



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
AMENDED**

Date: April 17, 2017
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- Performance Improvement Issue and Assisted Care Living Facilities Standing Committee Meeting
(Call-in Number: 1-888-757-2790 passcode: 152602#)

Date of Meeting: April 18, 2017
Time: 9:00 a.m. – 4:00 p.m.
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
PERFORMANCE IMPROVEMENT ISSUE AND
ASSISTED CARE LIVING FACILITIES
STANDING COMMITTEE MEETING**

**APRIL 18, 2017
POPLAR CONFERENCE ROOM, FIRST FLOOR
9:00 a.m.**

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

A. PERFORMANCE IMPROVEMENT ISSUE STANDING COMMITTEE

1. Call the Meeting to Order and Establish a Quorum.
2. Revision Suggestions for Ambulatory Surgical Treatment Centers Rules 1200-08-10-.06(13) Regarding Chronic Pain.

3. **HEALTHSOUTH CANE CREEK REHABILITATION HOSPITAL, MARTIN
AND HEALTH SOUTH REHABILITATION HOSPITAL NORTH MEMPHIS,
MEMPHIS**

HealthSouth Corporation and its affiliated hospitals in Tennessee are requesting the Board to make a determination regarding compliance with Pediatric Emergency Care Facilities Rule 1200-08-30-.02 ("P" Tag 200) and the Board to take the necessary action to remove any obligation to maintain any PECF designation (including the provision of any pediatric emergency services) and to consider a waiver for the noted hospitals relieving the hospitals of any requirements to comply. Both hospitals HealthSouth Cane Creek Rehabilitation Hospital, Martin and Health South Rehabilitation Hospital North Memphis, Memphis were both cited with the same deficiency. Both hospitals are licensed as rehabilitation hospitals under Rule 1200-08-01-.01(37)(g).

REPRESENTATIVE(S): Chris Puri, Attorney

4. Other Discussion(s).
5. Public Comments.

6. Adjourn.

B. ASSISTED CARE LIVING FACILITY STANDING COMMITTEE

1. Call the Meeting to Order and Establish a Quorum.

2. Residential Home for the Aged Rules Regarding Definition of the Term ‘Ambulatory’.

3. Home and Community-Based Services (HCBS) Assisted Care Living Facility (ACLF) Administrative Rule Compliance.

4. Consideration of Assisted Care Living Facility Rules 1200-08-25-.02(12) Definition of Continuous Nursing Care, and 1200-08-25-.08(1)(b) Requires Continuous Nursing Care.

5. Other Discussion(s).

6. Public Comments.

6. Adjourn.

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
PERFORMANCE IMPROVEMENT ISSUE STANDING COMMITTEE MEETING
April 18, 2017

The Board for Licensing Health Care Facilities' Performance Improvement Issue (PI) Standing Committee meeting began on April 18, 2017. Jim Shulman served as chair for this meeting.

A quorum roll call vote was taken:

Mr. Jim Shulman – here
Mr. John Marshall – here
Ms. Janet Williford – here
Dr. René Saunders – here
Gina Throneberry - here

A quorum was established.

The first item for discussion was the revision suggestion for Ambulatory Surgical Treatment Center (ASTC) rules, 1200-08-10-.06(13) regarding chronic pain. Ann Reed, Director of the Board for Licensing Health Care Facilities, provided background to this discussion item. She stated this was presented at the February 2017 Board meeting for consideration of a rule change to the ASTC regulations. The full Board moved the discussion to the PI Standing Committee with direction to include Tennessee Medical Association (TMA). TMA and Medtronic, the organization bringing the item to the Board, created rule language for consideration and approval for rulemaking hearing and this is being presented today. Mr. Shulman recapped that Medtronic provides a device which is inserted in to the spinal area to treat issues of the bladder. Medtronic representative, Mary Ryan, agreed. Yarnell Beatty with TMA addressed the committee suggesting approval of the presented language and also the development of an interpretative guideline (IG) to use until the new rule becomes effective. Dr. Saunders indicated an issue with the last few words, "...intended to cure or relieve" of the suggested new language. She suggested replacing this language with '...treatment of...' TMA and Medtronic were in agreement. **Mr. Marshall made a motion to approve the revised rule language and to develop an IG for presentation to the full Board; seconded by Mr. Shulman.** Discussion on the motion included Dr. Saunders clarifying advanced practice practitioners role in performing procedures for chronic pain and the new rule language would not allow for the treatment of pain such as interstitial pain. This was confirmed by the Office of General Counsel (OGC). **The motion passed.**

