stated facilities and providers make mistakes. She wanted to know why regulators did not address; did surveyors go out to the facility? Ms. Tippens directed the Board to the rules regarding the 48 hours reporting requirement of excess beds plus the definition of justified emergency. She stated this is guidance for the Board in determining the action of the Board. Members of the Board asked what remedies were available and why the facility was before them. Dr. Saunders stated the reported overage was reviewed with a request for further explanation which was not found acceptable thus the decision for the facility to report this action to the Board. **Mr. Shulman made a motion to accept the apology of the facility; seconded by Mr. Breeden. The motion was approved.**

### **Request to Revise all Initial and Change of Ownership (CHOW) Applications –**

Ms. Tippens addressed the Board regarding this item. She stated at the last Board meeting there was issue voiced with question #6 on the applications for licensure. The question is surrounding disciplinary action against a license in this and other states where the applicant does business. Ms. Tippens did not recommend making a change to the application. She stated this could produce copious amounts of information with some being irrelevant to the question asked on the application. Ms. Reed verified that the information that had been provided at the last Board meeting was not appropriate information relative to the question asked on the application. She asked if the Board would allow her the opportunity to work with licensure staff to better educate them on the information required based upon question #6. The Board was in agreement with this proposal.

**Request for Revisions and Approval of the Provider Identification of a Surrogate Form to include Questions –**

Charles Key, attorney and representative for Tennessee End of Life Partnership (TELP), provided explanation to this request before the Board. He provided an example form with the highlighted changes. Mr. Key stated the changes incorporate the nurse practitioner and physician assistant to sign instead of just a physician signature. He informed the Board this is in alignment with the current law. Mr. Key also stated the request was made to TELP by nurse practitioners in rural areas. **Mr. Shulman made a motion to approve the model form with changes; seconded by Ms. Lynch. Dr. Saunders and Dr. Robbins voted no. The motion was approved.**

**Approval of the Joint Annual Report on the Status of Emergency Medical Services for Children 2017 -** Rhonda Phillippi, Executive Director TN EMS for Children, presented this report to the Board. There were no questions or comments by the Board. **Mr. Breeden made a motion to accept the report; seconded by Mr. Mynatt. The motion was approved.**

**APPROVAL OF MINUTE(S):**

Ms. Reed presented the following minutes for approval by the full Board –  
February 8, 2017 – Board meeting; not completed by this meeting date  
April 18, 2017 – Performance Improvement Standing Committee meeting  
April 18 & May 15, 2017 – Assisted Care Living Facility Standing Committee meeting

**Mr. Crisp made a motion to accept all of the above standing committee meeting minutes; seconded by Ms. Lynch. The motion was approved.**

**CONSIDERATION AND RATIFICATION OF LICENSURE APPLICATIONS (CHANGE OF OWNERSHIP (CHOWS) AND INITIALS):**

Ms. Reed presented the CHOW and initial licensure applications received by the Office of Health Care Facilities.

The following CHOW application was processed by the Board’s administrative staff with concern – Oakwood Senior Living, Knoxville – Assisted Care Living Facility (ACLF). This application was withdrawn by the applicant’s legal representation.

The following initial applications were processed by the Board’s administrative staff without concern – Dominion Senior Living of Hixson, Chattanooga – ACLF; Dominion Senior Living of Bristol, Bristol – ACLF (Mr. Crisp recused). **Mr. Mynatt made a motion to approve; seconded by unable to hear. The motion was approved.** Mr. Crisp returned to the meeting.

Memory Assisted Living at Uplands Village, Pleasant Hill – ACLF; The Pointe at Lifespring Senior Living, Knoxville – ACLF; The Waterford in Hermitage, Hermitage – ACLF; Fresenius Medical Care Raleigh Bartlett, Memphis – End Stage Renal Dialysis (ESRD); Grace House, Murfreesboro – Home for the Aged (RHA); His House, Cookeville – RHA; Lynch’s Residential Home Care for the Elderly, LLC; Cedar Hill – RHA; Ampro Medical, Chattanooga – Home Medical Equipment (HME); Clay County Xpress Pharmacy, LLC; Celina – HME; DIDD Seating and Positioning Clinics, Nashville – HME; Insulet Corporation, Nashville – HME; Novocure, Inc.; Memphis – HME; RespirTech, Nashville – HME; Synergy Health Solutions, LLC; Halls – HME; WellSpring Medical Supply, LLC; Smyrna – HME; Better Life Therapies, LLC; Antioch – Professional Support Services (PSS); Compassionate Nursing and Home Care Services, LLC; Cordova –

