



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: October 24, 2016
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: December 6, 2016
Time: 9:00 a.m. – 12:00 noon
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.



JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

*THE MISSION OF THE TENNESSEE DEPARTMENT OF HEALTH IS TO PROTECT, PROMOTE AND IMPROVE
THE HEALTH AND PROSPERITY OF PEOPLE IN TENNESSEE*

AGENDA

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

**DECEMBER 6, 2016
POPLAR CONFERENCE ROOM, FIRST FLOOR
9:00 a.m. – 12:00 noon**

**PLEASE REMEMBER TO SILENCE YOUR ELECTRONIC DEVICES WHEN
THE BOARD IS IN SESSION**

1. Call the Meeting to Order and Establish a Quorum.
2. **RIVER OAKS PLACE-LOUDON, LOUDON**
This forty-nine (49) bed ACLF is requesting a waiver of the regulation to the extent necessary for the Board to determine if the facility is in compliance with the regulations. River Oaks Place-Loudon was originally cited during a June 17, 2015 annual survey for not meeting the following regulations: ACLF Rule 1200-08-25-.09(5) Building Standards and ACLF Rule 1200-08-25-.10(8)(a) Life Safety. The facility believes the systems that are currently installed within the facility create compliance with ACLF regulations.
Representative(s): Christopher C. Puri, Attorney
3. Interpretative Guidelines – Emergency Call System for Assisted Care Living Facilities (ACLF), Residential Home for the Aged (RHA) and Traumatic Brain Injury (TBI) Residential Homes.
– Bill Harmon, Facilities Construction Director, Plan Review
4. Other Discussion(s).
5. Public Comments.
6. Adjourn.

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

DECEMBER 6, 2016

The Board for Licensing Health Care Facilities' Facilities Construction Standing Committee meeting began on December 6, 2016. David Rhodes, Chairman of this committee, called the meeting to order.

A roll call vote was taken:

Dr. René Saunders – arrived at 9:17 am
Mr. David Rhodes – here
Dr. Kenneth Robertson - here
Thomas Gee – here

A quorum was established.

The first item of business for this standing committee was the waiver request of River Oaks Place – Loudon, Loudon. The facility a licensed 49 bed assisted care living facility (ACLF) requested a waiver of the regulations to the extent necessary for the Board to determine if the facility is in compliance the ACLF regulations. River Oaks Place – Loudon was originally cited during a June 17, 2015 annual survey for not meeting the following regulations: ACLF rule 1200-08-25-.09(5), Building Standards and ACLF rule 1200-08-25-.09(5), Life Safety. The facility believes the systems currently in place create compliance with the ACLF regulations. This issue was brought before the full Board at the September 2016 meeting with the facility requesting to withdraw the request for the waiver. The full Board moved this item to the Facilities Construction Standing Committee for further deliberation. Representatives for the facility were Chris Puri, attorney, and Christina Adams. Both were participating via phone conference. Mr. Puri stated to the standing committee the waiver request dated July 20, 2016 had two deficiencies identified and at the full Board meeting in September the facility requested a withdrawal of the request indicating work being done with the Department. Mr. Puri then stated the desire of the facility to again withdraw this item from the standing committee's agenda as the items have been addressed which were cited. He stated the fire panel was approved by the Tennessee Department of Health (TDH) correcting Tag 905. There is no need for a waiver at this time. Mr. Puri stated there have been issues back and forth with TDH on compliance. The facility doesn't know if it now needs a waiver. David Rhodes stated if this is not resolved by February of 2017 this will be brought back before the full Board. Mr. Puri stated the facility and TDH will resolve the issue. He stated there is no basis to request a wavier at this time. The intent of the facility is to not involve the Board if possible. Mr. Puri did state the facility may run into excessive costs to correct the remaining item, but will work with TDH. The standing committee members requested input from TDH's Bill Harmon, Director of Facilities Construction. Mr. Harmon stated this citation has been cited since July 2015 and included fire exit hardware, modifications to fire doors and fire panel issues. He stated the fire panel issue has been corrected, but the fire exit hardware and door modifications are outstanding. Mr. Harmon stated the facility has not submitted a plan of correction (POC) for this outstanding deficiency. Mr. Puri stated the facility will determine if they can fix the problem or if they must ask the Board at the February 2017 meeting for a waiver. Caroline Tippens, Office of General Counsel (OGC), verbally provided the outstanding deficiency to the standing committee members. Mr. Harmon gave a history of the citations beginning in 2015 for the door hardware. He stated TDH has not found the issue to be resolved. Mr.

