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**TENNESSEE DEPARTMENT OF HEALTH
MEMORANDUM**

Date: December 10, 2014

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-Assisted Care Living Subcommittee Meeting

Date of Meeting: January 20, 2015

Time: 1:00 p.m. – 3:00 p.m., CST

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

Major Item(s) on Agenda: Continuation of Reviewing the Assisted Care Living Facilities Rules and Regulations 1200-08-25.

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.

AGENDA

**BOARD FOR LICENSING HEALTH CARE FACILITIES
ASSISTED CARE LIVING FACILITIES
SUBCOMMITTEE MEETING**

665 Mainstream Drive, First Floor

Poplar Conference Room

Nashville, TN 37243

1:00 p.m. – 3:00 p.m.

January 20, 2015

- 1. Call the Meeting to Order.**
- 2. Discussion.**
 - A. Administrator Regulations**
 - B. Pharmacy Services**
 - C. Store Meds/Secure**
 - D. Medication Administration**
 - E. Common Issues/Deficiency; Training Provide Education by Associations**
 - F. ACLF Caring for Residents Requiring Higher Level of Care which Meet Rules and Regulations**
 - G. Others Items That May Be Identified**
- 3. Public Comments.**
- 4. Adjourn.**

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
ASSISTED CARE LIVING FACILITY (ACLF) STANDING COMMITTEE MEETING
JANUARY 20, 2015

The Board for Licensing Health Care Facilities' Assisted Care Living Facility (ACLF) Standing Committee meeting began on January 20, 2015. Joshua Crisp was unanimously nominated and voted as Chairman of the standing committee.

A quorum roll call vote was taken:

Mr. Joshua Crisp – here
Dr. Sherry Robbins – here
Carissa Lynch – here
Annette Marlar – not 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 ACLF 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 ACLFs.

Mr. Crisp addressed the administrator item and the relevant regulations concerning administrators in ACLFs. He recapped that the raised age requirement was approved by the subcommittee at a the November 2014 subcommittee meeting. Ms. Reed indicated this item continues to be worked upon by administrative staff.

The next item discussed was pharmacy services. Kyonzté Hughes-Toombs, legal counsel, conversed with the Board of Pharmacy legal counsel and was given the following direction: the use of medication planners are not considered repackaging of medication if filled for a small number of the population. Tennessee Health Care Association (THCA) representative, Linda Jennings, asked if this was a violation of the Tennessee Nurse Practice Act. What number was considered 'small' was also questioned by the associations and providers. Issues that identified for follow-up were nurse practice act (legal counsel to address with Board of Nursing), care issues in facilities, liability for nursing staff (legal counsel to research), and repacking of controlled substances (legal counsel to address with Board of Pharmacy).

The second item discussed was medication administration. Martha Gentry had provided a letter for the November 2014 ACLF Subcommittee meeting regarding this issue which was deferred to this meeting for further discussion. Ms. Reed provided the standing committee with information on medication administration across the state and can be found compiled in the 2014 Assisted Living Continuing Care Retirement document. The issue surrounds the use of blister packaging for medication and the difficulty of opening this packaging for residents. The opening of liquid medication containers was also identified as an issue. Ms. Gentry provided the standing committee with Florida requirements and guidelines for medication administration. The provided Florida language on assistance with self-administration of

medication indicated to be broader than the current Tennessee rule language on this term. Ms. Gentry pointed out that the Florida language makes a delineation between those medications that may be administered or assistance in administration provided by licensed and non-licensed persons. The standing committee members discussed the development of a method facilities could use to train unlicensed staff to administer medication. Legal counsel was asked to discuss this issue with the Board of Nursing and to inquire about the standing committee presenting to the Board of Nursing on medication administration in licensed facilities. The scheduling of a March meeting was requested to address follow-up with the Nursing Board and any other relevant information related to medication administration.

The third item for discussion was common issues/deficiencies and training/education by the pertinent associations. Ms. Reed stated to the committee the Department of Health Office of Health Care Facilities is to provide ACLF provider training this year in the three (3) grand regions. Ms. Jennings stated THCA has been providing training across the state to member and non-member facilities. THCA has also been reviewing ACLF surveys since July of 2014. Another education need is for licensed hospitals to be educated on the difference between a licensed ACLF and a nursing home. The committee requested another meeting to be scheduled in March with the top 10 ACLF deficiencies and top CMP recommended deficiencies to be provided at this meeting.

Further concerns were voiced by Dr. Robbins and consisted of the following to be discussed further at the scheduled March 2015 meeting –

ACLF transfers to hospitals and refusal of the ACLF to take the resident(s) back into the facility. It is felt this is an educational item. Resident behavior felt to be a factor in this issue. The varying levels/degrees of ACLF and the care provided were discussed. Not all ACLFs provide the same level of care and service to residents. Dr. Robbins primary concern was for acute changes in ACLF residents. The committee requested more feedback and information from the associations and providers on acute changes being evidenced in ACLFs and how approached by the facility. Tennessee Assisted Living Federation of America (TN ALFA) offered to survey members for information on acute changes seen with residents and brings results to March meeting.

Physician orders upon discharge from hospital not recognized by the ACLF. Dr. Robbins stated she has observed an ACLF that followed the original orders which were in place prior to the hospitalization of the resident. There is not an ACLF regulation which addresses the above item. The committee requested an interpretative guideline (IG) or rule language to be developed to address the hospital discharge order issue. Ms. Jennings indicated a pilot project is in place at Brookdale Assisted Living which is focusing on this and that she would provide additional information on the project at the March meeting.

Abuse reporting and the documentation of reports to Adult Protective Services (APS) was a concern for Dr. Robbins. Joshua Crisp expressed concern over legal ramifications if specific rules were developed directing the facility on how to maintain abuse documentation. A concern of staff repercussion was discussed. After reviewing, Ms. Hughes-Toombs will determine if it is allowable to place in rule language specific guidance for ACLFs in maintaining abuse documentation.

The requirement for exterior lighting of ACLFs was brought forth as a concern by Dr. Robbins. It was questioned if this requirement was contained within the different codes. Any code references and requirements on this item will be provided to the committee at the March meeting.

The final item of concern for Dr. Robbins was the timing of admission paperwork. It was expressed that rule language was needed for this. An example of language would be the requirement of a 24 hour timeframe to allow the potential ACLF resident the opportunity to review the admission paperwork before completing. The committee sought comments from providers and associations on the item. Legal counsel is to also define 'duress' and legal ramifications for licensed facilities with these types of residents.

Mr. Crisp adjourned the subcommittee meeting.