

Sunset Public Hearing Questions for  
**Board for Licensing Health Care Facilities**  
Created by Section 63-11-203, *Tennessee Code Annotated*  
(Sunset Termination June 2020)

*Enabling Statute, Purpose, and Rules and Regulations*

- 1. Provide a brief introduction to the board, including information about its purpose, statutory duties, staff, and administrative attachment.**

The General Assembly established the Board for Licensing Health Care Facilities (the Board) in the 1940s for the purpose of licensing and regulating health care facilities, as set forth in T.C.A. §68-11-201 and 202. These health care facilities include hospitals, recuperation centers, nursing homes, homes for the aged, home care organizations, assisted care living facilities, birthing centers, residential hospices, ambulatory surgical treatment centers, outpatient diagnostic centers, end stage renal dialysis clinics, prescribed child care centers, residential HIV supportive living facilities, adult care homes-level II, and traumatic brain injury residential homes. In addition, the Board is required to adopt fire and life safety code regulations and minimum standards for patient care in health care facilities, set minimum compliance standards or regulations and specifications for construction plans of health care facilities, and conduct annual compliance inspections.

T.C.A. §68-11-203 establishes the Board which consists of nineteen (19) members, appointed by the Governor. The Board is administratively attached to the Tennessee Department of Health. The Board's administrative staff consists of the Board Director, the Board Administrator, the Health Facilities Program Manager, a statistician, and other administrative support staff.

- 2. Has the board promulgated rules and regulations? If yes, please cite the reference.**

Yes, the Board has promulgated rules: Rule Chapters 1200-08-01 through 1200-08-16 and 1200-08-24 through 1200-08-38.

Link: <https://publications.tnsosfiles.com/rules/1200/1200-08/1200-08.htm>

*Board Organization*

- 3. Provide a list of current members of the board. For each member, please indicate who appointed the member, statutory member representation, the beginning and end of the member's term, and whether the member is serving a consecutive term.**

Member Name	Appointed By	Representative Of	Term Beginning	Term Ending	Consecutive Term (Y or N)
Rene Saunders, MD	Commissioner of Health (ex-officio)	Commissioner of Health Designee	-	-	-
Jim Shulman	Executive Director, Commission on Aging and Disability (ex-officio)	Commission on Aging and Disability	-	-	
Paul Boyd	Governor	Consumer Member	08-06-16	07-31-20	Y
Robert Breeden	Governor	Nursing Home Industry	03-01-17	02-28-21	Y
Evelyn Brock, DO	Governor	Osteopathic Physician	05-04-17	06-30-20	Y
Patsy Carihfield, RN	Governor	Registered Nurse	08-08-18	06-30-22	Y
Joshua Crisp	Governor	Assisted Living Industry	03-01-17	02-28-21	Y
Jennifer Gordon-Maloney, DDS	Governor	Dentist/ Oral Surgeon	02-29-16	02-29-20	Y
Chuck Griffin	Governor	Architect	05-03-17	04-30-20	N <sup>1</sup>
Julie Jeter, MD	Governor	Medical Doctor	11-28-18	06-30-22	Y
Patricia Ketterman	Governor	Hospital Operated Nursing Home Administrator	07-27-18	06-30-22	Y
Carissa Lynch	Governor	Pharmacist	03-01-16	02-28-20	Y
Roger Mynatt	Governor	Nursing Home Industry	08-06-18	06-30-22	Y
Susan Peach	Governor	Short Tern Acute Hospital Administrator	07-03-19	02-28-23	Y
VACANT	Governor	Short Term Acute Hospital Administrator			
Sherry Robbins, MD	Governor	Medical Doctor	07-03-19	03-31-23	Y
Gina Thorneberry	Governor	Ambulatory Surgical Treatment Center	01-13-17	12-31-21	N
Janet Williford	Governor	Home Health Agency Administrator	07-21-18	06-30-22	Y
Bobby Wood	Governor	Consumer	07-01-16	06-30-20	Y

<sup>1</sup> Mr. Griffin was initially appointed on 05/01/17. This was presumably to finish David A. Rhode's term prior to being appointed for a full three year term on 05/03/17.

**4. Are there any vacancies on the board? If so, please indicate how long the position has been vacant and explain steps that have been taken to fill any vacancies.**

The Board has one (1) vacancy. The Hospital Administrator seat was previously held by Dr. Lisa Piercey who is now the Commissioner of Health. The Department is working with the Governor’s office on an appointment.

**5. How many times did the board meet in Fiscal Years 2018 and 2019? How many members were present at each meeting? Please note meetings where the board did not have a quorum.**

<b>Date</b>	<b>Type of Meeting</b>	<b>Attendance</b>	<b>Quorum?</b>
02/07/2018	Board Meeting	14 Board Members	Yes
03/05/2018	Emergency Call Rulemaking Hearing	13 Board Members	Yes
04/03/2018	Disciplinary Hearing	12 Board Members	Yes
04/17/2018	Performance Improvement Issue Standing Committee Meeting (PI)	3 Board Members	Yes
04/18/2018	Assisted Care Living Facility Standing Committee Meeting	4 Board Members	Yes
05/02/2018	Emergency Called Disciplinary Hearing for Summary Suspension	10 Board Members	Yes
05/07/2018	Facility Construction Standing Committee Meeting	4 Board Members	Yes
06/06/2018	Board Meeting	15 Board Members	Yes
08/28/2018	Assisted Care Living Facility Standing Committee Meeting	5 Board Members	Yes
09/05/2018	Contested Case Hearing - OGC	11 Board Members	Yes
09/17/2018	Performance Improvement Issue Standing Committee Meeting	6 Board Members	Yes
10/03/2018	Board Meeting	16 Board Members	Yes
12/18/2018	Performance Improvement Issue Standing Committee Meeting	6 Board Members	Yes
<b>Total Meetings for 2018: 13</b>			
02/05/2019	Board Meeting	16 Board Members	Yes
04/16/2019	Performance Improvement Issue Standing Committee Meeting	3 Board Members	Yes
05/01/2019	Board for Licensing Health Care Facilities and Board of Examiners Nursing Home Administrators Joint Taskforce Meeting	2 Board Members Served on Taskforce	Yes
06/05/2019	Board Meeting	12 Board Members	Yes
08/16/2019	Performance Improvement Issue (PI) Standing Committee Meeting	6 Board Members Serve on PI	Yes

		Committee; one (1) Vacancy - 5 Attended	
08/26/2019	Assisted Care Living Facility (ACLF) Standing Committee Meeting	7 Board Members Serve on ACLF Committee - 6 Attended	Yes
<b>Total Meetings for 2019: 6 (1 More scheduled for 10/2/19 - Board Meeting)</b>			

***Financial Information***

**6. What were the board’s revenues and expenditures for Fiscal Years 2018 and 2019? Does the board carry a fund balance? If yes, please provide additional relevant information regarding the fund balance.**

In FY 2018, the Board received \$2,400,272.90 in total revenues and had \$2,987,577.72 in expenditures. In FY2019, the Board had total revenues of \$2,906,992.05 and expenditures of \$2,859,391.59. The Board’s revenues are deposited to the general fund and do not carry forward. Therefore, the Board does not carry a fund balance.

**7. What per diem or travel reimbursements do board members receive? How much was paid to board members in Fiscal Years 2018 and 2019?**

The Board’s members do not receive a daily per diem. The board members do receive reimbursements for travel expenses in accordance with the comprehensive travel regulations as promulgated by the Department of Finance and Administration.

