

\* Note: The number of cited substandard level of care has been changed from three (3) to six (6) on 1-9-06.

## EXECUTIVE SUMMARY

Deficiencies cited in nursing home facilities in the State of Tennessee for 2004 are consistent with deficiencies cited across the eight southeastern states (CMS Region IV) and the nation. The average number of deficiencies cited in Tennessee per nursing home was 6.9, compared to 5.8 nationwide and 6.0 within Region IV.

Of the 338 licensed nursing homes in Tennessee, the following was ascertained:

- Eleven (11) nursing homes had no deficiencies cited.
- Seven (7) nursing homes entered into bankruptcy.
- Thirty (30) nursing homes were cited with Immediate Jeopardy substandard level of care which is a 50% increase from 2003.
- \* ■ Six (6) nursing homes were cited with substandard level of care (less than Immediate Jeopardy).
- Forty-six (46) nursing homes were cited with a Federal Civil Penalty for a total assessed amount of \$831,369.
- Sixty-six (66) nursing homes were cited a State Civil Penalty for a total assessed amount of \$47,545.

The number and type of complaints received by the department is monitored and maintained on a federal software program. The software program tracks complaints on all health care facilities. The following statistical data is derived from that program:

- There are currently 338 nursing homes in the state of Tennessee.
- There were 1,836 complaints received for all health care facilities.
- The nursing home complaints totaled 1,064 or 58% of the total number of complaints or 2% reduction from 2003.
- There were 239 nursing homes with one or more complaints or 70% of the total nursing homes.
- There were twenty (20) nursing homes with ten (10) or more complaints or 6% of the total nursing homes.
- There were three (3) nursing homes with twenty (20) or more complaints or .9% of the total nursing homes.
- The number of nursing homes with substantiated complaints:
  - 2001 - 107 nursing homes or 31% of all nursing homes
  - 2002 - 100 nursing homes or 29% of all nursing homes
  - 2003 - 165 nursing homes or 40% of all nursing homes
  - 2004 - 134 nursing homes or 39% of all nursing homes
- The percentage of substantiated complaints in all facility types:
  - 2002 27% of total complaints received
  - 2003 28 % of total complaints received
  - 2004 30% of total complaints received

The reporting of unusual events/incidents is required by law and is also monitored by the Department.

- The number of unusual events/incidents reported in 2004 for all facilities was 4,919.
- Unusual incidents reported by nursing homes were 2,987 or 61% of the total number of incidents reported.
- Reported incidents in nursing homes have declined from year 2000 to 2004 by 51% (6,099 reported in 2000 and 2,987 reported in 2004).
- Reductions in the reported incidents can be attributed to the development of the interpretative guidelines that define what is included or excluded and improvements in facility understanding of reportable events.

### **CHANGES IN 2004 AFFECTING NURSING HOME OVERSIGHT:**

#### **NURSING HOME QUALITY INITIATIVE 2004**

In 2004, the Centers for Medicare and Medicaid Services (CMS) have developed a National Nursing Home Improvement Collaborative. The project brings together Quality Improvement Organizations (QIO), nursing homes and the state survey agencies. The purpose of this collaborative is to develop quality improvement in nursing homes, with specific emphasis on pressure ulcers. The project involves a total of three in-person learning sessions and one in-person “outcomes congress”, an estimated twelve (12) national teleconferences, a Web site and a listserv that can provide updated information. These venues allow the sharing of knowledge with and among participants, primarily the nursing home teams. Participating QIOs are responsible for supporting quality improvement and will work alongside one or two of the nursing homes. Participating nursing homes are required to collect processes of care and other measures that support rapid-cycle improvement in care delivery system components key to reducing prevalence of pressure ulcers. The two nursing homes participating in Tennessee are: Marshal C. Voss Health Care Center and the Tennessee State Veterans Home (Humboldt). The effectiveness of this collaborative is evidenced by the improvement in the most recent survey of these two (2) nursing homes. This collaborative will end in April 2005 and another initiative will begin.

This new collaborative involves a group of 17 select facilities located in Metropolitan Nashville and surrounding areas. It will run from April 2005 through January 2006. These select facilities will work together to individually test system changes aimed at reducing and eliminating the use of physical restraint and to collectively share learning. This collaborative is the first pilot collaborative for the nursing home industry in Tennessee and will become a model for future statewide collaboratives. In addition, our experience in Tennessee will provide important information for the development of other CMS-sponsored collaboratives for restraint reduction.

Quality measures are utilized in the public reporting on CMS’s nursing home compare website. This web site, [www.medicare.gov](http://www.medicare.gov) is available for the public, and most importantly, the families and the potential residents to view.

## **NURSING HOME SPRINKLER PROCESS**

After the law was signed into effect on May 3, 2004, all nursing homes providing patient care above the ground floor were required to have sprinkler plans completed and submitted to the Division of Health Care Facilities, Engineering Plans Review Section. The timeline for submission was no later than six (6) months from the effective date of the act or by November 3, 2004. Nursing homes providing care only on the ground floor have until April 3, 2005 to submit their sprinkler installation plans. Nursing homes not fully sprinklered as of the effective date of the act are authorized to choose to completely replace the facility as an alternative to complying with the act's sprinklering requirements. Facilities that elect to build a replacement facility are required to submit to the Board for Licensing Health Care Facilities a letter stating the intent to replace the facility and estimating the completion dates for the request for a certificate of need, commencement of construction of the facility, and licensure of the facility. Three (3) nursing homes providing care above the ground floor were late in getting their plans submitted, but have since submitted those plans. Two (2) nursing homes providing care above the ground floor and one (1) nursing home providing care only on the ground floor have obtained certificates of need for full or partial replacement of those existing facilities, and one (1) nursing home providing care only on the ground floor has stated its intent to seek a certificate of need to replace its existing facility.

### **RULES PROPOSED OR EFFECTIVE IN 2004:**

- Revised Licensing Procedures that increased the annual license fees for nursing homes became effective 2-2-04
- Revised Disciplinary Procedures that give the Board the authority to place a facility on probation, explain the criteria for probation and the facility reporting requirements under probation became effective 8-7-04
- Revised Administration section that requires all nursing homes to conduct criminal background check on any person who is employed by the facility in a position providing direct care to a resident or patient within the seven (7) days of employment and explains criminal background check requirements by the nursing homes became effective 8-7-04
- Rules are in the process of being promulgated to effectuate The Health Care Decision Act, signed into law June 2004. The rules were submitted to Attorney General's office on 1-18-05. Advance Directive and POST forms were approved by Board for Licensing Health Care Facilities at its' February 2005 meeting.

## Tennessee Nursing Home Summary of Oversight Activities Spreadsheet

	<b>2003</b>	<b>2004</b>
Total Nursing Homes	343	338
Homes cited with "Immediate Jeopardy"	20	30
Homes cited with substandard level of care	11	3
Average number of deficiencies cited	6.7	6.9
Number of federal civil penalties cited	47	46
Total amount of federal penalties	\$919,791	\$831,369
Number of state civil penalties cited	45	66
Total amount of state penalties	\$41,750	\$47,545
Total complaints all facilities	2,059	1,836
Total nursing home complaints	1,243	1,064
% of total number of complaints	60%	58%
Nursing homes with one (1) or more complaints	281	239
% of nursing homes with one (1) or more complaints	82%	70%
Nursing homes with $\geq$ ten (10) complaints	44	20
% of nursing homes with $\geq$ ten (10) complaints	12.8%	6%
Nursing homes w/ $\geq$ twenty (20) complaints	21	3
% of nursing homes w/ $\geq$ twenty (20) complaints	6%	.8%
Number of nursing homes with substantiated complaints	165	134
% of total nursing homes with substantiated complaints	40%	39%
Number of substantiated complaints in all facility types	673	508
% of substantiated complaints for all facility types	28%	30%
Number of Unusual Incidents Reported	3,161	2,987
% of Total Number of Incidents	68%	61%

**MONTHLY REPORT OF LICENSED FACILITIES AND BEDS**

**January, 2004**

<b>FACILITY TYPE</b>	<b># OF LICENSED FACILITIES</b>	<b># OF LICENSED BEDS</b>
HOSPITALS	143	23,596
NURSING HOMES	343	38,198
HOMES FOR THE AGED	155	3,235
ASSISTED CARE LIVING FACILITIES	184	10,669
ALCOHOL AND DRUG FACILITIES	310	1,561
RESIDENTIAL HOSPICE	<u>3</u>	<u>56</u>
<b>SUB-TOTAL</b>	<b>1,138</b>	<b>77,315</b>
HOME HEALTH AGENCIES	158	-0-
ESRD	121	-0-
HOME MEDICAL EQUIPMENT	251	-0-
HOSPICE	55	-0-
PROFESSIONAL SUPPORT SERVICES	110	-0-
AMBULATORY SURGICAL TREATMENT CTR	134	-0-
BIRTHING CENTERS	<u>3</u>	<u>-0-</u>
	832	-0-
<b>TOTAL</b>	<b>1,970</b>	<b>77,315</b>

**TOP TEN "HEALTH DEFICIENCIES" CITED 2004**  
 COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE  
 DEFICIENCY LISTINGS FOR **SKILLED NURSING FACILITIES**

TOTALS ARE BASED ON THE CURRENT  
 SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: IV ATLANTA      DEFICIENCY TYPE: ALL      SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE: TENNESSEE

		TN	REGION	NATION
** TOTAL # FACILITIES ==>		303	2,605	14,979
F0371	STORE/PREPARE/DISTRIBUTE FOOD UNDER SANITARY CONDITIONS	114 37.62%	976 37.47%	4685 31.28%
F0309	PROVIDE NECESSARY CARE FOR HIGHEST PRACTICAL WELL BEING	105 34.65%	678 26.03%	3980 26.57%
F0280	DEVELOPMENT/PREPARE/REVIEW OF COMPREHENSIVE CARE PLAN	97 32.01%	381 14.63%	1527 10.19%
F0332	MEDICATION ERROR RATES OF 5% OR MORE	80 26.40%	309 11.86%	1657 11.06%
F0316	APPROPRIATE TREATMENT FOR INCONTINENT RESIDENT	75 24.75%	293 11.25%	1525 10.18%
F0431	PROPER LABELING OF DRUGS & BIOLOGICALS	14 4.62%	153 5.87%	613 4.09%
F0441	FACILITY ESTABLISHES INFECTION CONTROL PROGRAM	59 19.47%	378 14.51%	2252 15.03%
F0314	PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES	58 19.14%	293 11.25%	2193 14.64%
F0323	FACILITY IS FREE OF ACCIDENT HAZARDS	57 18.81%	461 17.70%	2988 19.95%
F0312	ACTIVITIES OF DAILY LIVING CARE PROVIDED FOR DEPENDENT RESIDENTS	55 18.15%	318 12.21%	1716 11.46%

