



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

**TENNESSEE DEPARTMENT OF HEALTH
MEMORANDUM**

Date: March 4, 2015

To: Woody McMillin, Director of Communication and Media Relations

From: Wanda E. Hines, Board Administrator

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

Date of Meeting: March 24, 2015

Time: 1:00 p.m. – 3:00 p.m., CDT

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

Major Item(s) on Agenda: See attachment.

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

PH-1850 (Rev. 3/79)

RDA N/A

AGENDA

**BOARD FOR LICENSING HEALTH CARE FACILITIES
FACILITIES CONSTRUCTION STANDING COMMITTEE MEETING**

665 Mainstream Drive, First Floor

Poplar Conference Room

Nashville, TN 37243

1:00 p.m. – 3:00 p.m.

March 24, 2015

1. Call the Meeting to Order and Establish a Quorum.
2. Consider Definition/Language for “beds” in Facility Regulation(s).
3. NFPA 99 17.3.5 including all applicable Codes pertaining to Hard Piped Gas, Suction Systems, & Ventilator Service(s)/Unit(s).
4. HVAC Issue; Assisted Care Living Facility Rule 1200-08-25-.16(4).
5. Other Discussion(s).
6. Public Comments.
7. Adjourn.

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
FACILITIES CONSTRUCTION STANDING COMMITTEE MEETING
MARCH 24, 2015

The Board for Licensing Health Care Facilities' Facilities Construction Standing Committee meeting began on March 24, 2015. David Rhodes was unanimously nominated and voted as Chairman of the standing committee.

A quorum roll call vote was taken:

Mr. David Rhodes – here
Dr. Kenneth Robertson – here
Ms. Diana Miller – here
Dr. René Saunders – here

A quorum was established.

Ann Reed, Director of the Board for Licensing Health Care Facilities, provided background to the purpose of this standing committee and its formation. The Facilities Construction Standing Committee was developed as a result of a Board for Licensing Health Care Facilities' Q&A. The purpose of this standing committee is to address all relevant issues relating to the provision of services in and the applicability of the rules and regulations for all facility types as it relates to facility construction and relevant building codes.

The first discussion item was consideration of the definition/language for the term "beds" in all applicable facility regulations. The committee members indicated one bed equals one patient and that licensing capacity should be based upon residents. **A motion was made by Diana Miller that beds intended to represent an individual when a facility has licensed beds, seconded by Dr. Kenneth Robertson.** Further discussion ensued after the motion resulting in an **amendment to the motion by Dr. Robertson that licensing capacity be based upon number of residents except for hospitals, seconded by Ms. Miller.** **The motion passed with rulemaking to occur after OGC review of all regulations for appropriate inclusion. The above motion also resulted in the development of an interpretative guideline (IG) until rulemaking complete.**

The next discussion item was NFPA 99 17.3.5 including all applicable codes pertaining to hard piped gas, suction systems, and ventilator service(s)/unit(s). Gene Gantt was present with Ben Stiles to present to the standing committee expertise on the issue. Mr. Gantt and Mr. Stiles informed the standing committee that current ventilators use low flow oxygen and cylinder gas, have battery backup lasting 6 hours, and have battery operated concentrators. The presentation by Mr. Gantt and Mr. Stiles emphasized the impactful results for vent weaning in Tennessee. They also recognized that the definition of a ventilator dependent has changed. Ventilator use has health aspects, but building codes limit ventilators to hard pipe gas for operation. Bill Harmon, Facilities Construction Director, indicated Plans Review staff needs guidance from a building and codes perspective when plans are submitted for ventilator units, but no hard piped gas system is found. Mr. Gantt along with administrative staff are to

develop a guidance for the Plans Review staff as an exception to the NFPA hard piped gas requirements and to also address the oxygen needs of residents.

The final item for discussion was the HVAC issue in the assisted care living facility (ACLF) regulation, 1200-08-25-.16(4). The issue at hand relates specifically to the disaster plan for facilities. Facilities that have been cited for this have asked what is considered "essential services" as contained in the above regulation. Dr. Robertson stated his interpretation of the current rule is that the use of the HVAC would be based upon the contents of the facility's disaster plan so the plan would define the essential needs. TNCAL representative, Brett McReynolds, and THCA representation, Linda Jennings Estes, offered the placement of "shelter in place" language in the regulations. The nursing home regulations for disaster preparedness, HVAC, and essential needs were presented to the standing committee members. **A motion was made by Dr. Robertson to use nursing home regulation, 1200-08-06-.14(2)(a)2 language at ACLF regulations, 1200-08-25-.16(4) and home for the aged (RHA) regulation, 1200-08-11-.13(3) and delete the current language found at ACLF and RHA (4) and (3), seconded by Ms. Miller. The motion passed.**

Mr. Rhodes adjourned the standing committee meeting.