**Travel Reimbursements**

<b>Name</b>	<b>FY 2019</b>	<b>FY 2018</b>
Audie Marlar	\$0.00	\$486.79
Bobby Wood	\$1,390.19	\$1,662.40
Carissa Lynch	\$117.50	\$94.00
Charles Griffin	\$2,001.93	\$1,556.28
Janet Williford	\$2,904.96	\$3,645.55
Joshua Crisp	\$3,494.99	\$2,308.27
Kenneth Robertson	\$0.00	\$3,210.77
Lisa Piercey MD	\$496.32	\$372.24
Patricia Ketterman	\$2,266.71	\$1,710.02
Patsy Crihfield	\$323.36	\$0.00
Paul Boyd	\$1,482.62	\$887.91

Robert Breeden	\$954.10	\$1,562.91
Roger Mynatt	\$1,212.60	\$1,010.50
Sherry Robbins MD	\$2,001.73	\$1,303.30
Thomas Gee	\$301.74	\$603.48

**8. Please provide a list of fees collected and indicate whether these fees were established through rule or through state law.**

<b>Facility Type</b>	<b>Fee Amount</b>	<b>Rule or Statute</b>
Hospitals	based on bed count (see attachment)	Rule
Nursing Homes	based on bed count (see attachment)	Rule
Home Health Agencies	\$1,404.00	Rule
Ambulatory Surgical Treatment Facilities	\$1,404.00	Rule
Residential Home for the Aged	based on bed count (see attachment)	Rule
Assisted Care Living Facilities	based on bed count (see attachment)	Rule
End Stage Renal Dialysis Clinics	\$1,404.00	Rule
Home Medical Equipment	\$1,404.00	Rule
Hospices	\$1,404.00	Rule
HIV Supportive Living Centers	based on bed count (see attachment)	Rule
Professional Support Services	depends on services provided(\$351.00 - \$1,404.00)	Rule
Outpatient Diagnostic Centers	\$1,404.00	Rule
Prescribed Child Care Centers	\$1,404.00	Rule
Birthing Centers	\$1,404.00	Rule
Home for the Aged/ACLF Administrator	\$180.00	Rule
Residential Hospice	based on bed count (see attachment)	Rule
Adult Care Homes Level II	\$1,404.00	Rule
Traumatic Brain Injury Residential Homes	based on bed count (see attachment)	Rule

*Sunshine Law, Public Meetings, and Conflict of Interest Policies*

- 9. Is the board subject to Sunshine law requirements (Section 8-44-101 et seq., *Tennessee Code Annotated*) for public notice of meetings, prompt and full recording of minutes, and public access to minutes? If so, what procedures does the board have for informing the public of meetings and making minutes available to the public?**

The Board is subject to the sunshine law requirements of Tenn. Code Ann. 8-44-101 et seq. A public meeting notice is posted to the board's web site by the 15<sup>th</sup> day of the month proceeding the month of the meeting date as well as posting the information on the Event Calendar. The Board's administrative staff attends all meetings and takes minutes. Those minutes are then prepared for review and ratification by the Board at its next regularly scheduled meeting. After the minutes are ratified, they are then placed on the Board's website.

- 10. Does the board allow for public comment at meetings? Is prior notice required for public comment to be heard? If public comment is not allowed, how does the board obtain feedback from the public and those they regulate?**

The Board does allow public comment if recognized by the Board chairperson. The business meetings of the Board and its standing committees are conducted in full view of the public pursuant to a sunshine notice which provides information for physical location, a link to remotely view live-streaming of the meeting and notice of agenda items. The meeting is guided by the published agenda. The chair of the Board will often recognize members of the public who signify a desire to be heard on a matter properly before the Board.

Additionally, the Board has instituted a sign-in sheet procedure that would permit members of the public to make time limited comments on matters properly noticed and before the board for consideration. Discussion of matters not receiving proper notice would violate the sunshine laws of Tennessee. Therefore, should a member of the public have a topic or comment that requires discussion, the most effective practice is to make the request known to the Board Administrator or Director in advance to have the matter placed on the sunshine notice. The Board also accepts and reviews letters to the Board as another means of addressing questions/concerns raised by the public and stakeholders.

A video recording of the meeting is available on the Department's web site for one month following the meeting. An audio recording of the meeting is also available upon request.

**11. Does the board have policies to address potential conflict of interest by board members, employees, or other state employees who work with the board?**

Yes. All board members are educated on the Department of Health's Conflict of Interest Policy and reminded during the course of each meeting of the obligation to strictly adhere to the policy. Board members are required to sign a conflict of interest statement upon appointment or as soon as practical and annually thereafter. It is the responsibility of the Board Administrator to ensure that the conflict of interest statement is properly and timely signed. The Board's administrative office keeps signed copies on file in the Central Office of Health Care Facilities.

**12. Does the board have a website? If so, please provide the web address. What kind of public information is available on the website?**

Yes: <https://www.tn.gov/health/health-program-areas/health-professional-boards/hcf-board.html>

Information available to the public includes a listing of board members; the schedule of meetings; meeting minutes; a link to look up a facility's licensure information; information regarding facility inspection survey findings; newsletters; health care decision making; and applications.

*Application and Licensure Process*

**13. Describe the criteria for issuing a license. How were these criteria determined? How long does the licensing process take? What are the established time goals for obtaining a license? Are those goals being met?**

Licensure qualifications are determined through statutes and rules promulgated by the Board. The Board has approved licensure applications which include an initial licensure application, change of ownership (CHOW) licensure application, and a renewal licensure application for each licensed facility type. The licensing process has no set completion timeframes per statute or rule. Standard initial licensure approval timeframes are generally within two years of submission of an application. Some licensure applications are processed past the two year period due to request for an extension of time by the provider. An approved certificate of need (CON) will be needed prior to submission of an initial licensure application in some cases. After submission of the licensure application, architectural plans are submitted to the Office of Health Care Facilities (OHCF) Plans Review section for review and approval. Within thirty (30) to forty-five (45) days prior to completion of any construction/renovation, the applicant will notify the appropriate Regional Office of the need and readiness for initial survey. Once the survey is completed, a recommendation is sent to the Central Office Licensure section within OHCF. Licensure staff processes the recommendation and sends an initial approval letter to the provider. The application will be presented to the Board at its next regularly

scheduled meeting for ratification. Following ratification, a physical copy of the license will be ordered and received by the facility within seven (7) to ten (10) days.

**14. How many individuals and/or businesses are currently licensed by the board? Please provide a list by category/type of license.**

Type of Facility	Facility/Individual Count
Hospitals	122
Nursing Homes	318
Home Health Agencies	146
ASTC	145
RHA	55
ACLF	313
ESRD	201
HME	261
Hospice	58
PSS	115
ODC	36
Birthing Center	1
Residential Hospice	6
Adult Care Home	3
TBI Residential Home	2
<b>Total Facilities/Individuals Count as of 9/16/19</b>	<b>1782</b>

**15. How many applications did the board receive in Fiscal Years 2018 and 2019? By category, how many applications were approved and a license granted? How many applications were rejected? Of those rejected, what was the primary reason for rejection?**

Fiscal Year 2018	Count
Applications Received	59
Applications Approved	48
Licenses Granted	46
Applications Rejected	0

Fiscal Year 2019	Count
Applications Received	59
Applications Approved	36
Licenses Granted	45
Applications Rejected	0

For time period requested, a total of five (5) withdrawals of applications were requested by applicants.

**How many licenses were revoked during the same time period? What were the primary reasons for revocation? Please provide information by type of license.**

One license was revoked during this timeframe. The revoked license was under the licensure type homes for the aged. The license was revoked for failure to assume responsibility for operations of the facility and to ensure residents received care and services they needed.

### *Complaint Handling and Investigation Process*

**16. Describe the complaint handling process. Please explain how consumers are made aware of the process for filing a complaint, how complaints are taken and investigated, how complaints are resolved and what actions may be taken as a result.**

All complaints are handled through the Office of Health Care Facilities, Complaint Intake unit. Public information for filing a complaint may be found at the following link: <https://www.tn.gov/content/tn/health/health-professionals/hcf-main/filing-a-complaint.html#1>

#### **Filing a Complaint**

While the Department of Health hopes that you will never have to file a complaint against a health care facility, doing so is a simple matter. You may contact the Health Care Facilities Centralized Complaint Hotline at 1-877-287-0010 and file a complaint with a dedicated staff member or a complainant can send a written complaint to:

Division of Health Care Facilities  
Centralized Complaint Intake Unit  
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243

#### Potential Actions Taken:

A complaint investigation could result in either no finding(s) or finding(s) of facility non-compliance with rules or state statutes. However, if facility non-compliance is identified, by state statute, a facility is given the opportunity to come into compliance. If unable to do so, Parts 2 and 8 of TCA Title 68, Chapter 11 give authority to the Board to impose monetary penalties.