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TOTALS ARE BASED ON THE CURRENT  
 SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: IV ATLANTA

DEFICIENCY TYPE: ALL

SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE: TENNESSEE

		TN	REGION	NATION
		28	102	1,115
F0371	STORE/PREPARE/DISTRIBUTE FOOD UNDER SANITARY CONDITIONS	11 39.29%	37 36.27%	332 29.78%
F0280	DEVELOPMENT/PREPARE/REVIEW OF COMPREHENSIVE CARE PLAN	9 32.14%	21 20.59%	110 9.87%
F0309	PROVIDE NECESSARY CARE FOR HIGHEST PRACTICAL WELL BEING	8 28.57%	33 32.35%	207 18.57%
F0324	SUPERVISION/DEVICES TO PREVENT ACCIDENTS	8 28.57%	15 14.71%	196 17.58%
F0432	DRUGS STORED IN LOCKED COMPARTMENTS/UNDER PROPER TEMPERATURE	7 25.00%	12 11.76%	72 6.46%
F0441	FACILITY ESTABLISHES INFECTION CONTROL PROGRAM	7 25.00%	22 21.57%	145 13.00%
F0316	APPROPRIATE TREATMENT FOR INCONTINENT RESIDENTS	6 21.43%	14 13.73%	92 8.25%
F0253	HOUSEKEEPING & MAINTENANCE SERVICES	6 21.43%	25 24.51%	230 20.63%
F0157	INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC	6 21.43%	9 8.82%	90 8.07%
F0164	PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS	6 21.43%	14 13.73%	96 8.61%
F0221	RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQUIRED FOR TREATMENT	6 21.43%	12 11.76%	119 10.67%

**TOP TEN (10) "LIFE SAFETY CODE" DEFICIENCIES CITED 2004**  
 COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE  
 DEFICIENCY LISTINGS FOR **SKILLED NURSING FACILITIES**

TOTALS ARE BASED ON THE CURRENT  
 SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: IV ATLANTA		DEFICIENCY TYPE: ALL	SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE: TENNESSEE		
			TN	REGION	NATION
TAG NO.	** TOTAL # FACILITIES ==>		303	2,605	14,979
K0130	OTHER		108 35.64%	294 11.29%	1662 11.10%
K0067	VENTILATING EQUIPMENT		107 35.31%	266 10.21%	1540 10.28%
K0018	CORRIDOR DOORS		80 26.40%	424 16.28%	3529 23.56%
K0050	FIRE DRILLS		56 18.48%	192 7.37%	1300 8.68%
K0064	PORTABLE FIRE EXTINGUISHERS		50 16.50%	119 4.57%	926 6.18%
K0062	SPRINKLER SYSTEM MAINTENANCE		49 16.17%	259 9.94%	2348 15.68%
K0038	EXIT ACCESS		36 11.88%	259 9.94%	2470 16.49%
K0052	TESTING OF FIRE ALARM		35 11.55%	141 5.41%	745 4.97%
K0029	HAZARDOUS AREAS – SEPARATION		34 11.22%	344 13.21%	2643 17.64%
K0025	SMOKE PARTITION CONSTRUCTION		26 8.58%	200 7.68%	1961 13.09%



**TOP TEN (10) "LIFE SAFETY CODE" DEFICIENCIES CITED 2004**  
 COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE  
 DEFICIENCY LISTINGS FOR **NURSING FACILITIES**

TOTALS ARE BASED ON THE CURRENT  
 SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: IV ATLANTA      DEFICIENCY TYPE: ALL      SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE: TENNESSEE

		TN	REGION	NATION
** TOTAL # FACILITIES ==>		28	102	1,115
K0130	OTHER	6 21.43%	12 11.76%	116 10.40%
K0050	FIRE DRILLS	5 17.86%	10 9.80%	107 9.60%
K0067	VENTILATING EQUIPMENT	5 17.86%	7 6.86%	138 12.38%
K0064	PORTABLE FIRE EXTINGUISHERS	4 14.29%	7 6.86%	97 8.70%
K0052	TESTING OF FIRE ALARM	3 10.71%	6 5.88%	75 6.73%
K0054	SMOKE DETECTOR MAINTENANCE	3 10.71%	3 2.94%	82 7.35%
K0018	CORRIDOR DOORS	3 10.71%	15 14.71%	236 21.17%
K0025	SMOKE PARTITION CONSTRUCTION	3 10.71%	9 8.82%	146 13.09%
K0027	DOORS IN SMOKE PARTITIONS	2 7.14%	5 4.90%	54 4.84%
K0029	HAZARDOUS AREAS – SEPARATION	2 7.14%	6 5.88%	181 16.23%

**HEALTH CARE FACILITIES  
NURSING HOMES  
STATE CIVIL MONETARY PENALTIES**

**2 0 0 4**

REGIONAL OFFICE			TYPE OF SURVEY A, F, C	DATE OF SURVEY EXIT	3 DAY NOTICE	8 DAY NOTICE	TYPE OF PENALTY					DATE ASSESSED	HEARING DATE	SUSPENSION LIFTED	AMOUNT OF PENALTY ASSESSED	AMOUNT OF PENALTY RECEIVED	DATE PAID
WEST	MIDDLE	EAST					A	B1	B2	C (P)	C (A)						
		1	A/C	01/05/04						1							
	1		A	01/07/04						1							
1			A	01/07/04						2							
1			A	01/08/04				1			2	01/08/04		\$2,550.00	\$2,550.00	01/30/04	
		1	A/C	01/12/04						1							
		1	A/C	01/14/04						1							
	1		A	01/14/04	01/20/04	01/25/04	1			2		01/20/04		01/29/04	\$3,150.00	\$3,150.00	01/26/04
	1		A	01/14/04						1							
1			A	01/14/04						2							
1			A	01/21/04						1							
	1		A	01/21/04							1	01/26/04		\$300.00	\$300.00	02/13/04	
		1	A/C	01/26/04						1							
1			A	01/28/04						1							
		1	A	01/28/04						2							
		1	A	01/28/04						1							
	1		A	01/28/04						1							
1			A	01/29/04						3							
		1	A/C	02/02/04						1							
		1	A/C	02/04/04						2							
1			A	02/05/04						1							
1			A	02/05/04						3	1	02/09/04		\$250.00	\$250.00	03/30/04	
	1		A	02/06/04	02/11/04	02/18/04	1			1		02/11/04		02/26/04	\$3,150.00	\$3,150.00	02/19/04
		1	A/C	02/11/04						3							
1			A	02/12/04						1							
		1	C	02/13/04							1	02/18/04		\$500.00	\$500.00	03/08/04	
1			A	02/18/04						2							
1			A	02/19/04						2							
1			A	02/19/04						2							
1			C	02/19/04						2							
	1		A	02/20/04						2							
1			A	02/25/04						1	2	02/27/04		\$675.00	\$675.00	03/12/04	
	1		A	02/25/04						1							

Type of Survey:  
 "A" - Annual  
 "F" - Follow-Up  
 "C" - Complaint

**HEALTH CARE FACILITIES  
NURSING HOMES  
STATE CIVIL MONETARY PENALTIES**

**2 0 0 4**

REGIONAL OFFICE			TYPE OF SURVEY A, F, C	DATE OF SURVEY EXIT	3 DAY NOTICE	8 DAY NOTICE	TYPE OF PENALTY					DATE ASSESSED	HEARING DATE	SUSPENSION LIFTED	AMOUNT OF PENALTY ASSESSED	AMOUNT OF PENALTY RECEIVED	DATE PAID
WEST	MIDDLE	EAST					A	B1	B2	C (P)	C (A)						
1			A	02/26/04					1	1	02/27/04			\$350.00	\$350.00	03/17/04	
	1		A	03/01/04					1								
1			A	03/03/04					1								
		1	A/C	03/03/04					1								
	1		C	03/03/04	03/08/04	03/12/04	1				03/08/04		03/24/04	\$3,000.00			
1			A	03/04/04					2								
1			A	03/10/04					1								
1			A	03/10/04					2								
		1	A/C	03/17/04					1								
1			A	03/18/04					1								
1			C	03/18/04						1	03/22/04			\$300.00	\$300.00	03/30/04	
		1	C	03/19/04					1								
1			A	03/23/04					2								
		1	C	03/24/04					1								
		1	A	03/24/04					2								
		1	A	03/24/04					1								
	1		A	03/25/04					1								
1			A	03/25/04					3								
	1		A	03/29/04					2								
1			A	04/01/04					3	1	04/05/04			\$315.00	\$315.00	04/12/04	
1			A	04/01/04					1								
		1	C	04/01/04					1								
	1		A	04/05/04	04/08/04	04/15/04	1				04/08/04		04/26/04	\$3,000.00			
		1	A/C	04/05/04					3								
		1	A/C	04/06/04					2								
	1		A	04/07/04					2								
1			A	04/14/04					2								
1			A	04/15/04					1								
1			A	04/16/04					3								
		1	A	04/19/04					3								
1			A	04/21/04					1								
		1	A/C	04/21/04					1								

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**HEALTH CARE FACILITIES  
NURSING HOMES  
STATE CIVIL MONETARY PENALTIES**

