



**Tennessee Department of Health, Division of Health Licensure and Regulation  
Office of Health Care Facilities OCRC/Linton On-Site Survey**

Date \_\_\_\_\_ (Pursuant to Title VI of the Civil Rights act 1964 and Section 504 of the Rehabilitation Act of 1973)

Name of Facility \_\_\_\_\_ Provider # \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
 (Street) (City) (County) (Zip Code)

Administrator \_\_\_\_\_ Title VI/Section 504 Coordinator \_\_\_\_\_ Single Admission List Coordinator \_\_\_\_\_

Licensed Beds \_\_\_\_\_ Average Census \_\_\_\_\_ Today Census \_\_\_\_\_

SNF Medicare Beds \_\_\_\_\_ # of Medicaid Patients \_\_\_\_\_

Medicaid Beds NF \_\_\_\_\_ Dually Certified \_\_\_\_\_ # of Medicaid Patients \_\_\_\_\_

# of Patient Discharges in past year \_\_\_\_\_ SNF \_\_\_\_\_ NF \_\_\_\_\_

# of Board of Directors Members \_\_\_\_\_ # of Minorities \_\_\_\_\_ # of Non-Minorities \_\_\_\_\_ # of Handicap \_\_\_\_\_

Single Admission Members \_\_\_\_\_ # of Minorities \_\_\_\_\_ # of Non-Minorities \_\_\_\_\_

# of Handicap Program Participants \_\_\_\_\_ # of Minorities \_\_\_\_\_ # of Non-Minorities \_\_\_\_\_

Proprietary \_\_\_\_\_ Non-Profit \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

<b>Patient Characteristics</b>	<b>Minority</b>	<b>Non-Minority</b>	<b>Total</b>
Male			
Female			
Medicare SNF			
Medicaid SNF			
Medicaid NF			
Private Pay			
Other Pay			
# of Handicap			

# of applicants denied admission within the past year \_\_\_\_\_ State Reason: \_\_\_\_\_

**STAFF CHARACTERISTICS**

	MINORITY		NON-MINORITY		OTHER		TOTAL
	FULL-TIME	PART-TIME	FULL-TIME	PART-TIME	FULL-TIME	PART-TIME	
Administrative							
Clerical							
Dietary							
RN							
LPN							
Nurse Assistants							
Housekeeping							
Maintenance							
Counselors							
Social Workers							
Activities							
Specialized Rehab							
Consultants							
Other Staff Positions							
<b>TOTAL</b>							

Surveyor \_\_\_\_\_

Date \_\_\_\_\_

1200-8-16-.02 REQUIREMENTS FOR CIVIL RIGHTS COMPLIANCE

The Board for Licensing Health Care Facilities may deny, suspend, or revoke a facility’s license, or otherwise discipline the facility for violations of the following requirements pursuant to T.C.A. 68-11-207 and 68-1-113. Licensed health care facilities must comply with the following:

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p><b>1200-8-16-.02(1)</b></p> <p>1. The Facility’s policies regarding deposits, extension of credit and other financial matters are applied uniformly and without regard to race.</p> <p>Information regarding the price and availability of accommodation is uniformly made available to all.</p> <p><b>1200-8-16-.02(3)(5)</b></p> <p>2. The policy must state the criteria for admissions, room assignments/transfers and that services are available on a non-discriminatory basis.</p> <p><b>1200-8-6-.02(3)</b></p> <p>3. Shall include in their operational policies and procedures manuals measures to provide all services in a non-discriminatory manner (i.e. medical, dental, nursing, laboratory, pharmacy, skilled rehabilitative, social, volunteer, dietary, and housekeeping).</p> <p><b>1200-8-16-.02(4)</b></p> <p>4. Physical facilities including lounges, dining facilities, beauty and barber shops shall not be used to segregated or discriminatory manner.</p>	<p>1. MET _____ NOT MET _____</p> <p>YES _____ NO _____</p> <p>2. MET _____ NOT MET _____</p> <p>3. MET _____ NOT MET _____</p> <p>4. MET _____ NOT MET _____</p>	