**17. What are the time goals for resolving complaints and are those goals being met? If they are not being met, what are the barriers to meeting established goals?**

Neither the Board's rules nor state statutes for licensed facilities provide time goals for resolving complaints. However, the federal government has established time goals for investigating complaints in facilities that are federally certified. It is these time frames that we have implemented in the investigation of licensed facility complaints. They are as follows:

- Priority 1 complaints include resident abuse, neglect, and misappropriation of property - 2 days after receipt.
- Priority 2 complaints include harm to resident -10 days after receipt.
- Priority 3 complaints include potential for no poor resident outcome - 90 days after receipt.
- Priority 4 complaints include minor paper/documentation concerns - can be investigated with next onsite visit.

The goal according to the federal government is 95% of all P-1 and P-2 complaints to be conducted timely. While we strive to meet the 95% goal, we have difficulties consistently meeting that goal.

Barriers encountered in meeting the established goals include:

- High volume of P-1 complaints coming in.
- Insufficient full time surveyor/complaint investigator positions
- Increasing number of financially distressed facilities generating high volume of resident/patient complaints
- Requirements to investigate unlicensed complaints with no ability to seek injunctive relief, even after multiple investigations of the same unlicensed facility
- Complex complaints involving multiple residents and multiple areas of concern requires increased number of surveyors as well as increased hours in a single facility
- Increasing need for provider education in customer service and resident rights

Resolutions to minimize barriers to completion of goals include:

- Addressing staffing needs adequate to address complaint volume timeliness.
- Implementing AWS (Alternate Work Solutions) for survey staff in two of our three regions such that they remain in the field, moving from facility to facility, performing surveys and complaint investigations, and sending results to the home office electronically, significantly repurposing the drive time to and from the office. Equally, survey staff has been designated territories, taking into account where they reside. As workloads vary in one or another's territory, there is opportunity for overlap assistance.
- Annual state wide Provider trainings and increased numbers of "Lunch and Learns" occurring with providers at their request.
- Provider statewide customer service and resident rights education with a name brand entity well established in the hospitality industry.

**18. How many complaints were received in Fiscal Years 2018 and 2019? What types of complaints were received? What, if any, enforcement or disciplinary actions did the board take as a result of complaints filed?**

Facility Type	Complaints Received FY July 1 - June 30			
	FY19	FY18	FY17	FY16
Hospitals	426	325	292	303
NH	1999	2231	1709	1540
HHA/Hospice	77	59	49	49
ESRD	31	26	27	36
ICF/IID	40	23	5	5
PRTF/Port X-ray / PT/	12	7	6	6
Licensure	529	449	404	320
<b>TOTAL</b>	<b>3114</b>	<b>3120</b>	<b>2492</b>	<b>2259</b>

See attachment for a summary of disciplinary actions.

**19. Describe the investigation process, including time goals pertaining to investigations. Are these time goals being met? If not, what are the barriers to meeting established goals. How many and what type of investigations were conducted in Fiscal Years 2018 and 2019? Are these time goals being met?**

Please see the response to Question 18 for time goals. Once a complaint investigation begins, it can take anywhere from 1 day to 5 days from the time the surveyor enters the facility until the investigation write-up is complete. In the case of Immediate Jeopardy, Harm, or EMTALA (Emergency Medical Treatment and Active Labor Act) level investigations, the whole process can typically take longer, sometimes up to 2 weeks or more. The goal according to Federal State Performance Standards is 95% of all P-1 and P-2 complaints to be conducted timely. These same standards are applied to state licensure survey goals. Difficulties with meeting the 95% goal are discussed in response to Question 18.

Under the federal standards, once an investigation is begun, it must continue to completion. This same standard is applied to state licensure investigations. This aspect of the investigation goals is being met.

Please see chart in response to Question 18.

*Reports, Major Accomplishments, and Proposed Legislative Changes*

**20. What reports does the board prepare concerning its activities, operations, and accomplishments? Who receives copies of these reports? Please provide a link to any such reports issued in Fiscal Years 2018 and 2019.**

Board reports include the biannual Board Newsletter, Board meeting minutes containing full and standing committee meetings, STEMI-Stroke related Designation Report, Trauma Center Report, Pediatric Emergency Care Facility (PECF) Report, Secured Bed Report for Nursing Homes, ACLFs, and RHAs, & Nursing Home Ventilator Bed Report. A copy of the Board Newsletter is provided to all licensed providers and licensed facility association designees such as Tennessee Health Care Association, Leading Age, etc when completed. Board meeting minutes are provided to the same licensed facility association designees noted previously. The link to access all items listed above is as follows - <https://www.tn.gov/health/health-program-areas/health-professional-boards/hcf-board.html>.

**21. What were the board's major accomplishments during Fiscal Years 2018 and 2019?**

- Revision of CHOW application offers ease to applicants moving through the licensure process.
- Developed regulations to foster smoother operation of licensed healthcare facilities and to more adequately handle unexpected losses of nursing home administrators.
- Revision of Infection Control rule language with development of IG to align language with current CDC & OSHA standards.
- Revision of Disaster Preparedness TEMA participation rules for several facility types with development of IG in order to assist these facility types maintain compliance.

**22. Please describe any items related to the board that require legislative attention and your proposed legislative changes.**

None at this time.

**23. Should the board be continued? To what extent and in what ways would the absence of the board affect the public health, safety, or welfare of the citizens of Tennessee?**

Yes. Without oversight by the Board, there would be a detriment to the health, safety, and welfare of the people living in, and/or receiving care in Tennessee. The Board provides safety checks on providers to ensure quality care and services are rendered.

Without the Board, health care facilities providing substandard/subpar services would not be identified and notice of those findings would not be made available to the public. This is currently accomplished by posting disciplinary actions on the Board's website or by the facility being required to post notice within the licensed health care facility.

*At the request of the Chairman of the House Government Operations Committee, all agencies that provide responses to questions as part of the Q&A process should also provide the following information.*

- 1. Identification of the appropriate agency representative or representatives possessing substantial knowledge and understanding of the responses provided to the sunset review questions.**

Vincent Davis, Board Director  
Caroline Tippens, Office of General Counsel  
Ann Reed, Division of Health Licensure and Regulation

- 2. Identification of the appropriate agency representative or representatives who will respond to the questions at the scheduled sunset hearing.**

Vincent Davis, Board Director  
Caroline Tippens, Office of General Counsel  
Alexa Witcher, Office of Legislative Affairs  
John Tidwell, Division of Health Licensure and Regulation  
Butch Jack, Division of Health Licensure and Regulation

- 3. Office address, telephone number, and email address of the agency representative or representatives who will respond to the questions at the scheduled sunset hearing.**

Alexa Witcher  
710 James Robertson Parkway  
5<sup>th</sup> Floor, Andrew Johnson Building  
Nashville, TN 37243  
615-741-5233  
[Alexa.Witcher@tn.gov](mailto:Alexa.Witcher@tn.gov)

**Attachment – Additional Information in Response to Question 19  
Disciplinary Actions by the Board of Health Care Facilities**

**February 2017:**

Prestige Care Home, LLC

Action: Voluntary surrender which has the same force and effect of revocation.

**June 2017:**

Hometown Home Health Care

Action: License revoked to protect the health, safety, and welfare of the residents of TN.

Metro Community Care Home, Inc, RHA, Memphis TN

Action: Voluntary surrender, which has the same force and effect as revocation.

