



Oklahoma State  
Department of Health

## **LONG-TERM CARE FACILITY ADVISORY BOARD**

### **Regular Meeting**

**October 14, 2009 at 1:30 p.m. in Room 1102**

Oklahoma State Department of Health, 1000 NE 10th Street, Oklahoma City, OK

## **Draft Minutes**

### **1) Call to Order**

Wendell Short, Chair, called the meeting to order at 1:35 p.m. Wednesday, October 14, 2009. The 2009 Long-Term Care (LTC) Facility Advisory Board meeting notices were filed and posted with the Secretary of State and Oklahoma State Department of Health (OSDH) website on October 10, 2008. The October 14, 2009 meeting agenda was posted October 06, 2009 on the OSDH website and at OSDH building's front entrance on October 14, 2009.

### **2) Roll Call**

Gayle Freeman called roll with the following members present: Wendell Short, Chair; Kay Parsons, Vice Chair; Margaret Wallace, Secretary-Treasurer; Jane Carlson; Theo Crawley; H.F. Timmons; Jane Mershon; Esther Houser; Cassell Lawson; Dr. Peter Winn; and Dr. Jean Root.

The following members were absent: Dewey Sherbon; JoAnne Sellars; Chris Kincaid; Ginny Bond; and Clara Haas.

A quorum was not met. While discussion was in progress regarding the continuance or the rescheduling of the meeting, members arrived; therefore enough members were available to compose a quorum.

The following members arrived during the course of the meeting: Donna Bowers, Dawn Ann Mendenhall, Diane Hambric and Mich Magness

Currently, there are seven vacancies on the Board.

Identified OSDH staff present were: Henry F. Hartsell Jr., PHS; Dorya Huser, LTC; Jim Buck, LTC; Lisa McAlister, NAR; Donna Shumar, NAR; Darlene Simmons, HRDS; James Joslin, HRDS; Mary Womack, OSDH; Leslie Elliott, Caring Hearts; Kathryn Waller, OSDH; Shelba Murray, OSDH and Gayle Freeman, LTC.

Meetings are posted at:

<http://www.health.ok.gov/calendar/mtngs/index.html>

<http://www.sos.state.ok.us/meetings/agency-meets.asp?intAgency=316>

Approved minutes are posted at <http://www.health.ok.gov/calendar/mtngs/ltcab.html>

Identified guests present were: Mary Brinkley, OKAHSA; Rebecca Moore, OAHCP; Jackye Ward, Okla. Board of Nursing; Oralene Sherbon; Janine Handler, ORALA; Laureen Shelton; Joyce Clark, Achievis; Marilyn Kipps; Janice Bureson; Wayne Wood, Wood Manor; Annette Prince, FMC; Harry Tolliver, Wood Manor; Janice Shively, Wood Manor; Greg Frogge, McAfee & Taft; and Crystal Mappes, OAHCP.

A quorum was reached. Introduction of LTC Facility Advisory Board members and attendees commenced.

**3) Review and Action to Approve/Amend the April 8, 2009 Regular Meeting Minutes.**

*Approval/Amendment of minutes for April 8, 2009 regular meeting. A quorum was not met at the July 8, 2009 meeting, therefore the minutes for the April 8, 2009 meeting were brought forward to the October 14, 2009 meeting.*

**Agenda**

**Item #3**

**Vote 1**

*After brief discussion, Jane Mershon made a motion to approve the April 8, 2009 regular meeting minutes. Seconded by: Cassell Lawson. Motion: carried.*

Aye: 14 Abstain: 0 Nay: 0 Absent: 5

Ginny Bond	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant-Pharmacist	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Donna Bowers	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dawn Mendenhall (Exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Jane Carlson	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Jane Mershon (Exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Vacant (Exp)	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Kay Parsons	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Vacant-NH Adm	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dr. Jean Root	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Theo Crawley (Exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	<b>JoAnne Sellars</b>	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	<b>Dewey Sherbon</b>	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
<b>Clara Haas</b>	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Wendell Short	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Diane Hambric (Exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	H.F. Timmons	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Esther Houser	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Margaret Wallace (exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
<b>Chris Kincaid (Exp)</b>	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dr. Peter Winn	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Cassell Lawson	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		*Arrived after the vote
Mich Magness*	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		Shading = Absent

**4) Ad Hoc Rules and Regulations Committee Report**

James Joslin filled in for Dewey Sherbon; Mr. Sherbon was originally scheduled to speak. Mr. Joslin thanked those who participated in the ad hoc committee for rule review. The ad hoc committee met several times during 2009 and reviewed financial data during the six months they met, regarding survey process, financing of surveys etc. Mr. Joslin provided several handouts, including a power point, "Financial Status Summary". The committee looked at how the department might streamline and implement in rule or statute the changes to assist the Department financially and to potentially assist the industry. Mr. Joslin said that the committee had a few proposals in terms of rules. A discussion about the

