Tennessee

Agency Department of Health, Health Facilities Commission
Contact Ann Rutherford Reed
E-mail Ann.R.Reed@tn.gov

Web Site https://www.tn.gov/hfc.html

Opening Statement	The Tennessee Health Facilities Commission licenses assisted care living facilities (ACLFs) and homes for the aged (RHAs) to provide services to older persons who need assistance with personal care. Assisted care living facilities may provide a higher level of care than homes for the aged, including the provision of medical services. Licensing rules specify requirements for dementia care in both settings.
Licensure Term	Assisted-Care Living Facilities and Residential Homes for the Aged
Definition	An ACLF is a building, establishment, complex, or distinct part thereof that accepts primarily aged persons for domiciliary care and services. The purpose of assisted-care living services is to: (1) Promote the availability of appropriate residential facilities for the elderly and adults with disabilities in the least restrictive and most homelike environment; (2) Provide assisted-care living services to residents in facilities by meeting each individual's medical and other needs safely and effectively; and (3) Enhance the individual's ability to age in place while promoting personal individuality, respect, independence, and privacy. A Home for the Aged is a home represented and held out to the general public as a home which accepts primarily aged persons for relatively permanent, domiciliary care with primarily being defined as 51% or more of the population of the home for the aged. It provides room, board and personal services to four or more nonrelated persons. The term home includes any building or part thereof which provides services as defined in these rules.
Regulatory and Legislative Update	Per a Board for Licensing Health Care Facilities Policy Memorandum ACLFs are now subject to civil penalties to include the maximum amount allowed by statute. The Board may, in a lawful proceeding respecting licensing, in addition to or in lieu of other lawful disciplinary action, assess civil penalties for violations of statutes, rules or orders enforceable by the Board in accordance with an approved schedule.

	Life Safety Codes reference more current versions
Move-in Requirements Including Required Disclosures/Notifications	Both ACLFs and RHAs must have an accurate written statement regarding fees and services that will be provided to the resident upon admission and provide to each resident at the time of admission a copy of the resident's rights for the resident's review and signature. Prior to the admission or execution of a contract for the care of a resident, the facility shall disclose in writing to the resident, or to the resident's legal representative, whether the facility has liability insurance and the identity of the primary insurance carrier. If the facility is self-insured, its statement shall reflect that fact and indicate the corporate entity responsible for payment of any claims.
Facility Scope of Care	ACLF: An ACLF may provide medical services and oversight of medical services. Medical services include administration of medication, part-time or intermittent nursing care, various therapies, podiatry care, medical social services, medical supplies, durable medical equipment, and hospice services. The ACLF shall provide personal services. Personal services include protective care, safety when in the ACLF, daily awareness of the individual's whereabouts, the ability and readiness to intervene if crises arise, room and board, non-medical living assistance with activities of daily living (ADLs), laundry services, dietary services, a suitable and comfortable furnished area for activities and family visits, reading materials, and a telephone accessible to all residents to make and receive personal phone calls 24 hours per day. RHA: An RHA shall provide personal services, which include: protective care of the resident, responsibility for the safety of the resident when in the facility, daily awareness of the resident's whereabouts, and the ability and readiness to intervene if crises arise. Personal services do not include nursing or medical care. Personal services must be provided by employees of the home. An RHA resident must self-administer medication; however, if the home chooses to employ a currently licensed nurse, medications may be administered by the nurse. Staff may assist with self-administration [see Medication Management section]. Residents shall be provided assistance, if needed, in personal care such as bathing, grooming and dressing. An RHA shall also provide laundry arrangements for linens for the home and for residents' clothing, three meals per day that constitute an acceptable diet, a suitable and comfortable furnished area for activities and family visits, reading materials, and a telephone accessible to all residents to make and receive personal

	phone calls 24 hours per day.
Limitations of Services	An ACLF shall not admit but may permit the continued stay of residents who require: The following treatments on an intermittent basis of up to three (3) twenty-one (21) day periods. The resident's treating physician must certify that treatment can be safely and effectively provided by the ACLF for the last two (2) twenty-one (21) day periods. 1. Nasopharyngeal or tracheotomy aspiration; 2. Nasogastric feedings; 3. Gastrostomy feedings; or 4. Intravenous therapy or intravenous feedings. ACLF: A facility shall not admit or permit the continued stay of any resident if he/she: (1) Requires treatment of extensive stage III or IV decubitus ulcer or with exfoliative dermatitis; (2) Requires continuous nursing care; (3) Has an active, infectious, and reportable disease in a communicable state that requires contact isolation; (4) Exhibits verbal or physical aggressive behavior which poses an imminent physical threat to self or others, based on behavior, not diagnosis; (5) Requires physical or chemical restraints, not including psychotropic medications for a manageable mental disorder or condition; or (6) Has needs that cannot be safely and effectively met in the ACLF. Additionally, in specified circumstances, an ACLF may not retain a resident who cannot evacuate within 13 minutes. An ACLF resident shall be discharged and transferred to another appropriate setting such as home, a hospital, or a nursing home when the resident, the resident's legal representative, ALCF administrator, or the resident's treating physician determine that the ACLF cannot safely and effectively meet the resident's needs, including medical services. The Commission may require that an ACLF resident be discharged or transferred to another level of care if it determines that the resident's needs, including medical services, cannot be safely and effectively met in the ACLF. A facility shall not admit but may permit the continued stay of residents who require the following treatments on an intermittent