**February 2018:**

The Cambridge House, HCF, Bristol

Violation: Failure to pay their annual nursing home assessment fees to TennCare. Each nursing home shall pay the nursing home assessment in monthly installments to the account in accordance with this part. If any part of any assessment fee imposed...is not paid on or before the due date, a penalty of five percent (5%) of the amount due shall at once accrue and be added to such assessment fee. Thereafter, on the first day of each month during which any part of any assessment fee or any prior accrued penalty remains unpaid, an additional penalty of five percent (5%) of the then unpaid balance shall accrue and be added to such assessment fee or prior accrued penalty. Payment shall be deemed to have been made upon date of deposit in the United States mail. If a nursing home is more than ninety (90) days delinquent in paying an installment of its annual nursing home assessment fee or becomes delinquent on an approved payment plan, the bureau of TennCare shall initiate proceedings before the board for licensing health care facilities (board), in accordance with the uniform administrative Procedures At, compiled in title 4, chapter 5, so that the board may suspend admissions to the facility or otherwise direct the facility to pay the assessment fee and any accrued penalties in full within the prescribed period of time as directed by the board, the board shall suspend admissions to the facility. Any suspension of admissions imposed according to this section shall immediately be lifted following the full payment of the assessment fee and any accrued penalties by the facility. If full payment of the assessment fee and any accrued penalties is not paid within sixty (60) days from the first day of the suspension of admissions, the bureau of TennCare shall be authorized to initiate proceedings before the board in accordance with the Uniform Administrative Procedures Act so that the board may consider the revocation of the facility's license.

Action: Payment to TennCare of principal portion of the past due assessment fees within 90 days.

Clarity Pointe of Knoxville, HCV, Farragut

Violation: Failed to follow abuse policy. Each ACLF shall meet the following staffing and procedural standards: An ACLF shall develop a written policy, plan or procedure concerning a subject and adhere to its provisions whenever required to do so by these rules. A licensee that violates its own policy established as required by these rules and regulations also violates the rules and regulations establishing the requirement. Each ACLF shall provide each resident with at least the following personal services: Protective care. The ACLF shall report all incidents of abuse, neglect, and misappropriation to the Department of Health. An ACLF Disciplinary Action Report Page 3 of 21 shall ensure at least the following rights for each resident: To be free from mental and physical abuse. Should this right be violated the ACLF shall notify the Department and the Tennessee Department of Human Services, Adult Protective Services...

Action: Assessed civil penalty of \$500.00

Licensee: Culpepper Place of Bartlett, HCF, Bartlett

Violation: Guilty of violations of state laws and regulations resulting in endangerment to the health, safety and welfare of residents. Resident medication. An ACLF shall: Ensure that all drugs and biologicals shall be administered by a licensed professional operating within the scope of the professional license and according to the residents' plans of care. An ACLF shall provide personal services as follows: Dietary services. An ACLF shall ensure that menus meet the residents as follows: An ACLF shall meet nutritional needs, in accordance with the recognized dietary practices and in accordance with orders of the practitioners responsible for the care of the residents. An ACLF shall provide personal services as follows: Dietary services. An ACLF shall have current therapeutic diet manual approved by the dietitian readily available to all ACLF personnel.

Action: Assessed civil penalty of \$1,500.00

Licensee: Midsouth Health and Rehabilitation, Memphis, TN

The misconduct of Midsouth Health & Rehabilitation is so severe that it imperatively required emergency action in order to protect the public health, safety and welfare.

Action: Summary Suspension

Licensee: Elmcroft of West Knoxville, HCF, Knoxville

Violation: Guilty of failing to maintain a sanitary kitchen. An ACLF shall provide personal services as follows: Dietary services. An ACLF shall maintain a clean and sanitary kitchen.

Action: Assessed civil penalty of \$500.00

#### **JUNE 2018:**

Creekside Villas 500, HCF, Murfreesboro

Violation: An ACLF shall provide personal services as follows: each ACLF shall provide each resident with at least the following personal services: safety when in the ACLF; an ACLF shall provide personal services as follows: each ACLF shall provide each resident with at least the following personal services: Daily awareness of the individual's whereabouts.

Action: Assessed civil penalties in the amount of \$1,000.00

Family Ministries John M. Reed Center, HCF Limestone

Violation: An ACLF shall ensure that all drugs and biologicals shall be administered by a licensed professional operating within the scope of professional license and according to the resident's plan of care

Action: Assessed civil penalties in the amount of \$500.00 Licensee: Hearth at Hendersonville, HCF, Hendersonville Violation: An ACLF shall provide personal services as follows: each ACLF shall provide each resident with at least the following personal services: safety when in the ACLF; plan care: An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician or other licensed health care professionals or entity delivering patient services within five days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above appropriate individuals.

Action: Assessed civil penalties in the amount of \$1,000.00

Midsouth Health & Rehabilitation Center, HCF, Memphis

Violation: The nursing home shall have a full time administrator licensed in Tennessee, who shall not function as the director of nursing. Any change of administrators Disciplinary Action Report Page 3 of 5 shall be reported in writing to the department within fifteen days. The administrator shall designate in writing an individual to act in his/her absence in order to provide the nursing home with administrative direction at all times. The administrator shall assure the provision of appropriate fiscal resources and

personnel required to meet the needs of the residents; each nursing home shall adopt safety policies for the protection of residents from accident and injury; performance improvement: the nursing home must ensure that there is an effective, facility-wide performance and improvement program to evaluate resident care and performance of the organization; physician services: the medical director shall be responsible for the medical care in the nursing home. The medical director shall: make periodic visits to the nursing home to evaluate the existing conditions and make recommendation for improvements; infection control: the nursing home must provide a sanitary environment to avoid sources and transmissions of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable disease; nursing services: each home shall have a licensed practical nurse or registered nurse on duty at all times and at least two nursing personnel on duty each shift; nursing services: the director of nursing shall have the following responsibilities: notify the resident's physician when medically indicated; food and dietetic services: menus must meet the needs of the residents; the nursing home shall establish and implement written policies and procedure setting forth the rights of residents for the protection and preservation of dignity, individuality, and to the extent possible, independence. Residents and their families or other representative's shall be fully informed and documentation shall be maintained in the resident's file of the following rights: to be free from mental and physical abuse. Should this right be violated, the facility must notify the department within five working days. The Tennessee Department of Human Services, Adult Protective Services shall be notified immediately; continued competency: the facility must complete a performance review of each nurse aide employee at least once every 12 months and must provide regular in-service education based on the outcome of these reviews  
Action: License placed on probation for six months with terms/

Raintree Terrace, HCF, Knoxville

Violation: An ACLF shall provide personal services as follows: Each ACLF shall provide each resident with at least the following personal services: safety when in the ACLF Action: Assessed civil penalty in the amount of \$500.00 Licensee: The Terrace at Mountain Creek, HCF, Chattanooga Violation: Resident medication. An ACLF shall: ensure that all drugs and biologicals shall be administered by a licensed professional operation within the scope of the professional license and according to the resident's plan of care; an ACLF shall have documented plans and procedure to show evacuation of all residents; plan of care: an ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician or other licensed health care professionals or entity delivering patent services within five days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above appropriate individuals.

Action: Assessed civil penalties in the amount of \$1,500.00

### **October 2018:**

Carriage Court of Memphis, ACLF, Memphis

Violation: Facility cited by Life Safety Surveyors in April 2018 and again in June 2018 for failure to evacuate residents within the 13 minute evacuation period. An ACLF may not retain a resident who cannot evacuate within thirteen (13) minutes unless the ACLF complies with Chapter 19 of the 2006 edition of the NFPA Life Safety Code, and the Institutional Unrestrained Occupancy of the 2006 edition of the International Building Code.

Action: Assessed civil penalties of \$1,000.00

Legacy Assisted Living and Memory Care at Lenox Park, ACLF, Memphis

Violation: In or about March 2018 Department of Health surveyors cited serious deficiencies affecting the health, safety, and welfare of the residents. The Board determined that the conditions in Legacy Assisted Living were or were likely to be, detrimental to the health, safety, or welfare of the residents and suspended the admissions to the facility on June 6, 2018. In or about July 2018 surveyors presented at the facility for a

revisit to determine if a plan of corrections had been implemented and to investigate six new complaints. In or about August 2018 surveyors re-cited several of the deficiencies from May 2018 and additional deficient practice. Despite marked improvements at the facility, surveyors felt these deficiencies affected the health, safety, and welfare of the residents and recommended that the facility remain under a Suspension of Admissions. An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician, or other licensed healthcare professionals or entity delivering patient services within 5 days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occurs, but not Disciplinary Action Report Page 11 of 13 less than semi-annually by the above appropriate individuals. Action: License placed on probation for an additional 4 months, totaling 10 months of probation. Facility to remain under Board assessed suspension of admissions until a Plan of Correction is accepted and all deficiencies corrected; Respondent to appear in front of the board in February 2019 to request probation to be lifted. Assessed civil penalties of \$1,000.00.