**2 0 0 4**

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WEST	MIDDLE	EAST					A	B1	B2	C (P)	C (A)						
1			A	04/22/04						3	04/23/04			\$900.00	\$900.00	08/30/04	
		1	A	04/27/04						1	04/30/04			\$350.00	\$350.00	05/10/04	
1			A	04/28/04					1								
		1	A/C	04/28/04					1								
		1	A/C	04/28/04					2	1	04/30/04			\$350.00	\$350.00	05/27/04	
1			A	04/29/04					1	1	05/04/04			\$675.00	\$675.00	05/17/04	
1			A	05/05/04					1								
	1		A	05/05/04					1								
		1	A	05/05/04						1	05/07/04			\$250.00	\$250.00	05/17/04	
1			A	05/06/04					1								
	1		A	05/06/04					1								
		1	A	05/06/04						1	05/10/04			\$250.00	\$250.00	06/21/04	
		1	F	05/11/04						1	05/14/04			\$250.00			
1			A	05/13/04					1								
1			A	05/13/04					2								
		1	A/C	05/14/04					3								
1			A	05/19/04						2	05/20/04			\$540.00	\$540.00	05/28/04	
		1	C	05/19/04					2								
		1	C	05/19/04					1								
1			A	05/20/04					2	2	05/24/04			\$540.00	\$540.00	06/03/04	
1			C	05/24/04					1	1	05/26/04			\$1,350.00	\$1,350.00	06/03/04	
		1	A	05/25/04					2								
1			C	05/26/04						1	05/27/04			\$400.00	\$400.00	06/04/04	
1			A	05/27/04						1	05/28/04			\$300.00	\$300.00	06/09/04	
1			A	06/03/04					2								
	1		A	06/03/04					1								
		1	A	06/03/04					1								
1			C	06/10/04					1								
1			A	06/10/04					1								
1			A	06/10/04					1								
	1		A	06/10/04					2								
1			A	06/10/04					4								

Type of Survey:  
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**HEALTH CARE FACILITIES  
NURSING HOMES  
STATE CIVIL MONETARY PENALTIES**

**2 0 0 4**

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WEST	MIDDLE	EAST					A	B1	B2	C (P)	C (A)						
	1		A	06/16/04						1							
1			A	06/16/04						1							
		1	A	06/16/04						1							
1			A	06/16/04						1							
1			A	06/23/04						2							
1			A	06/23/04						2							
	1		A	06/24/04						1							
1			A	06/24/04	06/29/04	07/07/04	1			3	06/29/04		08/16/04	\$2,000.00	\$2,000.00	09/07/04	
	1		A	06/29/04							1	06/30/04		\$800.00			
	1		A	06/30/04						1							
		1	A	06/30/04						1							
	1		A	06/30/04						2							
		1	A	06/30/04						1							
1			A	07/01/04						2							
1			A	07/01/04						2							
		1	A	07/08/04						1							
1			A	07/08/04						2							
		1	A	07/08/04							1	07/12/04		\$800.00	\$800.00	08/17/04	
1			A	07/09/04	07/14/04	07/21/04	1			1	07/14/04		07/29/04	\$1,350.00	\$1,350.00	07/22/04	
		1	C	07/14/04						1							
1			A	07/15/04						1							
1			A	07/15/04							2	07/19/04		\$540.00	\$540.00	08/17/04	
		1	A	07/20/04						1							
	1		A	07/22/04						2							
		1	A	07/21/04						1							
1			A	07/23/04						4							
	1		A	07/28/04						1							
	1		A	07/28/04						1							
1			A	07/28/04						2							
		1	A	07/28/04							1	07/30/04		\$600.00	\$600.00	08/16/04	
1			A	07/29/04						1							
		1	A	07/29/04						3							

Type of Survey:  
 "A" - Annual  
 "F" - Follow-Up  
 "C" - Complaint

**HEALTH CARE FACILITIES  
NURSING HOMES  
STATE CIVIL MONETARY PENALTIES**

**2 0 0 4**

REGIONAL OFFICE			TYPE OF SURVEY A, F, C	DATE OF SURVEY EXIT	3 DAY NOTICE	8 DAY NOTICE	TYPE OF PENALTY					DATE ASSESSED	HEARING DATE	SUSPENSION LIFTED	AMOUNT OF PENALTY ASSESSED	AMOUNT OF PENALTY RECEIVED	DATE PAID
WEST	MIDDLE	EAST					A	B1	B2	C (P)	C (A)						
		1	A	08/04/04						2							
		1	A	08/05/04						4							
1			A	08/05/04						4							
1			A	08/06/04	08/11/04	08/18/04	1					08/11/04		08/26/04	\$1,500.00		
1			A	08/10/04							1	08/13/04			\$270.00	\$270.00	08/25/04
		1	A	08/12/04						1	1	08/16/04			\$300.00	\$300.00	08/23/04
		1	A	08/12/04						1							
1			A	08/12/04						1							
1			A	08/12/04						2							
		1	A	08/17/04						2							
1			A	08/18/04							1	08/19/04			\$300.00	\$300.00	08/25/04
	1		A	08/18/04						2							
	1		A	08/19/04						2							
1			A	08/19/04						4							
1			C	08/19/04						1							
1			A	08/26/04						1							
		1	A	08/26/04						1							
		1	A	08/26/04						1	1	08/30/04			\$300.00	\$300.00	09/15/04
1			A	08/26/04						2							
1			A	09/01/04						1							
		1	A	09/01/04						1							
1			A	09/02/04						4							
	1		F	09/02/04						1							
		1	C	09/07/04							1	09/08/04			\$300.00	\$300.00	09/17/04
	1		A	09/08/04	09/13/04	09/20/04	1					09/13/04		09/30/04	\$2,700.00	\$2,700.00	09/21/04
1			A	09/09/04						1							
1			A	09/09/04							2	09/10/04			\$600.00	\$600.00	09/16/04
1			A	09/09/04						2							
		1	A	09/09/04						2							
		1	C	09/13/04							1	09/14/04			\$300.00		
1			A	09/15/04						1							
1			A	09/15/04				1		1		09/20/04			\$500.00	\$500.00	09/24/04

Type of Survey:  
 "A" - Annual  
 "F" - Follow-Up  
 "C" - Complaint

**HEALTH CARE FACILITIES  
NURSING HOMES  
STATE CIVIL MONETARY PENALTIES**

**2 0 0 4**

REGIONAL OFFICE			TYPE OF SURVEY A, F, C	DATE OF SURVEY EXIT	3 DAY NOTICE	8 DAY NOTICE	TYPE OF PENALTY					DATE ASSESSED	HEARING DATE	SUSPENSION LIFTED	AMOUNT OF PENALTY ASSESSED	AMOUNT OF PENALTY RECEIVED	DATE PAID
WEST	MIDDLE	EAST					A	B1	B2	C (P)	C (A)						
		1	A	09/16/04					2								
		1	A	09/22/04					3								
1			A	09/23/04					1								
	1		A	09/29/04					2								
		1	A	09/30/04					1								
		1	A	10/06/04					1								
		1	A	10/06/04					1	1	10/08/04			\$250.00	\$250.00	10/14/04	
1			A	10/06/04					2								
1			A	10/06/04					3								
		1	C	10/07/04				1			10/08/04			\$1,500.00	\$1,500.00	11/04/04	
	1		A	10/12/04					1								
		1	A	10/13/04					2								
		1	C	10/13/04					1								
1			A	10/14/04					4								
	1		A	10/19/04						1	10/22/04			\$300.00	\$300.00	11/22/04	
		1	A	10/20/04					3								
1			C	10/20/04				1	2		10/25/04			\$1,500.00	\$1,500.00	11/08/04	
1			A	10/21/04					1								
		1	F	10/22/04						1	10/26/04			\$300.00	\$300.00	11/04/04	
	1		A	10/27/04					1								
1			A	10/28/04						1	10/29/04			\$270.00	\$270.00	11/08/04	
		1	A	10/28/04					1								
		1	A	10/28/04					1								
1			A	10/28/04					1								
		1	A	10/28/04					1	1	11/01/04			\$270.00	\$270.00	11/08/04	
1			A	11/03/04					1								
		1	A	11/03/04					1								
1			A	11/03/04					5								
	1		A	11/04/04					3								
		1	C	11/08/04					1								
1			A	11/09/04					1	2	11/12/04			\$600.00			
1			A	11/09/04					4	1	11/12/04			\$300.00			

Type of Survey:  
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**HEALTH CARE FACILITIES  
NURSING HOMES  
STATE CIVIL MONETARY PENALTIES**

**2 0 0 4**

REGIONAL OFFICE			TYPE OF SURVEY A, F, C	DATE OF SURVEY EXIT	3 DAY NOTICE	8 DAY NOTICE	TYPE OF PENALTY					DATE ASSESSED	HEARING DATE	SUSPENSION LIFTED	AMOUNT OF PENALTY ASSESSED	AMOUNT OF PENALTY RECEIVED	DATE PAID
WEST	MIDDLE	EAST					A	B1	B2	C (P)	C (A)						
	1		A	11/10/04					1								
		1	A	11/10/04					2	1	11/15/04			\$300.00	\$300.00	11/19/04	
	1		A	11/17/04					2								
		1	F	11/17/04						1	11/22/04			\$600.00			
	1		A	11/18/04					1								
1			A	11/18/04					2								
1			A	11/18/04					2								
1			A	11/18/04					2								
		1	A	11/23/04					1								
		1	A	12/01/04					1								
1			A	12/01/04					1								
		1	A	12/02/04					1	1	12/06/04			\$600.00	\$600.00	12/20/04	
1			A	12/08/04					2								
	1		A	12/08/04	12/13/04	12/20/04	1				12/13/04		12/28/04	\$3,000.00			
		1	A	12/09/04					1								
1			A	12/09/04						1	12/13/04			\$300.00			
1			F	12/14/04					2	2	12/16/04			\$600.00			
		1	A	12/15/04					2								
		1	A	12/21/04					2								
1			C	12/23/04					1								
97	39	76	TOTAL				9	4	1	293	52			\$47,545.00	\$33,295.00		

Type of Survey:  
 "A" - Annual  
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 "C" - Complaint