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p><b>1200-8-16-.02(5)</b></p> <p>5. Room Assignments and Transfers:</p> <p>a. A policy states that race, color, national origin will not determine room assignments.</p> <p>b. Policies are written to outline the order by room number, wing, medical section or floor to which the new admission will be assigned if multiple vacancies exist.</p> <p>c. The policy lists reasons for transfer.</p> <p>d. A list of all factors to consider in selecting a room for new admissions; i.e. sex, medical diagnosis, patient or physician request for private, semi-private accommodations.</p> <p>e. If there is a pre-admission procedure, please describe this procedure.</p> <p><b>1200-8-16-.02(6)</b></p> <p>6. Shall include in their operational policies and procedures manuals that all aspects of all their training programs—those operated by the facility, and those operated by other institutions within their facility for which the facility provides clinical training—are conducted without discrimination, on the basis of race, color, national origin or handicapping condition.</p>	<p>5. MET _____ NOT MET _____</p> <p>5a. YES _____ NO _____</p> <p>5b. MET _____ NOT MET _____</p> <p>5c. MET _____ NOT MET _____</p> <p>5d. MET _____ NOT MET _____</p> <p>5e. MET _____ NOT MET _____</p> <p>6. MET _____ NOT MET _____</p>	

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p><b>1200-8-16-.02(7)</b></p> <p>7. The facility utilizes reasonable efforts to recruit minority and handicapped individuals to training programs offered by the facility or contracted through the facility.</p> <p><b>1200-8-16-.02(8)(a)</b></p> <p>8a. Are the non-discriminatory policies of the facility effectively communicated to patients and the community, e.g. brochures, pamphlets, advertising.</p> <p>b. patients</p> <p>c. community</p> <p><b>1200-8-16-.02(8)(b)</b></p> <p>8b. The Assurance of Compliance for Title VI and Section 504 is signed by the appropriate representative of the facility.</p> <p>A. Title VI Assurance of Compliance (Form-HHS-441)</p> <p>B. Section504 Assurance of Compliance (Form-HHS-442)</p>	<p>7. MET _____ NOT MET _____</p> <p>8a. MET _____ NOT MET _____</p> <p>b. YES _____ NO _____</p> <p>c. YES _____ NO _____</p> <p>8b. MET _____ NOT MET _____</p> <p>A. YES _____ NO _____</p> <p>B. YES _____ NO _____</p>	

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p><b>1200-8-16-.02(8)(c)</b></p> <p>8c. The facility utilizes its referral sources in a manner which assures an equal opportunity for admission without regard to race, color, national origin or handicapped condition.</p>	<p>8c. MET _____ NOT MET _____</p>	
<p><b>1200-8-16-.02(8)(d)</b></p> <p>8d. The title VI/Section 504 policy is framed and permanently affixed in the entrance to the facility.</p>	<p>8d. MET _____ NOT MET _____</p>	
<p><b>1200-8-16-.02(9)</b></p> <p>9. Shall be responsible for conveying to all staff their non-discriminatory policy and how to file a complaint under Title VI or Section 504. This shall be accomplished by providing, as part of new employee's orientation and periodic retraining of permanent employees, information regarding the obligation, intent, and meaning of Title VI and Section 504 compliance.</p>	<p>9. MET _____ NOT MET _____</p>	
<p><b>1200-8-16-.02(10)</b></p> <p>10. If the facility has 15 or more (FTE) employees, a Section 504 Coordinator has been designated.</p>	<p>10. MET _____ NOT MET _____</p>	
<p><b>1200-8-16-.02(11)</b></p> <p>11. The facility has established an acceptable grievance procedure.</p>	<p>11. MET _____ NOT MET _____</p>	