Manorhouse Assisted Living, ACLF, Knoxville

Violation: Facility failed to provide each resident with personal services of protective care.

Action: Assessed civil penalties of \$500.00

Prestige Assisted Living of Loudon Corporation, ACLF, Loudon

Violation: Facility failed to obtain physician certification that the facility was appropriate for hospice care. Facility also failed to address safety needs related to smoking and oxygen use. Facility also failed to formulate and provide plans of care consistent with resident needs. Facility failed to immediately discharge residents who posed an imminent threat to self or others. Facility repeatedly failed to revise plans of care for residents' care. Facility failed to follow the resident admission agreement regarding safe smoking for residents resulting in one of the residents expiring from burns to his body from smoking while wearing oxygen. Facility failed to document medications for discharged resident. Facility also failed to follow the procedure to count narcotics twice a day and failed to investigate when the narcotic count was incorrect. Facility failed to ensure that all drugs and biologicals shall be administered by a licensed professional operating within the scope of the professional license and according to the residents' plan of care. Facility failed to provide each resident with safety when in the ACLF. Facility failed to prohibit any condition on the ACLF site conducive to the harboring or breeding of insects, rodents, or other vermin.

Action: Facility license placed on probation for 1 year, shall remain under the Commissioner's assessed Suspension of Admissions until deficiencies have been corrected; is assessed a civil penalty of \$10,000.00; plus costs for subsequent revisit surveys if same or different deficiencies are cited after the 3rd revisit survey. Respondent facility to appear before the board quarterly through the year 2019 and submit reports regarding the adherence of the facility to the regulations cited in the June 2018 Statement of Deficiencies.

Sycamores Terrace, LLC, ACLF, Nashville Violation: Facility failed to complete a written assessment of a newly admitted resident within 72 hours. Facility failed to prohibit cooking equipment in sleeping units.

Action: Assessed civil penalties of \$1,000.00

Unity Medical Center, Manchester

Violation: Facility failed to pay its first and second quarter hospital assessment fees, pursuant to the Annual Coverage Assessment Act.

Action: Assessed penalty of \$500 for each day that the installment pay is past due until such installment is paid in full. Immediately submit a Plan of Correction for said deficiencies.

### **FEBRUARY 2019:**

Caring Estates, LLC, HCF, Arlington

Violation: Respondent has violated Tenn. Code Ann. § 68-11-207(a)(1) and (a)(3): (1) A violation of this part or of the rules and regulations or minimum standards issued pursuant to this part, or, in the event of a

nursing home that has entered into an agreement with the department to furnish services under Title XVIII or XIX of the Social Security Act, compiled in 42 U.S.C. § 1395 et seq. and 42 U.S.C. § 1396 et seq., respectively, any of the requirements for participation in the medical assistance program set out in the title 42 of the Code of Federal Regulations, to such an extent that the board considers the licensee a chronic violator; and (3) Conduct or practice found by the board to be detrimental to the welfare of the patients in such institutions. Respondent has violated the provisions of Rule 1200-08-11-.04(1) [ADMINISTRATION], the relevant portion of which reads as follows (1) The licensee shall be at least eighteen (18) years of age, of reputable and responsible character, able to comply with these rules, and must maintain financial resources and income sufficient to provide for the needs of the residents, including their room, board, and personal services. Respondent has violated the provisions of Rule 1200-08-11-.04(6)(c) [ADMINISTRATION], the relevant portion of which reads as follows (6) Each home for aged shall: (c) Maintain documentation of the checks of the "Registry of Persons Who Have Abused or Intentionally Neglected Elderly or Vulnerable Individuals" prior to hiring any employee. Respondent has violated the provisions of Rule 1200-08-11-.04(6)(f) [ADMINISTRATION], the relevant portion of which reads as follows: Disciplinary Action Report Page 2 of 22 (6) Each home for aged shall: (f) Cooperate in Department's inspections including allowing entry at any hour and providing all required records. Respondent has violated the provisions of Rule 1200-08-11-.04(7) [ADMINISTRATION], the relevant portion of which reads as follows: (7) No occupant or employee who has a reportable communicable disease, as stipulated by the department is permitted to reside or work in a home unless the home has a written protocol approved by the Department. Respondent has violated the provisions of Rule 1200-08-11-.05(1)(e) [ADMISSIONS, DISCHARGES, AND TRANSFERS], the relevant portion of which reads as follows: Only residents whose needs can be met by the facility within its licensure category shall be admitted. Respondent has violated the provisions of Rule 1200-08-11-.05(3)(b) [ADMISSIONS, DISCHARGES, AND TRANSFERS], the relevant portion of which reads as follows: The home shall: (b) Have a written admission agreement that includes a procedure for handling the transfer or discharge of residents and that does not violate the residents' rights under the law or these rules. Respondent has violated the provisions of Rule 1200-08-11-.05(3)(c) [ADMISSIONS, DISCHARGES, AND TRANSFERS], the relevant portion of which reads as follows: The home shall: (c) Have an accurate written statement regarding fees and services which will be provided upon admission. Respondent has violated the provisions of Rule 1200-08-11-.05(5) [ADMISSIONS, DISCHARGES, AND TRANSFERS], the relevant portion of which reads as follows: (5) Individuals who are usually, typically, or customarily incapable of self-administering medications or who require medications that are usually, typically, or customarily not self-administered shall not be admitted to or retained in the home unless provided by a home care organization or physician. Respondent has violated the provisions of Rule 1200-08-11-.05(7) [ADMISSIONS, DISCHARGES, AND TRANSFERS], the relevant portion of which reads as follows: (7) A home for the aged shall not admit or retain residents who pose a clearly documented danger to themselves or to the other residents in the home. Persons in the early stages of Alzheimer's disease and related disorders may be admitted only after it has been determined by an interdisciplinary team that care can appropriately and safely be given in the facility. The interdisciplinary team must review such persons at least quarterly as to the appropriateness of the placement in the facility. The interdisciplinary team shall consist or, at a minimum, a physician experienced in the treatment of Alzheimer's disease and related disorders, a social worker, a registered nurse, and a family member (or patient care advocate). Respondent has violated the provisions of Rule 1200-08-11-.05(12) [ADMISSIONS, DISCHARGES, AND TRANSFERS], the relevant portion of which reads as follows: (12) Any residential facility licensed by the Board of Licensing for Health Care Facilities shall upon admission provide to each resident the division of adult protective services' statewide toll-free number: 888-277-8366. Respondent has violated the provisions of Rule 1200-08-11-.06(3) [PERSONAL SERVICES], the relevant portion of which reads as follows: (3) Assistance in reading labels, opening bottles, reminding residents of their medication, observing the resident while taking medication and checking the self-administered dose against the dosage shown on the prescription are permissible in the self-administration of medications. Respondent has violated the provisions of Rule 1200-08-11-.06(4) [PERSONAL SERVICES], the relevant portion of which reads as follows: All medications shall be stored so that no resident can obtain another resident's

medication. Respondent has violated the provisions of Rule 1200-08-11-.08(8) Disciplinary Action Report Page 3 of 22 [LIFE SAFETY], the relevant portion of which reads as follows: (8) Corridors and exit doors shall be kept clear of all equipment, furniture and other obstacles at all times. There shall be a clear passage at all times from the exit doors to the safe area. Respondent has violated the provisions of Rule 1200-08-11-.11(14) [RESIDENT RIGHTS], the relevant portion of which reads as follows: (14) To send and receive unopened mail.

Action: License VOLUNTARILY SURRENDERED (revocation) to operate as a home for the aged. Facility to cease operations as a home for the aged IMMEDIATELY. Individual operators agree never to operate a facility or apply for licensure to operate any residential facility providing residential or skilled nursing care to any aged, disabled, or incapacitated persons.