basis of up to three 21-day periods: nasopharyngeal or tracheotomy aspiration, nasogastric feedings, gastrostomy feedings, or intravenous therapy or intravenous feedings. The resident's treating physician must certify that treatment can be safely and effectively provided by the ACLF for the last two 21-day periods. These treatments can be provided on an ongoing basis in a few limited, specified circumstances.

With some exceptions, an ACLF may admit and permit the continued stay of an individual meeting the level of care requirement for nursing facility services, if the resident's treating physician certifies in writing that the resident's needs, including medical services, can be safely and effectively met by care provided in the ACLF and the ACLF can provide assurances that the resident can be timely evacuated in case of fire or emergency.

Any ACLF resident who qualifies for hospice care shall be able to receive hospice services and continue as a resident of the facility as long as the resident's treating physician certifies that hospice care can be appropriately provided at the facility.

RHA: Homes for the aged may not admit individuals whose needs can be met by the facility within its licensure category and may not admit or retain individuals who:
(1) Cannot self-administer medications or require medications that are not typically self-administered, unless provided by a home care organization or physician;
(2) Require professional medical or nursing observation and/or care on a continual or daily basis, with some exceptions for short-term medical or nursing care;
(3) Pose a clearly documented danger to themselves or other residents;
(4) Cannot safely evacuate the facility within 13 minutes; or
(5) Require chemical or physical restraints.
Residents who require professional medical or nursing observation and/or care on a continual or daily basis or who require more technical medical or nursing care than the personnel and the home can lawfully offer on a short-term basis must be transferred to a licensed hospital, nursing home or assisted care living facility. Additionally, RHAs may only admit individuals in the early stages of Alzheimer's disease and related disorders after it has been determined by an interdisciplinary team that care can appropriately and safely be given in the facility. The interdisciplinary team must review such persons at least quarterly as to the appropriateness of placement in the facility.

Resident Assessment Requirements and Frequency	ACLF: Facilities are required to assess prospective residents before they move in to make sure they meet the definition of an ACLF resident. The complete written assessment of the resident shall occur within a time-period determined by the ACLF, but no later than 72 hours after admission. Quarterly reviews are to be performed by an interdisciplinary team for residents in a secured unit. For admittance to a secured unit of a facility, documentation is required that an interdisciplinary team consisting of at least a physician, a registered nurse, and a family member (or patient care advocate) has evaluated each resident prior to admittance to the unit. RHA: Facilities that admit individuals in the early stages of Alzheimer's disease and related disorders are required to have an interdisciplinary team review such persons at least quarterly to determine appropriateness of placement in the facility. The interdisciplinary team shall consist of, at a minimum, a physician experienced in the treatment of Alzheimer's disease and related disorders, a social worker, a registered nurse, and a family member (or patient care advocate).
Medication Management	ACLF: Medication must be self-administered or administered by a licensed or certified health care professional operating within the scope of the professional license or certification and according to the resident's plan of care. The facility may assist residents with medication, including reading labels, reminders, and observation. RHA: Medications shall be self-administered. If the RHA chooses to employ a licensed nurse, medications may be administered by the nurse. Assistance in reading labels, opening bottles, reminding residents of their medication, observing the resident while taking medication and checking the self-administered dose against the dosage shown on the prescription are permissible.
Staff Scheduling Requirements	Facilities are permitted to have secured units and can retain residents into the last stages of Alzheimer's disease, consistent with the above admission/discharge/transfer criteria. Regulations define a "secured unit" a distinct part of an ACLF where the residents are intentionally denied egress except as is necessary to comply with life safety requirements. Facilities utilizing secured units must provide to survey staff specific information and documentation accumulated during the previous 12 months regarding staffing patterns, care provided, and other health-related