Harmon stated he is confused on how to proceed if this is not addressed at the committee level. Dr. René Saunders asked if the facility would be able to comply. Mr. Puri stated he understands from the facility holes in the fire doors have been filled, but doesn't meet NFPA standards per TDH. An October 11, 2016 survey recited the same deficiency with the NFPA reference. Mr. Puri went back to the discussion on the withdrawal of the waiver request by the facility and feels the facility has the ability to do so. Dr. Saunders asked if there is no waiver then when will the deficiency be corrected. Ms. Adams stated the door issue has been addressed and fixed. Mr. Harmon stated TDH expressed frustration at the number of times the facility has been visited at the September 2016 Board meeting. Dr. Saunders asked Mr. Harmon what needs to be done. Mr. Harmon stated a POC needs to be submitted so that another revisit survey can take place. Mr. Puri agrees with this course of action. Ms. Tippens stated that a timeframe for submission needs to be established. Vincent Davis, Director of the Office of Health Care Facilities (OHCF), addressed the standing committee. He stated the numerous visits back to the facility create problems with resources meaning staff. Mr. Davis is requesting a resolution to this matter. Ms. Tippens clarified Mr. Puri's position to the standing committee that if the waiver request is withdrawn then the request cannot be acted upon. Dr. Saunders stated the standing committee can consider the issue even with the withdrawal of the waiver request. This is a valid issue in light of the man hours spent on the facility and the issue up to this point. Dr. Saunders asked what can the standing committee do at this point. She feels disciplinary action is needed with a minimum of one visit made to the facility if a POC is submitted. **Dr. Saunders made a motion to deny the request of the facility to withdraw the waiver request; seconded by Dr. Kenneth Robertson who stated he was confused on the issue and process.** Thomas Gee stated why had TDH not addressed the facility for lack of compliance. Ms. Tippens stated formal disciplinary procedures cannot be taken without due process. Mr. Davis wants the standing committee to require the facility to submit a POC, have revisit survey before the February 2017 Board meeting. Dr. Saunders felt like other issues are involved that the Board is not aware of. Mr. Puri stated to the Board that other items were found during the last survey which was not common to the previous citations of the same central item of the door hardware. Dr. Robertson stated why has some action not been taken by now and is the first question to be addressed given the length of time this item has been ongoing. Stuart Hurwitz, Life Safety Surveyor with the East Tennessee Regional Office (ETRO), addressed the standing committee via phone. He stated the stairwell fire doors are an issue and the facility is three stories. Mr. Hurwitz indicated that during four of his inspections the facility did not have annual fire door inspections completed. This prompted a closer look by Mr. Hurwitz of the fire doors. Mr. Hurwitz found issues with the doors at this time related to hardware having been replaced which had not been submitted to TDH and no fire retardant on the doors. The inspection dated October 11, 2016 revealed the fire doors still had holes in them. Dr. Saunders asked was the surveyor specific with the facility about the citations. Mr. Hurwitz stated he talked with the administrator, maintenance manager, and the regional maintenance director for the facility. Mr. Davis recommended the facility to comply by the February 2017 Board meeting. If not in compliance OHCF would bring a remedy recommendation to the Facilities Construction Standing Committee. Mr. Rhodes indicated a motion was on the table and a vote was ready to be taken. **The motion failed by a vote of 1 –yes to 3 – no.** Mr. Rhodes doesn't think this should come back to the Board in February and that no action is required. Kyonzté Hughes-Toombs, OGC, stated agreement with Mr. Davis' recommendation. There should be a hard deadline for completion and correction of the issue. **Dr. Saunders made a motion that the facility submits an acceptable POC and be in compliance by February 2017; seconded by Dr. Robertson. The motion was approved.**

The last item of business was a revisit of the interpretative guideline (IG) for emergency call systems for ACLF, Homes for the Aged (RHA), and Traumatic Brain Injury (TBI) Residential Homes. Mr. Harmon presented on this item. He stated clarification was needed on the IG put forth and approved by the

Board in September 2016. Mr. Harmon stated current guidelines allow a facility to have the option of putting an emergency call system in the facility. If the facility installs a system then it must meet the UL requirements indicated in the codes. Mr. Harmon stated the intent was if a facility chose to install an emergency call system it must meet the required UL standard. He further stated the 2014 codes which the Board has not adopted yet will mandate that a facility with 16 or more beds must have an emergency call system that is UL rated. Mr. Rhodes stated the current IG should remove the number 16 and insert 'if choose to install a system shall be...' **Dr. Saunders made a motion to accept the suggested language by Mr. Rhodes; seconded by Mr. Gee. The motion was approved.**

A motion was made to adjourn the meeting.