**CMP LOG  
2004**

WTRO	MTRO	ETRO	*Origin of Visit	*Refer to CMS	SMA	Provider Number	Date of Survey	Date Forwarded to CMS/SMA	Scope and Severity	Date of Imposition	*Type of Penalty (D or PI)	Appeal Y/N	Recommended Penalty Amount	Number of Days	Total Amount of Penalty	Amount Received	State Portion	*Date Paid
		X	S R	X		445181	1/7/2004 1/30/2004	1/9/2004	GG	1/7/2004 Lifted	D		\$300	23	6,900	\$4,400		6/15/2004
		X	S R	X		44 E 187	1/14/2004 1/22/2004	1/16/2004	GG	1/14/2004 1/22/2004	D		\$100	100 x 2 days 50 x 6 days	\$500	\$350	\$350	3/18/2004 reduced by M'caid
	X		S R	X		445234	2/2/2004 1/30/2004	1/16/2004	GG	1/14/2004 Lifted 1/15/04	D		\$700	1	\$700	\$455 R		6/21/2004
	X		S R R	X		445319	1/14/2004 1/30/2004 2/2/2004	1/16/2004	J	1/14/2004 IJ Lifted Compliance	D		3050 50	3,050 X 9 Days 50 X 6 Days	\$29,737.50 R			
		X	S R R		X	44 E 147	1/22/2004 1/20/2004 2/1/2004	1/26/2004	J	1/22/2004 IJ Lifted Compliance	D		3050 50	3050 X 1 day 50 X 9 days	\$3,500	\$3,500	\$3,500	5/11/2004
X						445441	1/29/2004	2/4/2004	GG	1/29/2004	D		\$300		\$4,200			
		X	C R	X		445296	2/2/2004 2/10/04	2/3/2004	K	2/2/2004 Compliance	D	H	\$3,150	3,150 X 10 Days	\$25,200			
		X	S	X		445209	2/4/2004 2/06/2004 2/16/2004	2/6/2004	J	2/4/2002 IJ Lifted Compliance	D		3150 50	3150 x 2 days 50 x 10 days	\$4,420 R			
X			S R	X		445241	2/5/2004 2/20/2004	2/7/2004	K	2/5/2004 IJ lifted	D		\$3,350	\$3,350	\$6890 R			
	X		S	X		445160	2/6/2004	2/9/2004	J	2/6/2004	D		\$3,150		\$46,475 R			
	X		S	X		445075	3/1/2004	3/2/2004	K	3/1/2004	PI		\$3,050		\$1,982 R			
		X	C R	X		445418	3/3/2004 3/24/2004	3/4/2004	J IJ Lifted	3/3/2004	D		3250 50	3250 X 36	\$117,000			
X			S			445285	4/1/2004	4/7/2004	F	4/1/2004	D		\$50					
	X		C R *			445439	4/5/2004 4/13/2004	4/8/2004 4/16/2004	K	4/5/2004	D		\$3,050		\$200,000			
X			C	X		445233	4/1/2004	4/13/2004	H	4/1/2004	D		\$300					

S= Standard Survey  
C= Complaint Survey  
F= Followup Survey

GG= No opportunity to correct  
J, K, L= Immediate Jeopardy

**CMP LOG  
2004**

WTRO	MTRO	ETRO	*Origin of Visit	*Refer to CMS SMA	Provider Number	Date of Survey	Date Forwarded to CMS/SMA	Scope and Severity	Date of Imposition	*Type of Penalty (D or PI)	Appeal Y/N	Recommended Penalty Amount	Number of Days	Total Amount of Penalty	Amount Received	State Portion	*Date Paid
X			R	X	445210	4/16/2004	4/21/2004	J	4/16/2004 IJ lifted 4/19/2004	D		\$3,450	\$3450 X3 days \$50 X 9	\$7,020 R			
		X	R	X	445226	4/21/2004	4/26/2004	GG	4/21/2004	D		100 rec. \$250 imposed by CMS					
		X	R	X	445351	4/21/2004	5/1/2004	GG	4/21/2004	D		100 rec. \$250 imposed by CMS					
X			R	X	445249	4/22/2004	4/27/2004	J	4/22/2004 PI REC by SA CMS Imposed \$10,000 daily	D		\$10,000	\$10,000 X 6 \$250	\$65,000			
	X		R	X	445146	5/6/2004	5/12/2004	K	5/12/2004	PI		\$3,000		\$3,000			
	X		S	X	445171	5/12/2004	unknown	GG	5/12/2004	D		\$300					
		X	S	X	445223	5/14/2004	5/18/2004	L	5/14/2004	D	H	\$3,650		\$48,200			
		X	S	X	445242	5/19/2004	5/21/2004	J	5/19/2004	PI and D		\$3,050 PI and \$100 D for 6 G's		\$3,050 reduced by CMS			
X			C	X	445450	5/19/2004	5/21/2004	GG	5/19/2004	D		\$300	29	\$8,700			
	X		S R	X	445409	6/3/2004 7/15/2004	N/A	E	7/15/2004	D		\$100					
X			S		445471	5/24/2004	5/28/2004	K	5/24/2004	PI		\$7,500		\$7,500			
		X	C	X	445105	6/10/2004	6/11/2004	GG	6/10/2004	D		\$100		\$500			
X X			S R	X X	445450	6/24/2004 7/17/04	6/29/2004 7/22/04	IJ IJ	6/24/2004 Terminated	D D		\$3450 Terminated 7/17/04	26	\$88,050			
		X	S	X chg by CMS from G to IJ	445246	6/24/2004	6/29/2004	IJ	6/24/2004	PI and D CMS imposed PI for past noncomp		\$10,000 PI and \$300 D					

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**CMP LOG  
2004**

WTRO	MTRO	ETRO	*Origin of Visit	*Refer to CMS SMA	Provider Number	Date of Survey	Date Forwarded to CMS/SMA	Scope and Severity	Date of Imposition	*Type of Penalty (D or PI)	Appeal Y/N	Recommended Penalty Amount	Number of Days	Total Amount of Penalty	Amount Received	State Portion	*Date Paid
	X		S R	X	445137	6/24/2004 7/19/2004	N/A	E	7/19/2004	D		\$100					
X			C	X	445210	7/1/2004	7/6/2004	GG	7/1/2004	D		\$300					
X			S	X	445462	7/1/2004	7/7/2004	IJ	6/28/2004	PI		\$3,050		\$3,050			
X			S	X	445366	7/9/2004	7/14/2004	IJ	7/9/2004	D		\$3,050		\$64,050			
		X	C	X	445361	7/26/2004	7/27/2004	GG	7/26/2004	D		\$1,800					
		X	S	X	445207	7/29/2004	8/3/2004	GG	7/29/2004	D		\$300Recommended-CMS raised to \$700					
X			C	X	445280	8/5/2004	8/9/2004	GG	8/5/2004	PI		\$300					
X			S	X	445150	8/5/2004	8/10/2004	IJ	8/5/2004	PI		\$3150Recommended-CMS raised to \$5000		\$5,000			
X			S	X	445339	8/6/2004	8/11/2004	IJ	8/6/2004	D		\$3050Recommended-CMS raised to \$5000	20	\$100,000			
	X			X	445160	8/20/2004	8/24/2004	GG	8/20/2004	D		\$300					
	X		S	X	445312	9/8/2004	9/10/2004	IJ	9/8/2004	D		\$3150Recommended-CMS raised to \$7,50000					
		X	C	X	445351	9/10/2004	9/14/2004	IJ	9/10/2004	D		\$3,250					
		X	S	X	445361	9/9/2004	9/14/2003	GG	9/9/2004	D		\$2,000					
X			S	X	445337	9/15/2004	9/20/2004	IJ	9/15/2004	D		\$3,350	7	\$23,450			
		X	S	X	44E116	9/16/2004	9/20/2004	GG	9/16/2004	D		\$100	14	\$1,150.00	\$747.50	100%	12/7/2004
		X	C	X	445226	9/29/2004	9/30/2004	GG	9/29/2004	D		\$300					
	X		S	X	445148	9/20/2004	9/23/2004	IJ	9/20/2004	D		\$3,150					

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## CHAPTER NO. 862

## HOUSE BILL NO. 2581

**By Representatives Davis, Godsey, Casada, Clem, Sargent, Hargett, Gresham, Mumpower, Hagood, Montgomery, Vincent**

**Substituted for: Senate Bill No. 2312**

**By Senators Fowler, Crowe, Burchett, McLeary**

AN ACT to amend and repeal appropriate portions of Tennessee Code Annotated, Title 32, Chapter 11; Title 33; Title 34 and Title 68, relative to the "Tennessee Health Care Decisions Act".

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 11, is amended by adding the following as a new part 17:

Section 68-11-1701. This part may be cited as the "Tennessee Health Care Decisions Act."

Section 68-11-1702.

(a) As used in this part, unless the context clearly requires otherwise:

(1) "Advance directive" means an individual instruction or a written statement relating to the subsequent provision of health care for the individual, including, but not limited to, a living will or a durable power of attorney for health care.

(2) "Agent" means an individual designated in an advance directive for health care to make a health care decision for the individual granting the power.

(3) "Capacity" means an individual's ability to understand the significant benefits, risks, and alternatives to proposed health care and to make and communicate a health care decision.

(4) "Designated physician" means a physician designated by an individual or the individual's agent, guardian, or surrogate, to have primary responsibility for the individual's health care or, in the absence of a designation or if the designated physician is not reasonably available, a physician who undertakes such responsibility.

(5) "Guardian" means a judicially appointed guardian or conservator having authority to make a health care decision for an individual.

(6) "Health care" means any care, treatment, service or procedure to maintain, diagnose, treat, or otherwise affect an individual's physical or mental condition, and includes medical care as defined in § 32-11-103(5).

(7) "Health care decision" means consent, refusal of consent or withdrawal of consent to health care.

(8) "Health care institution" means a health care institution as defined in §68-11-1602.

(9) "Health care provider" means a person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care in the ordinary course of business of practice of a profession.

(10) "Individual instruction" means an individual's direction concerning a health care decision for the individual.

(11) "Person" means an individual, corporation, estate, trust, partnership, association, joint venture, government, governmental subdivision, agency, or instrumentality, or any other legal or commercial entity.

(12) "Personally informing" means a communication by any effective means from the patient directly to a health care provider.

(13) "Physician" means an individual authorized to practice medicine or osteopathy under Tennessee Code Annotated, Title 63, Chapters 6 or 9.