	issues. For admittance to a secured unit of a facility, documentation is required that an interdisciplinary team consisting of at least a physician, a registered nurse, and a family member (or patient care advocate) has evaluated each resident prior to admittance to the unit. Any staff working on a secured unit must have annual in-service training, including at least the following subject areas: (1) Basic facts about the causes, progression, and management of Alzheimer's disease and related disorders; (2) Dealing with dysfunctional behavior and catastrophic reactions in the residents; (3) Identifying and alleviating safety risks to the resident; (4) Providing assistance with ADLs for the resident; and (5) Communication with families and other persons interested in the resident. All facilities must employ an administrator, an identified responsible attendant, and a sufficient number of staff to meet the needs of the residents. ACLF: Facilities must have an attendant who is alert and awake at all times. A licensed nurse must be available as needed. An ACLF shall employ a qualified dietician, full time, part time, or on a consultant basis. There are no specified staffing ratios. The responsible attendant and direct care staff must be at least 18 years of age. RHA: An RHA must have a responsible attendant, who is at least 18 years of age, awake, on duty, and on the premises at all times.
Administrator/Director Education and Training Requirements	Administrators must hold a high school diploma or equivalent, must not have been convicted of a criminal offense involving the abuse or intentional neglect of an elderly or vulnerable individual, and provide proof of being at least 21 years of age. An administrator must be certified by the Board for Licensing Health Care Facilities, unless the administrator is currently licensed in Tennessee as a nursing home administrator as required by T.C.A. 63-16-101. Administrators must complete 24 hours of continuing education every two years in courses related to Tennessee rules and regulations, health care management, nutrition and food service, financial management, and healthy lifestyles.
Direct Care Staff Education and Training	In an ACLF documentation showing that 100% of the staff working in a secured unit receives annual in-service training which indues, but not limited to, the following subject areas:

	1. Basic facts about the causes, progression and management of Alzheimer's disease and related disorders; 2. Dealing with dysfunctional behavior and catastrophic reactions in the residents; 3. Identifying and alleviating safety risks to the resident; 4. Providing assistance in the activities of daily living for the resident; and 5. Communicating with families and other persons interested in the resident
Quality Requirements	There are no quality requirements listed.
Infection Control Requirements	Both an ACLF and RHA shall ensure that neither a resident nor an employee with a reportable communicable disease shall reside or work in the setting unless the facility has a written protocol approved by the Board's administrative office. Both license types shall have an annual influenza vaccination program. An ACLF and its employees shall adopt and utilize standard precautions in accordance with guidelines established by the Centers for Disease Control and Prevention (CDC) for preventing transmission of infections, HIV, and communicable diseases, including adherence to a hand hygiene program.
Emergency Preparedness	Both an ACLF and RHA shall have in effect and available for all supervisory personnel and staff written copies of the following disaster, refuge and/or evacuation plans readily available at all times: Fire Safety, Tornado/Severe Weather, Bomb Threat, Flood, Severe Cold/Hot Weather, and Earthquake Disaster.
Medicaid Policy and Reimbursement	The state covers services in assisted care living facilities through its Medicaid Section 1115 managed care Long-Term Services and Supports CHOICES program (CHOICES). The CHOICE program serves adults 21 years of age and older with a physical disability and seniors (age 65 and older).
Life Safety Requirements	All new facilities must conform to the 2021 editions of the: International Building Code; National Fire Protection Code of the National Fire Protection Association (NFPA); and the International Mechanical, Plumbing, and Fuel and Gas Codes. They must also comply with: the 2018 Guidelines for Design and Construction for hospitals, outpatient facilities and residential health care and

support facilities; 2017 edition of the National Electrical Code; and the 2009 edition of the U.S. Public Health Service Food Code as adopted by the Board for Licensing Health Care Facilities. Where there are conflicts between requirements in local codes and the above listed codes and regulations, the most stringent requirements shall apply.

All facilities must be protected throughout by an approved automatic sprinkler system using quick-response or residential sprinklers. All facilities must have electrically operated smoke detectors with battery back-up power operating at all times in at least sleeping rooms, day rooms, corridors, laundry rooms, and any other hazardous areas. In addition to state and federal laws and regulations, Tennessee adheres to NFPA standards.
Fire drills shall be held at least quarterly for each work shift for personnel in each separate building. There shall be one fire drill per quarter during sleeping hours.

Citations

Tennessee Health Facilities Commission Chapter 0720-26. https://publications.tnsosfiles.com/rules/0720/0720-26.20220701.pdf

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Tennessee State Government, Division of TennCare. (n.d.) Long-Term Services & Supports. https://www.tn.gov/tenncare/long-term-services-supports.html