Cades Center, Inc., ACLF, Jackson

Violation: Failed to Ensure that medication shall be self-administered in accordance with the resident's plan of care. Action: License placed on probation no less than 6 months, submit a completed plan of correction within 30 days of ratification; shall hire a licensed nurse to administer medications; and shall ensure that all staff undergo training on proper medication administration. Appear at next board meeting. Assessed civil penalty of \$1,500.00.

Dominion Senior Living of Crossville, ACLF, Crossville

Violation: Failed to provide each resident with safety while in the ACLF. Failed to provide daily awareness of the individual's whereabouts.

Action: Assessed civil penalty of \$1,000.00

Legacy Assisted Living and Memory Care, ACLF, Memphis

Violation: Respondent has violated Tenn. Code Ann. § 68-11-207(a)(1) and (a)(3): (1) A violation of this part or of the rules and regulations or minimum standards issued pursuant to this part, or, in the event of a nursing home that has entered into an agreement with the department to furnish services under Title XVIII or XIX of the Social Security Act, compiled in 42 U.S.C. § 1395 et seq. and 42 U.S.C. § 1396 et seq., respectively, any of the requirements for participation in the medical assistance program set out in the title 42 of the Code of Federal Regulations, to such an extent that the board considers the licensee a chronic violator; and (3) Conduct or practice found by the board to be detrimental to the welfare of the patients in such institutions. Respondent has violated Tenn. Code Ann. § 68-11- 211(b), which are as follows: (6) "Misappropriation of patient property" means the deliberate misplacement, exploitation or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent; (b) Except for those facilities required to report abuse, neglect or misappropriation pursuant to 42 CFR 483.13, each facility shall report incidents of abuse, neglect and misappropriation that occur at the facility to the department within seven (7) business days from the facility's identification of the incident. Respondent has violated the provisions of Rule 1200-08-25-.06(1)(a)(2) [ADMINISTRATION], the relevant portion of which reads as follows: (1) Each ACLF shall meet the following staffing and procedural standards: (a) Staffing Requirements: (2) If the licensee is a natural person, the licensee shall be at least eighteen (18) years of age, of reputable and responsible character, able to comply with these rules, and must maintain financial resources and income sufficient to provide for the needs of the residents, including their room, board, and personal services. Respondent has violated the provisions of Rule 1200-08-25-.07(5)(b) [SERVICES PROVIDED], the relevant portion of which reads as follows: (5) Resident medication. An ACLF shall: (b) Ensure that all drugs and biologicals shall be administered by licensed or certified health care professional operating within the scope of the professional license or certification and according to the resident's plan of care. Respondent has violated the provisions of Rule 1200-08- 25-.07(a)(1) [SERVICES PROVIDED], the relevant portion of which reads as follows: (7) An ACLF shall provide personal services as follows: (a) Each ACLF shall provide each resident with at least the following personal services: (1) Protective care. Respondent has violated the provisions of Rule 1200-08-25- .07(7)(a)(6) [SERVICES PROVIDED], the relevant portion of which reads as follows: (7) An ACLF shall provide personal services as follows: (a) Each ACLF shall provide each resident with at least the following personal services: (6)

Non-medical assistance with activities of daily living. Respondent has violated the provisions of Rule 1200-08-25-.07(7)(b)(3) [SERVICES PROVIDED], the relevant portion of which reads as follows: (7) An ACLF shall provide personal services as follows: (b) Laundry services. An ACLF shall: (3) Maintain clean linens in sufficient quantity to provide for the needs of the residents. Linens shall be changed whenever necessary. Respondent has violated the provisions of Rule 1200-08-25-.12(5)(a) [RESIDENT RECORDS], the relevant portion of which reads as follows: (5) Plan of care. (a) An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician, or other licensed health care professionals or entity delivering patient services within 5 days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above appropriate individuals. Respondent has violated the provisions of Rule 1200-08-25-.12(4)(b)(1)[RESIDENT RECORDS], the relevant portion of which reads as follows: (5) Plan of care. (b) The plan of care shall described: (1) The needs of the resident, including the activities of daily living and medical services for which the resident requires assistance, i.e., what assistance/care, how much, who will provide the assistance/care, how often, and when. Respondent has violated the provisions of Rule 1200-08-25-.14(1)(i)[RESIDENT RIGHTS], the relevant portion of which reads as follows: (1) An ACLF shall ensure at least the following rights for each resident. (i) To manage his or her personal financial affairs, including the right to keep and send his or her own money. If the resident requests assistances from the ACLF in managing his or her personal financial affairs, the request must be in writing and the resident may terminate it at any time. The ACLF must separate such monies from the ACLF's operating funds and all other deposits or expenditures, submit a written accounting to the resident at least quarterly, and immediately return the balance upon transfer or discharge. The ACLF shall maintain a current copy of this report in the resident's file. Respondent has violated the provisions of Rule 1200-08-25-.13(1)[REPORTS], the relevant portion of which reads as follows: (1) The ACLF shall report all incidents of abuse, neglect, and misappropriation to the Department of Health in accordance with T.C.A. 68-11-211. Respondent has violated the provisions of Rule 1200-08-25-.06(1)(b)(3)[Administration], the relevant portion of which reads as follows: (1) Each ACLF shall meet the following staffing and procedural standards: (b) Policies and Procedures: (3) An ACLF shall develop a written policy, plan or procedure concerning a subject and adhere to its provisions whenever required to do so by these rules. A licensee Disciplinary Action Report Page 5 of 22 that violates its own policy established as required by these rules and regulations also violates the rules and regulations establishing the requirement. Respondent has violated the provisions of Rule 1200-08-25-.12(3)(c)[RESIDENT RECORDS], the relevant portion of which reads as follows: (3) Medical Record. An ACLF shall ensure that its employees develop and maintain a medical record for each resident who requires health care services at the ACLF regardless of whether such services are rendered by the ACLF or by arrangement with an outside source, which shall include at a minimum: (c) Orders and recommendations for all medication, medical/ and other care, services, procedures, and diet from physicians or other authorized healthcare providers, which shall be completed prior to, or at the time of admission, and subsequently, as warranted. Verbal orders received shall include the time of receipt of the order, description of the order, and identification of the individual receiving the order. Respondent has violated the provisions of Rule 1200-08-25-.12(3)(c)[RESIDENT RECORDS], the relevant portion of which reads as follows: (3) Medical record. An ACLF shall ensure that its employees develop and maintain a medical record for each resident who requires health care services at the ACLF regardless of whether such services are rendered by the ACLF or by arrangement with an outside source, which shall include at a minimum: (i) The time and circumstances of discharge or transfer, including condition at discharge, transfer, or death. Action: License placed on probation 1 year, Plan of Correction changes to be implemented, facility remains under Suspension of Admissions until Plan of Correction is accepted and corrections made. Assessed costs for all revisit surveys incurred not to exceed \$30,000.00

Martin-Boyd Christian Home, ACLF, Chattanooga

Violation: Respondent has violated the provisions of Rule 1200-08-25-.07(5)(b)[Services Provided], the relevant portion of which reads as follows: (5) Resident medication. An ACLF shall: (b) Ensure that all drugs and biologicals shall be administered by a licensed professional operating within the scope of the

professional license and according to the resident's plan of care. Respondent has violated the provisions of Rule 1200-08-25-.08(5)(a)[Admissions, Discharges, and Transfers], the relevant portion of which reads as follows: An ACLF resident qualifying for hospice care shall be able to received hospice care services and continue as a resident if the resident's treating physician certifies that such care can be appropriately provided in the ACLF. (a) In the event that the resident is able to receive hospice services in an ACLF, the resident's hospice provider and the ACLF shall be jointly responsible for a plan of care that is prepared pursuant to current hospice guidelines promulgated by the enters for Medicaid and Medicare and ensures both the safety and well-being of the resident's living environment and provision of the resident's health care needs. Respondent has violated the provisions of Rule 1200-08-25-.12(2)(a)[Resident Records], the relevant portion of which reads as follows: (2) Personal record. An ACLF shall ensure that the resident's personal record includes at a minimum the following: (a) Name, Social Security number, veteran status and number, marital status, age, sex, any health insurance provider and number, including Medicare and/or Medicaid number, and photograph of the resident. Respondent has violated the provisions of Rule 1200-08-25-.12(5)(a)[Resident Records], the relevant portion of which reads as follows: (5) Plan of Care. (a) An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician, or other licensed health care professional or entity delivering patient services within 5 days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above-appropriate individuals.