PSS; Complete Home Care Services of Tennessee, Columbia – HME; Triumph Care, LLC; Nashville – PSS; Tennessee Imaging and Vein Center, Chattanooga – Outpatient Diagnostic Center (ODC); 21<sup>st</sup> Century Living Services, Inc.; Gallatin (Leigh Lane location) – Traumatic Brain Injury (TBI) Residential Home; 21<sup>st</sup> Century Living Services, Inc.; Gallatin (Hartsville Lane location) – TBI. **Dr. Robertson made a motion to approve; seconded by Mr. Boyd. The motion was approved.**

Life Care Center of East Ridge, East Ridge – Nursing Home (Mr. Breeden recused). **Mr. Boyd made a motion to approve; seconded by Dr. Robbins. The motion was approved.** Mr. Breeden returned to the meeting.

The following CHOW applications were presented to the Board for approval without staff concern – HighPoint Hospice, Gallatin – Hospice; Bethany Center for Rehabilitation and Healing, LLC; Nashville – Nursing Home; Gallatin Center for Rehabilitation and Healing, LLC; Gallatin – Nursing Home; Lakebridge, A Waters Community; Johnson City – Nursing Home; Quality Center for Rehabilitation and Healing, LLC; Lebanon – Nursing Home; The Waters of Clinton, Clinton – Nursing Home; The Waters of Johnson City, Johnson City – Nursing Home; The Waters of Smyrna, Smyrna – Nursing Home; The Waters of Winchester, Winchester – Nursing Home; Trevecca Center for Rehabilitation and Healing, LLC; Nashville – Nursing Home; Athens Place, Athens – ACLF; Foxbridge Assisted Living and Memory Care, Memphis – ACLF; J.B. Knowles Home Assisted Living, Nashville – ACLF. **Dr. Robertson made a motion to approve; seconded by Mr. Griffin. The motion was approved.**

#### **LICENSURE STATUS UPDATE(S):**

Ms. Reed presented licensure status updates on the following two (2) facilities – Methodist LeBonheur Germantown Hospital, Germantown and Tennova Healthcare-McNairy Regional Hospital, Selmer. Methodist LeBonheur is a 309 licensed bed hospital which had been denied an increase in their licensed bed count by Health Services and Development Agency (HSDA) in September 2016 after having appeared before this Board in September of 2016 and receiving approval of a bed increase of 26. On May 17, 2017, HSDA approved LeBonheur’s request for an increase of their licensed bed count by ten acute care beds from 285 to 295. The total licensed beds will increase from 309 to 319. Being that LeBonheur is one of five hospitals that make up the Methodist Healthcare-Memphis Hospitals, the total licensed acute care bed count system wide will increase from 1459 to 1469 with the overall licensed bed count increasing from 1583 to 1893. This was done pursuant to the Tennessee HSDA statute T.C.A. §68-11-1607(g). Tennova Healthcare-McNairy Regional Hospital is a 45 licensed bed hospital which was granted inactive status of its license by this Board on May 5, 2016 until June 5, 2017. The facility at that time had anticipated closure. This action was taken due to the deterioration and significant repairs required of the building. After extensive evaluation of the current situation, McNairy Hospital Corporation which owns and operates Tennova Healthcare-McNairy Regional Hospital, Selmer decided to permanently close the hospital effective May 18, 2016.

#### **FACILITY CLOSURES:**

A listing of all facility closures during the months since the February 8, 2017 Board meeting was provided to the Board. No discussion was held.



## **BOARD POLICY CONSENTS:**

Ms. Reed presented the Board Policy Consent requests. The requests were for Board Policy #32, Nursing Homes and Residential Homes for the Aged to provide outpatient therapy services, and Board Policy #39, permit a Nursing Home administrator to serve as administrator for both a Nursing Home and Residential Home for the Aged (RHA) and/or Assisted Care Living Facility (ACLF).