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finances for the programs in long term care, inspection and licensure of nursing homes, assisted living centers, residential care homes and adult day care centers was reviewed. The first part of Mr. Joslin's presentation covered the financial status of long term care at OSDH. Causes of deficits, fee change history, fees changed for inflation, allocation of state licensure & inspection costs to facility type, nursing and specialized facilities, continuum of care and assisted living, residential care, adult day care, FY 2010 general revenue allocations to PHS, proportion of PHS general state revenues allocated to long term care, general revenue allocated to long term care and other PHS services, general revenue allocated to long term care by facility types, protective health services general revenue adjusted for inflation 2005-2010, new services since FY 08, examples of efficiencies achieved, planned efficiencies, inspection mandates and requirements were items presented and explained by Mr. Joslin. The handout, "Proposal for Consideration of the Broad Review Ad Hoc Committee to the Long Term Care Advisory Board", was the next item covered by Mr. Joslin. The proposals represented in the handout were brought forward for the Boards' consideration. Mr. Joslin reviewed and answered questions concerning the proposed amendments to Chapters 675 and 677. The proposals were brought forth by the Association of Health Care Providers, and included changes to: Medication services, 310:675-9-9.1 (10); Nursing Service change regarding the Director of Nursing, Nursing Service change regarding the certified medication aide, Nursing Service change regarding inservice, 310:675-13-5 (c), (f), and (i); General requirements, 310:677-13-1; Deemed to meet state certification requirements, 310:677-13-2; Competency and practice standards, 310:677-13-6; and Certification and recertification, 310:677-13-8.

**Agenda Item #4**  
**Vote 2**

**Motion:** I move that we take the proposed amendments to chapter 675 and 677 to the State Board of Health.

**Motion Made by:** Dawn Ann Mendenhall **Seconded:** Cassell Lawson **Motion Carried:** Yes

**Aye:** 14    **Abstain:** 0    **Nay:** 0    **Absent:** 5

Ginny Bond	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant-Pharmacist	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Donna Bowers	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dawn Mendenhall (Exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Jane Carlson	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Jane Mershon (Exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Vacant (Exp)	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Kay Parsons	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Vacant-NH Adm	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dr. Jean Root	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Theo Crawley (Exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	JoAnne Sellars	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dewey Sherbon	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Lara Haas	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Wendell Short	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Diane Hambric (Exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	H.F. Timmons	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Esther Houser	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Margaret Wallace (exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Chris Kincaid (Exp)	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dr. Peter Winn	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Cassell Lawson	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		*Arrived after the vote
Mich Magness*	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		Shading = Absent

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Wendell thanked the members of the Rule Review Ad Hoc committee for their hard work. The ad hoc committee was suspended effective October 14, 2009.

**5) Nomination and Election of 2010 Officers**

The nominating committee for the 2010 Long Term Care Facility Advisory Board Officers were Kay Parsons, Cassell Lawson and Esther Houser. The committee recommended the 2009 officers continue in the same positions for the year 2010. By unanimous consent, the committee chooses to re-elect the existing officers: Wendell Short, Chair; Kay Parsons, Vice-Chair and Margaret Wallace, Secretary. Kay Parsons made the recommendation from the nominating committee and Esther Houser seconded the motion.

**Agenda Item #5  
 Vote # 3**

**Motion:** Nomination of the 2010 Officers      **Chair:** Wendell Short **Vice-Chair:** Kay Parsons  
**Secretary:** Margaret Wallace.

Motion Made by: Kay Parsons      Seconded: Esther Houser      Motions Carried: Yes  
 Aye: 14      Abstain: 0      Nay: 0      Absent: 5

Ginny Bond	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant-Pharmacist	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Donna Bowers	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dawn Mendenhall (Exp)	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
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Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dewey Sherbon	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Clara Haas	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Wendell Short	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
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Cassell Lawson	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		*Arrived after the vote
Mich Magness*	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		Shading = Absent

**6) Nursing Facility Transfer Forms/End of Life Task Force Recommendations**

Annette Prince brought to the Board for review a patient transfer form for nursing facilities and hospital emergency departments. The form was one of the recommendations of the Attorney General's task force to improve end of life care. There have been a number of studies on this issue and there have been some piloting projects throughout the state. Until the form is required by the Board of Health it will not be effectual. Ms. Prince urged the Board to recommend this form. Dr. Winn and Dr. Root suggested the Medical Directors Best Practice sub-committee would be an excellent venue to review the transfer form and the Physicians Order for Life Sustaining Treatment (POLST) form.