(14) "Power of attorney for health care" means the designation of an agent to make health care decisions for the individual granting the power.

(15) "Reasonably available" means readily able to be contacted without undue effort and willing and able to act in a timely manner considering the urgency of the patient's health care needs. Such availability shall include, but not be limited to, availability by telephone.

(16) "State" means a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, or a territory or insular possession subject to the jurisdiction of the United States.

(17) "Supervising health care provider" means the designated physician or, if there is no designated physician or the designated physician is not reasonably available, the health care provider who has undertaken primary responsibility for an individual's health care.

(18) "Surrogate" means an individual, other than a patient's agent or guardian, authorized under this part to make a health care decision for the patient.

(19) "Treating health care provider" means a health care provider who at the time is directly or indirectly involved in providing health care to the patient.

(b) The terms "principal", "individual", and "patient" may be used interchangeably in this part unless the context requires otherwise.

## Section 68-11-1703.

(a) An adult or emancipated minor may give an individual instruction. The instruction may be oral or written. The instruction may be limited to take effect only if a specified condition arises.

(b) An adult or emancipated minor may execute an advance directive for health care, which may authorize the agent to make any health care decision the principal could have made while having capacity. The advance directive must be in writing and signed by the principal. The advance directive must either be notarized or witnessed by two (2) witnesses. An advance directive remains in effect notwithstanding the principal's last incapacity and may include individual instructions. For the purposes of this section, a witness shall be a competent adult, who is not the agent, and at least one (1) of whom is not related to the principal by blood, marriage, or adoption and would not be entitled to any portion of the estate of the principal upon the death of the principal under any will or codicil made by the principal existing at the time of execution of the advance directive or by operation of law then existing. A written advance directive shall contain an attestation clause which attests that the witnesses comply with the requirements of this subsection.

(c) Unless otherwise specified in an advance directive, the authority of an agent becomes effective only upon a determination that the principal lacks capacity, and ceases to be effective upon a determination that the principal has recovered capacity.

(d) A determination that an individual lacks or has recovered capacity, or that another condition exists that affects an individual instruction or the authority of an agent, must be made by the designated physician. In making such determination, a designated physician is authorized to consult with such other persons as he or she may deem appropriate.

(e) An agent shall make a health care decision in accordance with the principal's individual instructions, if any, and other wishes to the extent known to the agent. Otherwise, the agent shall make the decision in accordance with the agent's determination of the principal's best interest. In determining the principal's best interest, the agent shall consider the principal's personal values to the extent known to the agent.

(f) A health care decision made by an agent for a principal is effective without judicial approval.

(g) An advance directive may include the individual's nomination of a guardian of the person.

(h) An advance directive that is executed outside of this state by a nonresident of this state at the time of execution shall be given effect in this state if that advance directive is in compliance with either the provisions of this part or the laws of the state of the principal's residence.

(i) No health care provider or institution, and no health care service plan, insurer issuing disability insurance, self-insured employee welfare benefit plan, or non profit hospital plan, shall require the execution or revocation of an advance directive as a condition for being insured for, or receiving, health care.

(j) Any living will, durable power of attorney for health care, or other instrument signed by the individual, complying with the terms of Tennessee Code Annotated, Title 32, Chapter 11, and a durable power of attorney for health care complying with the terms of Tennessee Code Annotated, Title 34, Chapter 6, Part 2, shall be given effect and interpreted in accord with those respective acts. Any advance directive that does not evidence an intent to be given effect under those acts but that complies with this act may be treated as an advance directive under this act.

Section 68-11-1704.

(a) An individual having capacity may revoke the designation of an agent only by a signed writing or by personally informing the supervising health care provider.

(b) An individual having capacity may revoke all or part of an advance directive, other than the designation of an agent, at any time and in any manner that communicates an intent to revoke.

(c) A decree of annulment, divorce, dissolution of marriage, or legal separation revokes a previous designation of a spouse as agent unless otherwise specified in the decree or in an advance directive.

(d) An advance directive that conflicts with an earlier advance directive revokes the earlier directive to the extent of the conflict.

Section 68-11-1705.

(a) The board for licensing health care facilities shall develop and issue appropriate model forms for advance directives that are consistent with provisions of this part.

(b) The board for licensing health care facilities is authorized to promulgate rules and regulations in order to implement the provisions of this part, in accordance with the provisions of Tennessee Code Annotated, Title 4, Chapter 5.

Section 68-11-1706.

(a) An adult or emancipated minor may designate any individual to act as surrogate by personally informing the supervising health care provider. The designation may be oral or written.

(b) A surrogate may make a health care decision for a patient who is an adult or emancipated minor if and only if: (1) the patient has been determined by the designated physician to lack capacity, and (2) no agent or guardian has been appointed or the agent or guardian is not reasonably available.

(c)

(1) In the case of a patient who lacks capacity, has not appointed an agent, has not designated a surrogate, and does not have a guardian, or whose agent, surrogate, or guardian is not reasonably available, the patient's surrogate shall be identified by the supervising health care provider and documented in the



current clinical record of the institution or institutions at which the patient is then receiving health care.

(2) The patient's surrogate shall be an adult who has exhibited special care and concern for the patient, who is familiar with the patient's personal values, who is reasonably available, and who is willing to serve. No person who is the subject of a protective order or other court order that directs that person to avoid contact with the patient shall be eligible to serve as the patient's surrogate.

(3) Consideration may be given in order of descending preference for service as a surrogate to:

(A) the patient's spouse, unless legally separated;

(B) the patient's adult child;

(C) the patient's parent;

(D) the patient's adult sibling;

(E) any other adult relative of the patient; or

(F) any other adult who satisfies the requirements of subdivision (c)(2) of this section.

(4) The following criteria shall be considered in the determination of the person best qualified to serve as the surrogate:

(A) Whether the proposed surrogate reasonably appears to be better able to make decisions either in accordance with the known wishes of the patient or in accordance with the patient's best interests;

(B) The proposed surrogate's regular contact with the patient prior to and during the incapacitating illness;

(C) The proposed surrogate's demonstrated care and concern;

(D) The proposed surrogate's availability to visit the patient during his or her illness; and

(E) The proposed surrogate's availability to engage in face-to-face contact with health care providers for the purpose of fully participating in the decision-making process.

(5) If none of the individuals eligible to act as a surrogate under this subsection (c) is reasonably available, the designated physician may make health care decisions for the patient after the designated physician either:

(A) Consults with and obtains the recommendations of an institution's ethics mechanism; or

(B) Obtains concurrence from a second physician who is not directly involved in the patient's health care, does not serve in a capacity of decision-making, influence, or responsibility over the designated physician, and is not under the designated physician's decision-making, influence, or responsibility.

(6) In the event of a challenge, there shall be a rebuttable presumption that the selection of the surrogate was valid. Any person who challenges the selection shall have the burden of proving the invalidity of that selection.

(d) A surrogate shall make a health care decision in accordance with the patient's individual instructions, if any, and other wishes to the extent known to the surrogate. Otherwise, the surrogate shall make the decision in accordance with the surrogate's determination of the patient's best interest. In determining the patient's best interest, the surrogate shall consider the patient's personal values to the extent known to the surrogate.

(e) A surrogate who has not been designated by the patient may make all health care decisions for the patient that the patient could make on the patient's own behalf, except that artificial nutrition and hydration may be withheld or withdrawn for a patient upon a decision of the surrogate only when the designated physician and a second independent physician certify in the patient's current clinical records that the provision or continuation of artificial nutrition or hydration is merely prolonging the act of dying and the patient is highly unlikely to regain capacity to make medical decisions.

(f) A health care decision made by a surrogate for a patient is effective without judicial approval.

(g)

(1) Except as provided in subdivision (2) of this subsection:

(A) Neither the treating health care provider nor an employee of the treating health care provider, nor an operator of a health care institution nor an employee of an operator of a health care institution may be designated as a surrogate; and

(B) A health care provider or employee of a health care provider may not act as a surrogate if the health care provider becomes the principal's treating health care provider.

(2) An employee of the treating health care provider or an employee of an operator of a health care institution may be designated as a surrogate if:

(A) The employee so designated is a relative of the principal by blood, marriage, or adoption; and

(B) The other requirements of this section are satisfied.

(h) A health care provider may require an individual claiming the right to act as surrogate for a patient to provide a written declaration under penalty of perjury stating facts and circumstances reasonably sufficient to establish the claimed authority.

Section 68-11-1707.

(a) Absent a court order to the contrary, a guardian shall comply with the patient's individual instructions and may not revoke the patient's advance directive.

(b) Absent a court order to the contrary, a health care decision of an agent takes precedence over that of a guardian.

(c) A health care decision made by a guardian for the patient is effective without judicial approval.

Section 68-11-1708.

(a) A designated physician who makes or is informed of a determination that a patient lacks or has recovered capacity, or that another condition exists which affects an individual instruction or the authority of an agent, guardian, or surrogate, shall promptly record the determination in the patient's current clinical record and communicate the determination to the patient, if possible, and to any person then authorized to make health care decisions for the patient.

(b) Except as provided in subsections (c), (d), and (e) of this section, a health care provider or institution providing care to a patient shall:

(1) comply with an individual instruction of the patient and with a reasonable interpretation of that instruction made by a person then authorized to make health care decisions for the patient; and

(2) comply with a health care decision for the patient made by a person then authorized to make health care decisions for the patient to the same extent as if the decision had been made by the patient while having capacity.

(c) A health care provider may decline to comply with an individual instruction or health care decision for reasons of conscience.

(d) A health care institution may decline to comply with an individual instruction or health care decision if the instruction or decision:

(1) is contrary to a policy of the institution which is based on reasons of conscience, and

(2) the policy was timely communicated to the patient or to a person then authorized to make health care decisions for the patient.

(e) A health care provider or institution may decline to comply with an individual instruction or health care decision that requires medically inappropriate health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution.

