

Tennessee

		Phone
Agency	Department of Health, Division of Health Care Facilities	(615) 741-7221
Contact	Ann Rutherford Reed	(615) 532-6595
E-mail	Ann.R.Reed@tn.gov	
Web Site	https://www.tn.gov/health/health-professionals/hcf-main.html	

Licensure Term Assisted Care Living Facilities and Residential Homes for the Aged

Opening Statement The Tennessee Department of Health, Board for Licensing Health Care Facilities, licenses assisted care living facilities (ACLF) and residential homes for the aged (RHA) to provide services to older persons who need assistance with personal care. Assisted care living facilities may provide a higher level of care than residential homes for the aged, including the provision of medical services. Licensing rules specify requirements for dementia care in both settings.

Legislative and Regulatory Update The regulations for ACLFs and RHAs have been in effect since April 1998 and were most recently revised in October 2018 to update: definitions, medication administration, interdisciplinary team documentation for secure units, and life safety.

Definition An Assisted Care Living Facility 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.

Disclosure Items

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.

Third Party Scope of Care

ACLF: Medical services identified in the Facility Scope of Care provided in the facility may be provided by appropriately licensed or qualified staff of an ACLF, appropriately licensed or qualified contractors of an ACLF, a licensed home care organization, appropriately licensed staff of a nursing home, or another appropriately licensed entity.

RHA: None specified.

Admission and Retention Policy

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, ACLF administrator, or the resident's treating physician determine that the ACLF cannot safely and effectively meet the resident's needs, including medical services. The Board for Licensing Health Care Facilities 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

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.

Square Feet Requirements	A minimum of 80 square feet of bedroom space must be provided to each resident. Living room and dining areas capable of accommodating all residents shall be provided, with a minimum of 15 square feet per resident per dining area.
Residents Allowed Per Room	No bedroom shall have more than two beds. Privacy screens or curtains must be provided and used when requested by the resident.
Bathroom Requirements	Each toilet, lavatory, bath, or shower shall serve no more than six residents.
Life Safety	<p>All new facilities must conform to the 2012 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; 2011 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.</p> <p>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.</p> <p>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.</p>
Unit and Staffing Requirements for Serving Persons with Dementia	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.

Staffing Requirements

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, administrator, 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 Education/Training

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.

Staff Education/Training

None specified.

Entity Approving CE Program

ACLF: Tennessee Board of Licensing Health Care Facilities. All NAB-approved classroom courses including interactive on-line courses are automatically accepted. Continuing education courses focusing on geriatric care that are sponsored by the state and/or national

association are also accepted and can be taken either in a classroom setting or through interactive on-line courses. However, there is no licensing board for ACLF administrators.

RHA: Tennessee Board of Licensing Health Care Facilities. Courses sponsored by the National Association of Residential Care Facilities and the National Association of Nursing Home Administrators are deemed approved by the board.

Medicaid Policy and Reimbursement

The state covers services in assisted care living facilities through its Medicaid 1115 managed care Long-Term Services and Supports CHOICES program (CHOICES).

Citations

Tennessee Department of Health, Board for Licensing Health Care Facilities. Chapter 1200-08-25: Standards for Assisted Living Facilities. [May 2017]

<http://publications.tnsosfiles.com/rules/1200/1200-08/1200-08-25.20170509.pdf>

Tennessee Department of Health, Board for Licensing Health Care Facilities. Chapter 1200-08-11: Standards for Homes for the Aged. [October 2018]

<https://publications.tnsosfiles.com/rules/1200/1200-08/1200-08-11.20181008.pdf>

Tennessee TennCare, Division of Health Care Finance and Administration. Long-Term Services and Supports.

<https://www.tn.gov/tenncare/section/long-term-services-supports>

Tennessee, Department of Health, Division of Health Care Facilities
(615) 741-7221