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p><b>1200-8-16-.02(12)</b></p> <p>12. The facility has ensured that minority and handicapped persons have the opportunity to participate in planning policy, or advisory boards whose membership is open to the public.</p> <p><b>1200-8-16-.02(13)</b></p> <p>13. The facility has developed an acceptable mechanism to review annually the policies for Title VI and Section 504.</p> <p>A. Title VI</p> <p>B. Section 504</p> <p><b>1200-8-16-.02(14)</b></p> <p>14. The facility has conducted a Title VI review and a Section 504 self-evaluation to determine the program accessibility to handicapped individuals.</p> <p><b>1200-8-16-.01(13)</b></p> <p>A. A list of handicapped persons consulted?</p> <p><b>1200-8-16-.02(13)</b></p> <p>B. Description of problems identified, areas examined, remedial steps taken.</p>	<p>12. MET _____ NOT MET _____</p> <p>13. MET _____ NOT MET _____</p> <p>13A. YES _____ NO _____</p> <p>13B. YES _____ NO _____</p> <p>14. MET _____ NOT MET _____</p> <p>14A. YES _____ NO _____</p> <p>14B. YES _____ NO _____</p>	

REQUIREMENTS	RESPONSE	EXPLANATORY STATEMENTS
<p><b>1200-8-16-.02(15)</b></p> <p>15. The facility's recruitment and employment practices are non-discriminatory and have no adverse effect on qualified handicapped individuals.</p> <p><b>1200-8-16-.02(16)</b></p> <p>16. The facility has developed an effective procedure for communicating with handicapped persons and persons with limited English Proficiency for the purpose of giving notice and providing emergency services. The facility has formal agreements for the provision of interpretive services as needed.</p> <p><b>1200-8-16-.02(17)</b></p> <p>17. The facility should provide a description of auxiliary aides available to patients with impaired sensory, manual, speaking skills.</p> <p>The facility has a TTY/TDD typewriter or described its arrangement to share a TTY/TDD.</p> <p><b>1200-8-16-.02(18)</b></p> <p>18. All written contracts for services to the facility, including professional service agreements with health care providers, contain a non-discriminatory clause.</p>	<p>15. MET _____ NOT MET _____</p> <p>16. MET _____ NOT MET _____</p> <p>17. MET _____ NOT MET _____</p> <p>YES _____ NO _____</p> <p>18. MET _____ NOT MET _____</p>	







REQUIREMENTS	RESPONSE		EXPLANATORY STATEMENTS
<p><b>1200-13-1-.06 Admissions to Long-Term Care Facilities (continued)</b></p> <p>(e) Documented Justification for Deviation</p> <p>    1. Medical Need</p> <p>    2. Applicant's sex</p> <p>    3. Implement affirmative action plan</p> <p>    4. Emergency Placements</p> <p>    5. Other reasons – Medical Director Approval</p> <p>    6. Extended hospitalization or therapeutic leave</p> <p>    7. Facility withdrawals from Medicaid</p> <p>(f) Documented Telephone Requests</p> <p>(g) Oral Requests Recorded and Preserved</p> <p>(h) Waiting List Accessible to Applicants and Other Authorized Persons</p>	<p><u>MET</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>NOT MET</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

REQUIREMENTS	RESPONSE		EXPLANATORY STATEMENTS
<p><b>1200-13-1-.06 Providers</b></p> <p>(5)(a) Voluntary Termination</p> <p>    (4)(i) Approval notice to current TennCare eligible residents</p> <p>        (ii) Approved notice to all other current residents</p> <p>        (iii) Approved notice for current applicants on wait list</p> <p>(2)(c) Restrictive Conditions of Admissions to or Continued Stay</p> <p>    1. Source of payment transfers or discharges</p> <p>    2. Excessive patient liability for Medicaid eligible</p> <p>    3. Excessive patient liability for pending PAE</p> <p>    4. Foregoing Title XIX Medical Assistance benefits</p> <p>    5. Requiring third party signature except as required</p> <p>(2)(d) Conditions of Compliance for Transfers, Discharges and/or Readmission</p> <p>    1. Transfer and discharge rights</p> <p>    2. Pre-transfer and Pre-discharge notice</p> <p>    3. Timing of notice</p>	<u>MET</u>	<u>NOT MET</u>	
	_____	_____	