(f) A health care provider or institution that declines to comply with an individual instruction or health care decision pursuant to subsections (c), (d), or (e) of this section shall:

(1) promptly so inform the patient, if possible, and any person then authorized to make health care decisions for the patient;

(2) provide continuing care to the patient until a transfer can be effected or until the determination has been made that transfer cannot be effected;

(3) unless the patient or person then authorized to make health care decisions for the patient refuses assistance, immediately make all reasonable efforts to assist in the transfer of the patient to another health care provider or institution that is willing to comply with the instruction or decision; and

(4) if a transfer cannot be effected, the health care provider or institution shall not be compelled to comply.

Section 68-11-1709. Unless otherwise specified in an advance directive, a person then authorized to make health care decisions for a patient has the same rights as the patient to request, receive, examine, copy, and consent to the disclosure of medical or any other health care information.

Section 68-11-1710.

(a) A health care provider or institution acting in good faith and in accordance with generally accepted health care standards applicable to the health care provider or institution is not subject to civil or criminal liability or to discipline for unprofessional conduct for:

(1) complying with a health care decision of a person apparently having authority to make a health care decision for a patient, including a decision to withhold or withdraw health care;

(2) declining to comply with a health care decision of a person based on a belief that the person then lacked authority; or

(3) complying with an advance directive and assuming that the directive was valid when made and has not been revoked or terminated.

(b) An individual acting as agent or surrogate under this part is not subject to civil or criminal liability or to discipline for unprofessional conduct for health care decisions made in good faith.

(c) A person identifying a surrogate under this part is not subject to civil or criminal liability or to discipline for unprofessional conduct for such identification made in good faith.

Section 68-11-1711.

(a) A health care provider or institution that intentionally violates this part is subject to liability to the aggrieved individual for damages of two thousand five hundred dollars (\$2,500) or actual damages resulting from the violation, whichever is greater, plus reasonable attorney's fees and costs.

(b) A person who intentionally falsifies, forges, conceals, defaces, or obliterates an individual's advance directive or a revocation of an advance directive without the individual's consent, or who coerces or fraudulently induces an individual to give, revoke, or not to give an advance directive, is subject to liability to that individual for damages of two thousand five hundred dollars (\$2,500) or actual damages resulting from the action, whichever is greater, plus reasonable attorney's fees and costs.

Section 68-11-1712.

(a) This part does not affect the right of an individual to make health care decisions while having capacity to do so.

(b) An individual is presumed to have capacity to make a health care decision, to give or revoke an advance directive, and to designate or disqualify a surrogate.

Section 68-11-1713. A copy of a written advance directive, revocation of an advance directive, or designation or disqualification of a surrogate has the same effect as the original.

Section 68-11-1714.

(a) This part does not create a presumption concerning the intention of an individual who has not made or who has revoked an advance directive.

(b) Death resulting from the withholding or withdrawal of health care in accordance with this part does not for any purpose constitute a suicide or homicide or legally impair or invalidate a policy of insurance or an annuity providing a death benefit, notwithstanding any term of the policy or annuity to the contrary.

(c) The withholding or withdrawal of medical care from a patient in accordance with the provisions of this part shall not, for any purpose, constitute a suicide, euthanasia, homicide, mercy killing, or assisted suicide.

(d) This part does not authorize a surrogate to give consent for or take any action on behalf of a patient on any matter governed by Tennessee Code Annotated, Title 33.

Section 68-11-1715. On petition of a patient, the patient's agent, guardian, or surrogate, a health care provider or institution involved with the patient's care, or an individual described in Section 68-11-1706(c)(5), a court of competent jurisdiction may enjoin or direct a health care decision or order other equitable relief. A proceeding under this section shall be expedited on the court's civil dockets.

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 140, Part 6, is amended by deleting the part in its entirety.

SECTION 3. Tennessee Code Annotated, Section 68-11-224, is amended by deleting the section in its entirety and by substituting instead the following:

(a) A universal do not resuscitate order may be issued by a physician for his patient with whom he has a bona fide physician/patient relationship, but only:

(1) with the consent of the patient; or

(2) if the patient is a minor or is otherwise incapable of making an informed decision regarding consent for such an order, upon the request of and with the consent of the agent, surrogate, or other person authorized to consent on the patient's behalf under the Tennessee Health Care Decisions Act; or

(3) if the patient is a minor or is otherwise incapable of making an informed decision regarding consent for such an order and the agent, surrogate, or other person authorized to consent on the patient's behalf under the Tennessee Health Care Decisions Act is not reasonably available, the physician determines that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards.

(b) If the patient is an adult who is capable of making an informed decision, the patient's expression of the desire to be resuscitated in the event of cardiac or respiratory arrest shall revoke a universal do not resuscitate order. If the patient is a minor or is otherwise incapable of making an informed decision, the expression of the desire that the patient be resuscitated by the person authorized to consent on the patient's behalf shall revoke a universal do not resuscitate order. Nothing in this section shall be construed to require cardiopulmonary resuscitation of a patient for whom the physician determines cardiopulmonary resuscitation is not medically appropriate.

(c) Universal do not resuscitate orders issued in accordance with this section shall remain valid and in effect until revoked. In accordance with this section and applicable regulations, (1) qualified emergency medical services personnel, and (2) licensed health care practitioners in any facility, program or organization operated or licensed by the board for licensing health care facilities or by the department of mental health and developmental disabilities or operated, licensed, or owned by another state agency are authorized to follow universal do not resuscitate orders that are available to them in a form approved by the board for licensing health care facilities.

(d) Nothing in this section shall authorize the withholding of other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or to alleviate pain.

(e) For the purposes of this section:

(1) "Emergency responder" means a paid or volunteer firefighter, law enforcement officer, or other public safety official or volunteer acting within the scope of his or her proper function under law or rendering emergency care at the scene of an emergency.

(2) "Health care provider" shall have the same meaning as ascribed to that term in Tennessee Code Annotated Section 68-11-1702(a)(9), and shall

include, but shall not be limited to, qualified emergency medical services personnel.

(3) "Person authorized to consent on the patient's behalf" means any person authorized by law to consent on behalf of the patient incapable of making an informed decision or, in the case of a minor child, the parent or parents having custody of the child or the child's legal guardian or as otherwise provided by law.

(4) "Qualified emergency medical service personnel" shall include, but shall not be limited to, emergency medical technicians, paramedics, or other emergency services personnel, providers, or entities acting within the usual course of their professions, and other emergency responders.

(5) "Universal do not resuscitate order" means a written order that applies regardless of the treatment setting and that is signed by the patient's physician which states that in the event the patient suffers cardiac or respiratory arrest, cardiopulmonary resuscitation should not be attempted.

(f) If a person with a universal do not resuscitate order is transferred from one health care facility to another health care facility, the health care facility initiating the transfer shall communicate the existence of the universal do not resuscitate order to the receiving facility prior to the transfer. The transferring facility shall assure that a copy of the universal do not resuscitate order accompanies the patient in transport to the receiving health care facility. Upon admission, the receiving facility shall make the universal do not resuscitate order a part of the patient's record.

(g) This section shall not prevent, prohibit, or limit a physician from issuing a written order, other than a universal do not resuscitate order, not to resuscitate a patient in the event of cardiac or respiratory arrest in accordance with accepted medical practices. This section shall have no application to any do not resuscitate order that is not a "universal do not resuscitate order," as defined in this section.

(h) Valid do not resuscitate orders or emergency medical services do not resuscitate orders issued before July 1, 2004, pursuant to the then-current law, shall remain valid and shall be given effect as provided in this section.

(i)

(1) The board for licensing health care facilities shall promulgate rules and create forms regarding procedures for the withholding of resuscitative services from patients in accordance with the provisions of this act and this section.

(2) The rules shall address:

(A) The mechanism or mechanisms for reaching decisions about the withholding of resuscitative services from individual patients;

(B) The mechanism or mechanisms for resolving conflicts in decision making, should they arise; and

(C) The roles of physicians and, when applicable, of nursing personnel, other appropriate staff, and family members in the decision to withhold resuscitative services.

(3) The rules shall include provisions designed to assure that patients' rights are respected when decisions are made to withhold resuscitative services and shall include the requirement that appropriate orders be written by the physician primarily responsible for the patient, and that documentation be made in the patient's current clinical record if resuscitative services are to be withheld.

(4) The provisions of this section shall not be construed or implemented in any manner which restricts or impairs the decision-making authority of the agent, surrogate, or other person designated in the Tennessee Health Care Decisions Act. This section does not authorize a surrogate to give consent for or take any action on behalf of a patient on any matter governed by Tennessee Code Annotated, Title 33.

(j) A health care provider or institution acting in good faith and in accordance with generally accepted health care standards applicable to the health care provider or institution is not subject to civil or criminal liability for:

(1) complying with a universal do not resuscitate order;

(2) declining to comply with a universal do not resuscitate order based on a reasonable belief that the order then lacked validity; or

(3) complying with a universal do not resuscitate order and assuming that the order was valid when made and has not been revoked or terminated.

SECTION 4. The Tennessee Right to Natural Death Act, Tennessee Code Annotated, Title 32 Chapter 11, is amended by adding the following as a new, appropriately designated section:

Section 32-11-\_\_\_\_\_.

(a) A living will entered into before July 1, 2004 under this chapter shall be given effect and interpreted in accord with this chapter.

(b) A living will entered into on or after July 1, 2004 that evidences an intent that it is entered into under this chapter shall be given effect and interpreted in accord with this chapter.

(c) A living will entered into on or after July 1, 2004 that does not evidence an intent that it is entered into under this chapter may, if it complies with the provisions of the Tennessee Health Care Decisions Act, Tennessee Code Annotated, Title 68, Chapter 11, Part 17, be given effect as an individual instruction under that act.

SECTION 5. Tennessee Code Annotated, Title 34, Chapter 6, Part 2, is amended by adding the following language as a new, appropriately designated section:

Section 34-6-\_\_\_\_\_.



(a) A durable power of attorney for health care entered into before July 1, 2004 under this part shall be given effect and interpreted in accord with this part.

(b) A durable power of attorney for health care entered into on or after July 1, 2004 that evidences an intent that it is entered into under this part shall be given effect and interpreted in accord with this part.

(c) A durable power of attorney for health care entered into on or after July 1, 2004 that does not evidence an intent that it is entered into under this part may, if it complies with the provisions of the Tennessee Health Care Decisions Act, Tennessee Code Annotated, Title 68, Chapter 11, Part 17, be given effect as an advance directive under that act.