The second item for discussion was a request by Health South Cane Creek Rehabilitation Hospital and Health South Rehabilitation Hospital North Memphis for a determination on compliance of these facilities with the Pediatric Emergency Care Facility (PECF) regulation for designation as a level of PECF. Ms. Reed gave background to the discussion item. She stated Department of Health facility surveyors have begun surveying hospitals under the PECF requirements. A disconnect was found between the PECF and hospital regulations relating to designation. Chris Puri, attorney, presented Health South's request on behalf of all their facilities. He summarized the content of the request letter identifying three options for the standing committee to consider, (1) the Board can make a determination that the PECF regulations and their requirements do not apply to specialty designated rehabilitation hospitals

that only provide rehabilitation services to adult patients and also do not maintain any emergency department; (2) the Board could allow the noted hospitals to be allowed to remove the PECF designation from their licenses; or (3) the Board could consider and approve a waiver for the noted hospitals relieving them of any requirements to comply with the Standards for Pediatric Emergency Care Facilities Chapter because the facilities do not accept pediatric patients nor do they maintain an emergency department. Mr. Marshall asked if a hospital doesn't have an emergency room why would they be required to have to treat and designate as a PECF. Ms. Reed stated the PECF regulations state a hospital must designate at one of the PECF levels and the PECF are currently under revision by CoPEC, Committee on Pediatric Emergency Care, which will hopefully be presented to the full Board by the end of the year. Caroline Tippens, OGC, suggested following Mr. Puri's option #3. She further stated waivers should be issued on a case by case basis given CoPEC's current revision of the PECF rules. Ms. Tippens stated the standing committee can make the recommendation to grant waivers to the facilities. Mr. Shulman asked about other hospital providers affected by this language. Ms. Tippens stated they are not before the standing committee at this time. She suggested development of an IG until CoPEC completes the PECF rule revision. Ms. Reed stated that upon last discussion of the PECF regulation revision the section of the rules indicating PECF designation was not altered. She stated that either set of regulations, PECF or hospital, could be amended. Mr. Puri stated he preferred to have waivers granted to all the hospitals under the Health South provider instead of an IG in order to clear the two facilities' with current deficiencies and to ensure the remaining facilities do not receive the same citation. **Mr. Marshall made a motion to grant a waiver to the two Health South facilities cited and to create an IG stating PECF designation is not required for a hospital designated as a rehabilitation hospital; seconded by Dr. Saunders.** Discussion included Mr. Puri stating desire for all nine Health South facilities including the facility currently under construction to be included in the waiver. Mr. Marshall stated how could a waiver be granted for a facility that does not have an identified issue. Mr. Puri stated that waivers have been granted in the past by the Board for facilities that have not had an identified problem with meeting the regulations. Ms. Reed and Ms. Tippens agreed this has occurred in the past. Vincent Davis, Director of Health Care Facilities, stated to the Board the surveyors would be apprised that facilities that don't care for pediatric patients or have an emergency room would be required to meet the PECF regulations. Ms. Reed clarified the IG would have to be approved by the Board at the June 2017 meeting before this practice was undertaken. **Mr. Shulman recapped the motion that Mr. Marshall made, waiver for the 2 Health South facilities of the PECF regulation requiring designation and development of an IG using the language of Mr. Puri's option #1. The motion was approved.**

The standing committee meeting was adjourned.