Action: Assessed civil penalty of \$2,000.00

Ridgmont Manor #2, ACLF, Memphis

Violation: Respondent has violated the provisions of Rule 1200-08-25-.12(4)(a)[Resident Records], the relevant portion of which reads as follows: (4) An ACLF shall complete a written assessment of the resident to be conducted by a direct care staff member within a time-period determined by the ACLF, but no later than 72 hours after admission. Respondent has violated the provisions of Rule 1200-08-25-.12(5)(a)[Resident Records], the relevant portion of which reads as follows: (5) Plan of Care. (a) An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician, or other licensed health care professional or entity delivering patient services within 5 days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above-appropriate individuals. Respondent has violated the provisions of Rule 1200-08-25-.06(1)(a)(4)[ADMINISTRATION], the relevant portion of which reads as follows: (1) Each ACLF shall meet the following staffing and procedural standards: (a) Staffing requirements: (4) An ACLF shall have a licensed nurse available as needed. Respondent has violated the provisions of Rule 1200-08-25-.06(1)(b)(2)[ADMINISTRATION], the relevant portion of which reads as follows: (1) Each ACLF shall meet the following staffing and procedural standards: (b) Policies and Procedures: (2) An ACLF shall develop and implement an effective facility-wide performance improvement plan that addresses plans for improvement for self-identified deficiencies and documents the outcome of remedial action. Respondent has violated the provisions of Rule 1200-08-25-.07(5)(c)[SERVICES PROVIDED], the relevant portion of which reads as follows: (5) Resident medication. An ACLF shall: (c) Store all medications so that no resident can obtain another resident's medication. Respondent has violated the provisions of Rule 1200-08-25-.07(7)(c)(2)[SERVICES PROVIDED], the relevant portion of which reads as follows: (7) An ACLF shall provide personal services as follows: (c) Dietary services. (2) An ACLF shall have an employee who: (i) Services as director of food and dietetic service. (ii) Is responsible for the daily management of the dietary services and staff training; and (iii) Is qualified by experience or training. Respondent has violated the provisions of Rule 1200-08-25-.07(7)(c)(3)(ii)[SERVICES PROVIDED], the relevant portion of which reads as follows: (7) An ACLF shall provide personal services as follows: (c) Dietary services. (3) An ACLF shall ensure that menus meet the needs of residents as follows: (ii) An ACLF shall meet nutritional needs, in accordance with recognized dietary practices and in accordance with orders of the practitioner or practitioners responsible for the care of the residents. (iii) An ACLF shall have a current therapeutic diet

manual approved by the dietician readily available to all ACLF personnel. (iv) Menus shall be planned one week in advance.

Action: Assessed civil penalty of \$3,500.00.

### **JUNE 2019:**

Broadmore Assisted Living, Bristol

Violation: Rule 1200-08-25-.07(7)(a)(3) An ACLF shall provide personal services as follows: Each ACLF shall provide each resident with at least the following personal services; Daily awareness of the individual's whereabouts Action: Assessed one civil penalty of five hundred dollars (\$500.00)

Cades Center of Humboldt, Humboldt

Violation: Rule 1200-08-25-.07(7)(c)(1) An ACLF shall provide personal services as follows: Dietary services. An ACLF shall have organized dietary services that are directed and staffed by adequate qualified personnel. An ACLF may contract with an outside food management company if the company has a dietitian who serves the ACLF on a full-time, part-time or consultant basis, and if the company maintains at least the minimum standards specified in this section while providing for constant liaison with the ACLF for recommendations on dietetic policies affecting resident treatment. Rule 1200-08-25-.12(5)(a) Plan of Care. (a) An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician, or other licensed health care professionals or entity delivering patient services within five (5) days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above appropriate individuals.

Action: Assessed three (3) civil penalties the amount of five hundred dollars (\$500.00) for a total assessment of one thousand five hundred dollars (\$1,500.00)

Carriage Court of Memphis, Memphis

Violation: Rule 1200-08-25-.07(a)(2) (7) An ACLF shall provide personal services as follows: (a) Each ACLF shall provide each resident with at least the following personal services; (2) Safety when in the ACLF. Rule 1200-08-25-.12(5)(a) (5) Plan of Care. (a) An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician, or other licensed health care professionals or entity delivering patient services within five (5) days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above appropriate individuals. Rule 1200-08-25-.12(5)(b)(1): (5) Plan of Care. (b) The Plan of Care shall describe: (1) The needs of the resident, including the activities of daily living and medical services for which the resident requires assistance, i.e., what assistance/care, how much, who will provide the assistance/care, how often, and when. Rule 1200-08-25-.16(1): (1) An ACLF shall have in effect and available for all supervisory personnel and staff written copies of the following disaster, refuse and/or evacuation plans readily available at all times: (a) Fire Safety Procedures Plan shall include: (1) Minor fires; (2) Major fires; (3) Fighting the fire; (4) Evacuation procedures; and (5) Staff functions. Rule 1200-08-25-.06(1)(c): (1) Each ACLF shall meet the following staffing and procedural standards: (b) An ACLF shall keep a written up-to-date log of all residents that can be produced in the event of an emergency. Rule 1200-08-25-.08(8)(a): (8) Disciplinary Action Report Page 3 of 9 An ACLF may not retain a resident who cannot evacuate within thirteen (13) minutes unless the ACLF complies with Chapter 19 of the 2006 edition of the NFPA Life Safety Code, and the Institutional Unrestrained Occupancy of the 2006 edition of the International Building Code. Action: License placed on probation; complete Plan of correction; during the six (6) month period of probation, any new serious violation affecting the health, safety, and welfare of residents shall result in a suspension of admissions; assessed six (6) civil penalties in the amount of one thousand dollars each (\$1,000.00) for a total of six thousand dollars (\$6,000.00).

Chandler House, Jefferson City

Violation: Elopement of a resident from the facility in violation of Rule 1200-08-25-.07(7)(a)(2): (7) An ACLF shall provide personal services as follows: (a) Each ACLF shall provide each resident with at least the following personal services; (2) Safety when in the ACLF.

Action: Assessed one (1) civil penalty in the amount of five hundred dollars (\$500.00).

Creekside at Three Rivers, Murfreesboro

Violation: Rule 1200-08-25-.10(10)(a): (10) An ACLF shall maintain its physical environment in a safe, clean and sanitary manner by doing at least the following: (a) Prohibit any condition on the ACLF site conducive to the harboring or breeding of insects, rodents, or other vermin. Action: Assessed one (1) civil penalty in the amount of five hundred dollars (\$500.00).

Crown Cypress, Kingsport

Violation: Failure to prevent infestation of bed bugs in violation of Rule 1200-08-25-.07.10(10)a) failure to prohibit any condition on the assisted care living facility site conducive to the harboring or breeding of insects, rodents, or other vermin.

Action: Assessed one (1) civil penalty of in the amount of five hundred dollars (\$500.00).

Dogwood Bend, Clarksville

Violation: Rule 1200-08-25-.10(3)(a): (3) An ACLF shall conduct fire drills in accordance with the following: (a) Fire drills shall be held for each ACLF work shift in each separate ACLF building at least quarterly. Action: Assessed one (1) civil penalty of in the amount of five hundred dollars (\$500.00).

Dominion Senior Living of Hixson, Chattanooga

Violation: Elopement of resident from the facility in violation of Rule 1200-08-25-.07(7)(a)(3) An ACLF shall provide personal services as follows: (a) Each ACLF shall provide each resident with at least the following personal services: (3) Daily awareness of the individual's whereabouts.

Action: Assessed one civil penalty of five hundred dollars (\$500.00).