SECTION 6. For purposes of rulemaking this act shall take effect on becoming a law, for all other purposes, this act shall take effect July 1, 2004, the public welfare requiring it.

**PASSED: May 20, 2004**

  
JIMMY RAIFEH, SPEAKER  
HOUSE OF REPRESENTATIVES

  
JOHN S. WILDER  
SPEAKER OF THE SENATE

**APPROVED this 8<sup>th</sup> day of June 2004**

  
PHIL BREDESEN, GOVERNOR

# Facilities Sprinklered Status Nursing Homes

**Note:** Nursing Homes not appearing on this list are fully sprinklered. Newly sprinklered facilities will be removed the month following inspection approval.

**Note:** Smoke detector installation, signage, and posting requirements for the following facilities is being confirmed upon survey.

**\*Exempt:** T.C.A. 68-11-235 exempts nursing homes that choose to completely replace the facility as an alternative to sprinklering the existing facility. These facilities have obtained approval from the Health Services and Development Agency and have submitted plans to the Department for such. The replacement facility must be in construction beyond the footing stage within three (3) years of July 1, 2004.

<b>EAST TENNESSEE REGION: Nursing Homes</b>		<b>Number of Stories</b>	<b>Date Plans Submitted to DOH</b>	<b>Date Plans Approved by DOH</b>	<b>DOH Onsite Inspection Approval Date</b>
<b>Facility Name</b>	<b>City</b>				
ASBURY PLACE AT JOHNSON CITY	JOHNSON CITY	6			
BAPTIST CONVALESCENT CENTER	NEWPORT	1	1/10/2005		
BRISTOL NURSING HOME	BRISTOL	2	7/6/2004	11/10/2004	
DURHAM-HENSLEY NURSING HOME	CHUCKEY	1	10/22/2004	11/15/2004	2/22/2005
FARRAGUT HEALTH CARE CENTER	KNOXVILLE	1	9/9/2004	10/20/2004	
FORT SANDERS SEVIER NURSING HOME	SEVIERVILLE	1	11/17/2004	12/1/2004	
HILLCREST SOUTH	KNOXVILLE	1	7/6/2004	11/18/2004	
JOHN M REED NURSING HOME	LIMESTONE	1	8/17/2004	8/31/2004	
LAKE CITY HEALTH CARE CENTER	LAKE CITY	1	8/20/2004		
LOUDON HEALTH CARE CENTER	LOUDON	1			
ONEIDA NURSING & REHABILITATION CENTER	ONEIDA	1			
ROCKWOOD CARE & REHABILITATION CENTER	ROCKWOOD	1	1/20/2005	2/16/2005	
SEVIER COUNTY HEALTH CARE CENTER	SEVIERVILLE	1	12/23/2004	12/28/2004	
ST BARNABAS NURSING HOME	CHATTANOOGA	4	CN0308-069A	Exempt*	
ST MARY'S HEALTH & REHABILITATION CENTER	LAFOLLETTE	3	12/13/2004	1/20/2005	
UNICOI CO NURSING HOME	ERWIN	1	1/20/2005		

Total Facilities: 14

Total Exempt & scheduled for replacement: 1

**MIDDLE TENNESSEE REGION:  
Nursing Homes**

DOH Onsite

Facility Name	City	Number of Stories	Date Plans Submitted to DOH	Date Plans Approved by DOH	Inspection Approval Date
BEDFORD COUNTY NURSING HOME	SHELBYVILLE	1	11/18/2004	12/22/2004	
BELCOURT TERRACE NURSING HOME	NASHVILLE	1			
CRESTVIEW NURSING HOME INC	NASHVILLE	3	9/2/2004	9/16/2004	
ERLANGER BLEDSOE MEDICAL SNF	PIKEVILLE	1			
GALLATIN HEALTH CARE CENTER	GALLATIN	1	12/10/2004	2/9/2005	
HARPETH TERRACE CONVALESCENT CENTER	FRANKLIN	1			
HIGHLAND MANOR	PORTLAND	1	6/16/2004	7/8/2004	Requested
NHC HEALTHCARE, SPARTA	SPARTA	1	12/31/2003	9/21/2004	
NHC HEALTHCARE, SPRINGFIELD	SPRINGFIELD	1	2/20/2004	6/18/2004	
OVERTON COUNTY NURSING HOME	LIVINGSTON	2	11/12/2004	12/1/2004	
PEACHTREE CENTER NURSING & REHABILITATION	SMYRNA	1	1/26/2005		
QUALITY CARE HEALTH CENTER	LEBANON	1	11/17/2004	11/19/2004	
SOUTHERN TN MEDICAL CENTER SNF	WINCHESTER	1			
THE PALACE	RED BOILING SPRINGS	1			

Total Facilities: 14

Total Exempt & scheduled for replacement: 0

**WEST TENNESSEE REGION:  
Nursing Homes**

DOH Onsite

Facility Name	City	Number of Stories	Date Plans Submitted to DOH	Date Plans Approved by DOH	Inspection Approval Date
ATRIUM OF MEMPHIS (formerly Heartland)	MEMPHIS	4	6/8/2004		
BAILEY PARK COMMUNITY LIVING CENTER	HUMBOLDT	1			
BRIARWOOD COMMUNITY LIVING CENTER	LEXINGTON	1			
CLARKSVILLE MANOR	CLARKSVILLE	1	8/17/2004	12/1/2004	
COURT MANOR	MEMPHIS	1	Intend to Replace		
CRESTVIEW HEALTH CARE CENTER	BROWNSVILLE	1	8/17/2004	9/24/2004	
DECATUR COUNTY MANOR	PARSONS	1	2/2/2005		
DOUGLAS NURSING HOME	MILAN	1	12/8/2004	12/21/2004	
FOREST COVE MANOR	JACKSON	1	4/8/2004	4/16/2004	
GENERAL CARE CONVALESCENT CENTER	CLARKSVILLE	1	2/3/2004	3/10/2004	
HARDIN HOME	SAVANNAH	1			
LAUDERDALE COMM LIVING CENTER	RIPLEY	1			
METHODIST HEALTHCARE SNF	MEMPHIS	1			
MILAN HEALTH CARE CENTER	MILAN	1			
MISSION CONVALESCENT HOME	JACKSON	1	11/17/2004	12/13/2004	
NHC HEALTHCARE, LAWRENCEBURG	LAWRENCEBURG	1	3/15/2004	7/14/2004	
NHC HEALTHCARE, MILAN	MILAN	1	3/1/2004	3/17/2004	
OAK MANOR HEALTH CARE CENTER	MC KENZIE	1			
OAKWOOD COMMUNITY LIVING CENTER	DYERSBURG	1			
OVERTON PARK CARE CENTER	MEMPHIS	2	11/4/2004	12/21/2004	
PALMYRA HEALTH CARE	PALMYRA	1	12/21/2004	12/23/2004	
PARIS MANOR NURSING & REHABILITATION CENTER	PARIS	1	CN0311-96A	Exempt*	
QUALITY CARE CENTER OF MEMPHIS	MEMPHIS	1			
SENIOR CARE	MEMPHIS	1			
TRENTON HEALTH CARE	TRENTON	1	8/20/2004	9/17/2004	
UNION CITY MANOR	UNION CITY	1			
VAN AYER MANOR	MARTIN	1	1/10/2005		
WAYNE COUNTY NURSING HOME	WAYNESBORO	1			
WEAKLEY COUNTY NURSING HOME	DRESDEN	1			
WESLEY AT DYERSBURG	DYERSBURG	1			
WHITEHAVEN COMMUNITY LIVING	MEMPHIS	1			

Total Facilities: 30

Total Exempt & scheduled for replacement: 1

**Statewide: 342**  
**Nursing Homes**

Total Not in Compliance: 58

Total Exempted & scheduled for replacement: 2

Pending Onsite: 1

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**Deficiency Free Surveys  
January 1, 2004 through December 31, 2004**

East Tennessee Regional Office

Name of Facility	Date of Survey
Blount Memorial Trans. Care Ctr.	09/16/2004
Briarcliff Health Care Ctr.	04/01/2004
Fort Sanders TCU	05/11/2004
Princeton Trans. Care at North	02/04/2004
Wellmont Bristol Regional Ctr. SNF	09/30/2004

MiddleTennessee Regional Office

Name of Facility	Date of Survey
Belcourt Terrace Nursing Home	10/12/2004
Clay County Nursing Home	03/10/2004
Erlinger Bledsoe SNF	05/17/2004
Moutainview Rehab and Nursing	08/04/2004
NHC Place at Cool Springs	05/10/2004
Vanco Manor Nursing Center	11/03/2004