Board Policy #32 requests –  
Raintree Health and Rehab, McMinnville

**Dr. Robertson made a motion to approve the request for Board Policy #32 waiver to be issued to Raintree Health and Rehab, McMinnville; seconded by Mr. Griffin. The motion was approved.**

Board Policy #39 request –  
Mabry Health and Rehabilitation, Gainesboro (Nursing Home) and Mabry Assisted Living, Gainesboro (ACLF)

**Mr. Mynatt made a motion to approve the request for Board Policy #39 waiver to be issued to Mabry Health and Rehabilitation-Nursing Home and Mabry Assisted Living-ACLF, Gainesboro; seconded by Mr. Breeden. The motion was approved.**

## **REGULATION(S):**

### **Board Approval for Rulemaking Hearing –**

Ms. Reed presented to the Board proposed rule language for the ambulatory surgical treatment center (ASTC) rules found on pages 25 thru 26 of the current ASTC rules. The language was developed by Medtronic and the Tennessee Medical Association (TMA). The reason for this proposed rule language was to clarify those practitioners and procedures the rule for invasive procedures was to address. **Dr. Robertson made a motion to move the presented language to rulemaking hearing; seconded by Mr. Griffin. The motion was approved.**

### **Proposed Rule Language –**

The Tennessee Community Organization (TNCO) an organization for home care providers that provide service to patients receiving services under the Tennessee Department of Intellectual and Developmental Disabilities proposed changes to the Professional Support Services (PSS) rules 1200-08-34 for consideration and approval for rulemaking hearing by the Board. Representative for TNCO was Melanie Keller, Chair, TNCO Health Committee. Ms. Keller began presenting to the Board those items identified in the PSS rules that are no longer current. Ms. Tippens injected stating changes are currently being reviewed for the PSS rules which address TNCO's issues and that Ms. Keller's comments/letter would be treated as public comment in advance of a rulemaking hearing. She further stated that OGC would work with Ms. Keller going forward. **Mr. Shulman made a motion to move the presented language to rulemaking hearing; seconded by Dr. Robertson. The motion was approved.**

## **ORDER(S):**

### **Consent Orders -**

The following consent orders were presented by Ms. Tippens.

*Brookdale Greenville – ACLF* – An annual survey conducted resulting in a \$500 Civil Monetary Penalty (CMP). **Dr. Robertson made a motion to approve; seconded by Mr. Breeden. The motion was approved.**

*Autumn Hills – ACLF* – Multiple life safety surveys conducted with facility being cited deficiencies and failing to submit an acceptable plan of correction (POC) resulting in the facility's license being placed on probation for no less than six months. **Mr. Wood made a motion to approve; seconded by Mr. Breeden. The motion was approved.**

*Morning Pointe of Powell - ACLF* – A complaint survey conducted resulting in a \$500 CMP. **Mr. Griffin made a motion to approve; seconded by Mr. Boyd. The motion was approved.**

*Metro Community Care Home – RHA* – An annual survey conducted with the facility being cited deficiencies and failing to submit an acceptable POC resulted in the facility's license being summarily suspended on May 12, 2017. The facility has agreed to voluntarily surrender the license for the RHA which has the same legal effect as revocation. **Dr. Robertson made a motion to approve; seconded by Mr. Boyd. The motion was approved.**

*Oakwood Senior Living – ACLF* – An annual and complaint survey conducted resulting in a \$1,000 CMP. **Dr. Robertson made a motion to approve; seconded by Mr. Griffin. The motion was approved.**

## **OTHER BUSINESS:**

### **OHCF P&P 240 – Facility Plans of Correction (POC) –**

Ms. Reed presented to the Board members a compilation of the number of facilities and by type that have not responded to requests for POCs, submitted acceptable POCs, or have corrected the deficiencies as stated in the POCs upon revisit. The list was reflective of activity that has occurred since the February Board meeting. No discussion was held.

### **River Oaks Place-Loudon –**

Ms. Reed reminded the Board of their request from the February Board meeting to have the operator/owner of the facility to appear before the Board. The operator/owner was to provide explanation and reasoning for the length of time it took to correct cited deficiencies by life safety. Ms. Reed informed the Board the operator/owner was asked to appear, but had indicated an inability to do so. The Board had no further direction.

**The Board meeting was adjourned.**