Gardens of Germantown, Germantown

Violation: Rule 1200-08-25-.07(7)(c)(6): (7) An ACLF shall provide personal services as follows: (c) Dietary services. (6) Employees shall wash and sanitize equipment, utensils, and dishes after each use. Rule 1200-08-25-.07(7)(c)(4)(iv): (7) An ACLF shall provide personal services as follows: (c) Dietary Services. (4) An ACLF shall: (iv) Provide appropriate, properly repaired equipment and utensils or cooking and serving food in sufficient quantity to serve all residents.

Action: Assessed three (3) civil penalties in the amount of five hundred dollars each (\$500.00) for a total of one thousand five hundred dollars (\$1,500.00).

Olive Branch Assisted Living, LLC, Dickson

Violation: Rule 1200-08-25-.10(2)(h): (2) An ACLF shall ensure fire protection for residents by doing at least the following: (h) Prohibit open flame and portable space heaters. Rule 1200-08-25-.10(2)(i): (2) An ACLF shall ensure fire protection for residents by doing at least the following: (i) Ensure that upon entering the ACLF, the resident or his or her responsible party is asked if they wish to have a cooking appliance that is appropriate for their level of cognition. If the facility chooses to provide a requested cooking appliance, it shall be in accordance with the facility's policies. If the resident or his or her responsible party wishes to provide their own cooking appliance, it shall meet the facility's policies and safety standards. The cooking appliances shall be designed so that they can be disconnected and removed for resident safety or if the resident chooses not to have cooking capability within his or her apartment. The cooking appliances shall have an automatic timer. Rule 1200-08-25-.10(2)(b): (b) An ACLF shall ensure fire protection for residents by doing at least the following: (b) Install necessary fire-fighting equipment. Rule 1200-08-25-.13(2): (2) The ACLF shall report the following incidents to the Department of Health in accordance with T.C.A. 68-11-211: (a) Strike by staff at the facility; (b) External disasters impacting the facility; (c) Disruption of any service vital to the continued safe operation of the ACLF or to the health and safety of its patients and

personnel; and (d) Fires at the ACLF that disrupt the provision of patient care services or cause harm to the patients or staff, or that are reported by the facility to any entity, including but not limited to a fire department charged with preventing fires.

Action: Assessed two (2) civil penalties in the amount of one thousand dollars (\$1,000) each and one civil penalty in the amount of five hundred dollars (\$500.00) for a total civil penalty of two thousand five hundred dollars (\$2,500.00).

#### Optimum Assisted Living, LLC, White Bluff

Violation: Rule 1200-08-25-.10(3)(a): (3) An ACLF shall conduct fire drills in accordance with the following: (a) Fire drills shall be held for each ACLF work shift in each separate ACLF building at least quarterly. Rule 1200-08-25-.10(8)(a): (8) An ACLF shall ensure that: (a) The ACLF maintains all safety equipment in good repair and in safe operating condition. Rule 1200-08-25-.16(2)(a): (a) Maintain a detailed log with staff signatures designating training each employee receives regarding disaster preparedness. (b) Train all employees annually as required in the plans listed above and keep each employee informed with respect to the employee's duties under the plans. (c) Exercise each of the plans listed above annually.

Action: Assessed one civil penalty in the amount of five hundred dollars (\$500.00) and one civil penalty of one thousand dollars (\$1,000.00) for a total assessment of one thousand five hundred dollars (\$1,500.00).

#### Riverdale Assisted Living Facility, Memphis

Violation: Rule 1200-08-25-.14(1)(b): (1) An ACLF shall ensure at least the following rights for each resident: (b) To be free from mental and physical abuse. Should this Disciplinary Action Report Page 5 of 9 right be violated, the ACLF shall notify the Department of the Tennessee Department of Human Services, Adult Protective Services at 1-888-277-8366. Rule 1200-08-25-.13(1) The ACLF shall report all incidents of abuse, neglect, and misappropriation to the Department of Health in accordance with T.C.A. 68- 11-211. Rule 1200-08-25-.13(5)(b)(1): (5) Plan of care. (b) The Plan of Care shall describe: (1) The needs of the resident, including the activities of daily living and medical services for which the resident requires assistance, i.e., what assistance/care, how much, who will provide the assistance/care, how often, and when.

Action: Assessed three (3) civil penalties in the amount of five hundred dollars each for a total assessment of one thousand five hundred dollars (\$1,500.00).

#### Signature Lifestyles, Rogersville

Violation: Rule 1200-08-25-.12(5)(a): (5) Plan of Care. (a) An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician, or other licensed health care profession or entity delivering patient services within five (5) days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above appropriate individuals. Rule 1200-08-25-.10(3)(a): (3) An ACLF shall conduct fire drills in accordance with the following: (a) Fire drills shall be held for each ACLF work shift in each separate ACLF building at least quarterly. Rule 1200- 08-25-.10(3)(b): (3) An ACLF shall conduct fire drills in accordance with the following: (b) There shall be one (1) fire drill per quarter during sleeping hours.

Action: Assessed three (3) civil penalties in the amount of five hundred dollars (\$500.00) each for a total assessment of one thousand five hundred dollars (\$1,500.00).

#### The Bridge at Hickory Woods, Antioch

Violation: Rule 1200-08-25-.06(1)(b)(3): (1) Each ACLF shall meet the following staffing and procedural standards: (b) Policies and Procedures: (3) An ACLF shall develop a written policy, plan or procedures concerning a subject and adhere to its provisions whenever required to do so by these rules. A licensee that violates its own policy established by these rules and regulations also violates the rules and regulations establishing the requirement. Rule 1200-08-25-.07(7)(a)(2): (7) An ACLF shall provide personal services as follows: (a) Each ACLF shall provide each resident with at least the following personal services; (2) Safety when in the ACLF. Rule 1200-08-25-.08(8): An ACLF may not retain a resident who cannot

evacuate within thirteen (13) minutes unless the ACLF complies with Chapter 19 of the 2006 edition of the NFPA Life Safety Code and the Institutional Unrestrained Occupancy of the 2006 edition of the International Building Code. Rule 1200-08-25-.09(1) An ACLF shall construct, arrange, and maintain the condition of the physical plan and the overall ACLF living facility environment in such a manner that the safety and well-being of the residents are assured. Rule 1200-08-25-.09(5) No new ACLF shall be constructed, nor shall major alterations be made to an existing ACLF without prior approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new ACLF is licensed or before any alteration or expansion of a licensed ACLF can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications Disciplinary Action Report Page 6 of 9 for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of Board of Architectural and Engineering Examiners. Rule 1200-08-25-.10(2)(a) and (c): (2) An ACLF shall ensure fire protection for residents by doing at least the following: (a) Eliminating fire hazards; and (c) Adopt a written fire control plan. Action: Assessed six (6) civil penalties in the amount of five hundred dollars (\$500.00) each for a total assessment of three thousand dollars (\$3,000.00).

The Glenmary at Evergreen, Memphis

Violation: Rule 1200-08-25-.07(c)(6): (7) An ACLF shall provide personal services as follows: (c) Dietary services. (6) Employees shall wash and sanitize equipment, utensils, and dishes. Action: Assessed two (2) civil penalties in the amount of five hundred dollars (\$500.00) and one civil penalty in the amount of one thousand dollars (\$1000.00) for a total assessment of (\$1,500.00).

Victorian Square Assisted Living, Rockwood

Violation: Rule 1200-08-25-.08(1)(d): (1) An ACLF shall not admit or permit the continued stay of an ACLF resident who has any of the following conditions: (d) Exhibits verbal or physically aggressive behavior which poses an imminent physical threat to self or others, based on behavior, not diagnoses. (b) Ensure that all drugs and biologicals shall be administered by a licensed professional operating within the scope of the professional license and according to the resident's plan of care. Rule 1200-08-25-.12(5)(a): (5) Plan of Care. (a) An ACLF shall develop a plan of care for each resident admitted to the ACLF with input and participation from the resident or the resident's legal representative, treating physician, or other licensed health care professionals or entity delivering patient services within five (5) days of admission. The plan of care shall be reviewed and/or revised as changes in resident needs occur, but not less than semiannually by the above appropriate individuals. Action: Assessed two (2) civil penalties in the amount of one thousand dollars each (\$1000.00) for a total assessment of two thousand dollars (\$2,000.00).