West Tennessee Regional Office

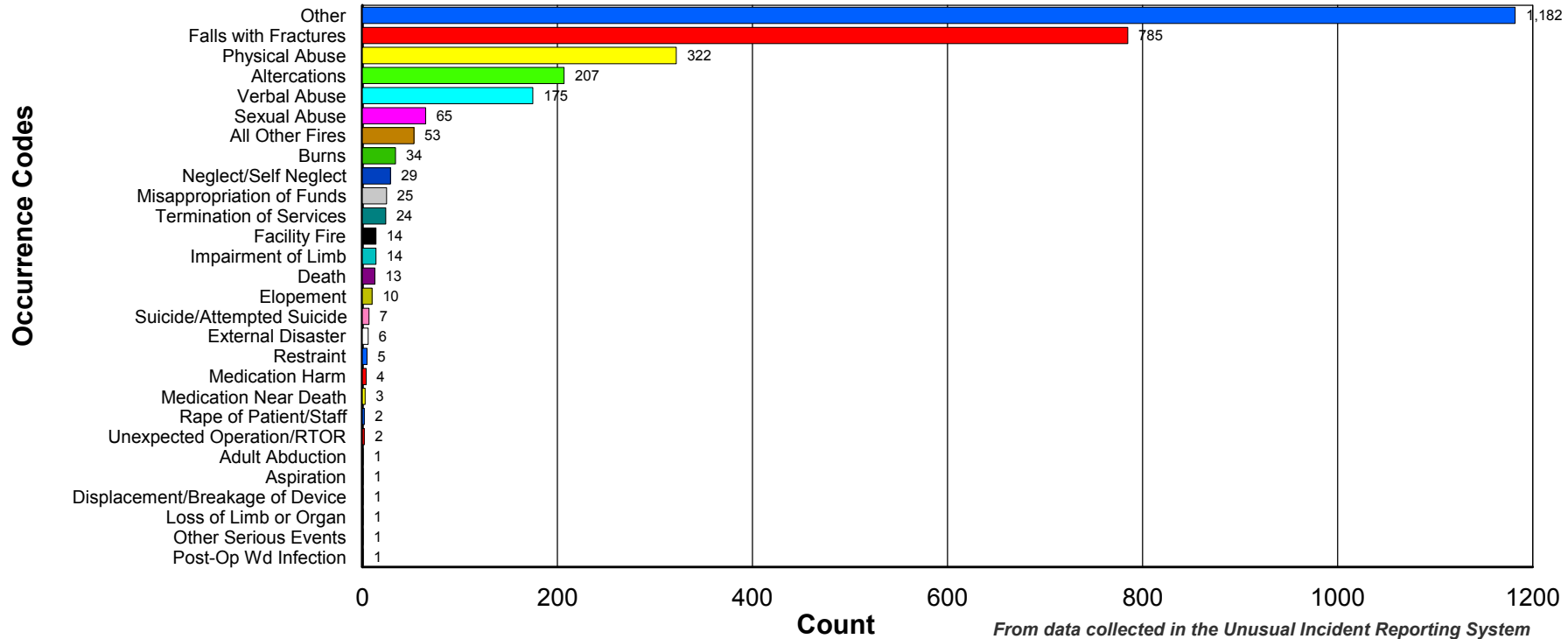
No deficiency free surveys in 2004.



Reported Events from: 1/1/2004 to 12/31/2004  
for Long Term Care

# Unusual Event Reports

## Statewide Distribution of Primary Occurrence Code by Provider Type



Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
901 - Other	1,182	39.57%	1,478	79.97%
751 - Falls with Fractures	785	26.28%	1,232	63.72%
968 - Physical Abuse	322	10.78%	351	91.74%
964 - Altercations	207	6.93%	228	90.79%
970 - Verbal Abuse	175	5.86%	190	92.11%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.



<b>Occurrence Code Description</b>	<b>Total Occurrences</b>	<b>Percentage</b>	<b>Total Occurrences All Providers</b>	<b>Percentage of All Providers</b>
969 - Sexual Abuse	65	2.18%	79	82.28%
936 - All Other Fires	53	1.77%	76	69.74%
701 - Burns	34	1.14%	60	56.67%
971 - Neglect/Self Neglect	29	0.97%	36	80.56%
972 - Misappropriation of Funds	25	0.84%	36	69.44%
933 - Termination of Services	24	0.80%	36	66.67%
935 - Facility Fire	14	0.47%	25	56.00%
918 - Impairment of Limb	14	0.47%	43	32.56%
915 - Death	13	0.44%	89	14.61%
923 - Elopement	10	0.33%	15	66.67%
922 - Suicide/Attempted Suicide	7	0.23%	15	46.67%
932 - External Disaster	6	0.20%	9	66.67%
966 - Restraint	5	0.17%	6	83.33%
108 - Medication Harm	4	0.13%	10	40.00%
109 - Medication Near Death	3	0.10%	26	11.54%
963 - Rape of Patient/Staff	2	0.07%	3	66.67%
819 - Unexpected Operation/RTOR	2	0.07%	132	1.52%
962 - Adult Abduction	1	0.03%	1	100.00%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.





Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
201 - Aspiration	1	0.03%	5	20.00%
806 - Displacement/Breakage of Device	1	0.03%	31	3.23%
917 - Loss of Limb or Organ	1	0.03%	7	14.29%
937 - Other Serious Events	1	0.03%	1	100.00%
808 - Post-Op Wd Infection	1	0.03%	256	0.39%

Total Occurrences for Provider Type: Long Term Care  
 counting Reported Events from: 1/1/2004 to 12/31/2004      2,987

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT.	OCT.	NOV.	DEC.	YTD	03	02	01
<b>TOTAL COMPLAINTS</b>	177	157	199	164	145	160	155	152	167	144	121	95	1836	2059	2198	1,686
<b>PRIORITY OF COMPLAINT</b>																
Total Priority 1	27	12	25	26	19	17	14	22	17	17	12	13	221	210	217	225
Total Priority 2	99	98	120	99	82	91	87	100	103	88	68	50	1085	1050	1,123	659
Total Priority 3	49	47	52	39	41	50	54	28	47	38	41	30	516	767	752	748
Total Priority 4	1	0	1	0	3	2	0	2	0	1	0	2	12	26	67	40
Total Priority 5	1	0	1	0	0	0	0	0	0	0	0	0	2	6	39	14
<b>PERCENTAGES</b>																
Priority 1	27	12	25	26	19	17	14	22	17	17	12	13	221	210	217	225
% of Total	15.25%	7.64%	12.56%	15.85%	13%	11%	9%	14%	10%	12%	10%	14%	12%	10%	10%	13%
Priority 2	99	98	120	99	82	91	87	100	103	88	68	50	1,085	1,050	1,123	659
% of Total	55.93%	62.42%	60.30%	60.37%	57%	57%	56%	66%	62%	61%	56%	53%	59%	51%	51%	39%
Priority 3	49	47	52	39	41	50	54	28	47	38	41	30	516	767	752	748
% of Total	27.68%	29.94%	26.13%	23.78%	28%	31%	35%	18%	28%	26%	34%	32%	28%	37%	34%	44%
Priority 4	1	0	1	0	3	2	0	2	0	1	0	2	12	26	67	40
% of Total	0.56%	0.00%	0.50%	0.00%	2%	1%	0%	1%	0%	1%	0%	2%	1%	1%	3%	2%
Priority 5	1	0	1	0	0	0	0	0	0	0	0	0	2	6	39	14
% of Total	0.56%	0.00%	0.50%	0.00%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	1%

ALLEGATION/COMPLAINT	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT.	OCT.	NOV.	DEC.	YTD	03	02	01
Patient/Resident Abuse	30	15	29	31	17	23	16	26	17	22	17	12	255	291	397	299
Patient/Resident Neglect	78	87	92	82	59	76	74	80	88	69	64	48	897	885	1027	413
Patient/Resident Rights	44	45	57	48	43	58	44	68	52	55	39	29	582	522	768	355
Refused Emergency Care	5	3	1		1	5	2	12	4	3	1	2	39	35	35	20
Environment (living)	18	27	20	12	11	17	20	23	25	18	8	10	209	323	273	199
Care or Services	219	193	190	174	172	195	187	182	207	186	141	107	2153	1902	1849	1310
Dietary/Food Services	12	15	25	20	15	11	12	20	22	23	16	11	202	230	171	158
Misuse Funds/Property	2	3	5	1	2	4		3	4	5	1	5	35	45	47	31
Unqualified Nurse Aide	4	2	3	3	2	1	3	1	1	4	3		27	2	5	1
Falsification of Records/Reports	3	1	3	3	2	1	1	2	1	4	1	1	23	21	35	18
Unqualified Personnel/Staff	12	9	8	11	7	8	9	8	13	11	6	5	107	48	70	59
Speciman Handling	2	3	2	2	3	1	3	3	1	1	1		22	20	2	1
Wrong Diagnosis	1		3	1	1		1				2		9	1	1	1
Errors in Test Results (Lab)	1										1		2	2	2	0
Death/Transfusion Death	7	7	6	6	7	2	7	9	11	4	3	3	72	72	8	7
Other (specify)	49	63	101	53	55	76	100	72	123	60	68	63	883	454	219	214
<b>Total</b>	<b>487</b>	<b>473</b>	<b>545</b>	<b>447</b>	<b>397</b>	<b>478</b>	<b>479</b>	<b>509</b>	<b>569</b>	<b>465</b>	<b>372</b>	<b>296</b>	<b>5517</b>	<b>4853</b>	<b>4909</b>	<b>3086</b>

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT.	OCT.	NOV.	DEC.	YTD	03	02	01
<b>FACILITY TYPES</b>																
Hospitals	15	26	21	21	15	18	21	18	26	8	11	12	212	235	246	181
Prescribed Child Care	0												0	0	0	0
Nursing Homes	108	73	117	89	84	96	93	81	100	93	73	57	1064	1243	1435	1158
ASTC	1	1					1		1				4	6	5	4
Homes for Aged	7	4	8	7	7	3	10	5	8	7	2	4	72	56	84	65
Residential Hospice													0	0	0	0
RRTF						1					1		2	0	1	3
NRTF	1	1		1		2	1	1	1		1	4	13	10	5	6
PPTF									1				1	0	0	0
NRNTF											1		1	2	8	3
Halfway House						1						1	2	1	1	2
RDTF				1		1							2	4	3	3
DUI	1				1								2	1	0	0
Birth Centers													0	0	0	0
ACLF	7	19	16	16	13	9	7	13	12	8	9	4	133	123	144	137
HHA	2	2	4	4	4	3	2		3	5		1	30	35	53	59
Hospice	1				1	2		2		2			8	16	11	5
HIV													0	0	0	0
HME	2		2	1	1		2			1	1		10	6	5	8
Pediatric Emergency Care									1				1	2	0	0
CLIA	1				1	1	1	1		1	3		9	7	5	9
ICF/MR	28	29	31	23	17	20	14	26	10	17	17	10	242	297	140	47
ESRD	3	2		1	1	1	2	3	3	2	2		20	11	27	14
OPT							1						1	2	1	
Rural Health Clinic						1						1				
Professional Support Services						1										
CORF								1								
Unlicensed	5	1	3	1	1	4	3	1			2		21	18	32	10
<b>TOTAL</b>	<b>182</b>	<b>158</b>	<b>202</b>	<b>165</b>	<b>146</b>	<b>164</b>	<b>158</b>	<b>152</b>	<b>166</b>	<b>144</b>	<b>123</b>	<b>94</b>	<b>1,850</b>	<b>2,075</b>	<b>2,206</b>	<b>1,714</b>