**7) Specialized Facilities or Units for Residents with Alzheimer's Disease or Related Dementias**

Esther Houser presented information and explained the handout provided on Specialized facilities or Units for residents with Alzheimer's disease or related dementias was drafted in November 1992, but was not adopted. It was the recommendation of Ms. Houser to form an Ad Hoc committee to look at the original draft. An Ad Hoc Committee was formed to look at Specialized Facilities for Alzheimer's and Related Dementias. The following are members of the committee: Kay Parson, Chair; Margaret Wallace; Theo Crawley; Esther Houser; Dr. Winn; Mich Magness; Mary Brinkley; Cassell Lawson; Wendell Short; Rebecca Moore; Janine Handler; Diane Hambric and Janice Shively.

Esther Houser provided a copy of the Ombudsman bi-annual report.

**8) Announcement of the 2010 Regular Meeting Schedule**

Wendell Short announced the 2010 regular meetings of the Long Term Care Facility Advisory Board would be as follows: January 13, 2010; April 14, 2010; July 14, 2010 and October 13, 2010.

**9) Update from Long Term Care**

Dorya Huser and James Buck gave an update concerning the most recent events pertaining to Long Term Care. Mr. Buck presented information regarding Immediate Jeopardy (IJs), the scope and severity grid information on the top twenty five deficiencies, CNA II career ladder and the implantation of the IDR panel as a permanent part of the IDR process.

**10) New Business**

*Not reasonably anticipated 24 hours in advance of meeting.*

**11) Public Comment**

Public comment was made throughout the meeting.

**12) Adjournment**

*The meeting adjourned at 4:36 p.m.*

*The next regular Long Term Care Facility Advisory Board Meeting is scheduled for January 13, 2010. At 1:30 p.m. in room 1102 of the Oklahoma State Department of Health*

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1 TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH  
2 CHAPTER 663. CONTINUUM OF CARE AND ASSISTED LIVING  
3  
4

5 SUBCHAPTER 19. ADMINISTRATION, RECORDS AND POLICIES  
6

7 310:663-19-4. Policies

8 (a) Each assisted living center shall have a written policy statement  
9 that expressly prohibits the abuse or neglect of residents and  
10 misappropriation of resident property it serves. The policy shall  
11 include the facility's investigative procedures and actions to be  
12 taken when incidents of abuse or neglect of residents or  
13 misappropriation of resident's property occur.

14 (b) Any individual who becomes aware of abuse or neglect of a  
15 resident or misappropriation of a resident's property shall report the  
16 matter no later than the next working day to the Department and comply  
17 with other reporting requirements provided in O.S. Title 43A section  
18 10-103.

19 (c) The administrator of the assisted living center who becomes aware  
20 of abuse or neglect of a resident or misappropriation of a resident's  
21 property shall immediately act to rectify the problem and shall make a  
22 report of the incident and its correction to the Department.

23 (d) The assisted living center shall provide staff, within ninety  
24 (90) days of employment, training in the identification of abuse and  
25 neglect of residents and misappropriation of resident property and the  
26 facility's policies and procedures concerning the same. Verification  
27 of the provision of training shall be written, signed by staff  
28 attending and retained in the personnel files.<sup>1</sup>

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<sup>1</sup> This addresses the prevention and mitigation of abuse, neglect and misappropriation of resident's property.

1 TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH  
2 CHAPTER 675. NURSING AND SPECIALIZED FACILITIES  
3  
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5 SUBCHAPTER 9. RESIDENT CARE SERVICES  
6

7 **310:675-9-5.1. Assessment and care plans**

8 (a) A resident assessment and an individual care plan shall be  
9 completed and implemented for each resident. The care plan shall  
10 indicate the resident's current status and accurately identify the  
11 resident's needs.

12 (b) The written resident assessment and care plan shall be reviewed  
13 and updated, at least quarterly, and as needed when the resident's  
14 condition indicates.

15 (c) Efforts shall be made to include the resident and resident's  
16 representative in development and implementation of the care  
17 planning process.

18 (1) **Resident assessment**

19 (A) The facility shall conduct, initially and periodically, a  
20 comprehensive, accurate, standardized, reproducible assessment  
21 for each resident's functional capacity.

22 (B) Each resident shall have an assessment coordinated or  
23 conducted by a registered nurse.

24 (C) Each individual completing a portion of the assessment  
25 shall sign, date, and certify the accuracy of that portion.

26 (D) An assessment shall be completed within fourteen days  
27 after admission of the resident.

28 (E) The resident assessment shall include a minimum data set  
29 (MDS) in the form required under 42 CFR 483.20. Each facility,  
30 with the exception of Intermediate Care Facilities for the  
31 Mentally Retarded (ICF/MR), accurately shall complete the MDS  
32 for each resident in the facility, regardless of age,  
33 diagnosis, length of stay or payment category.<sup>1</sup>

34 (F) The MDS form shall require the following, as applicable:

35 (i) Admission assessment;

36 (ii) Annual assessment;

37 (iii) Significant change in status assessment;

38 (iv) Significant correction of prior full assessment;

39 (v) Significant correction of prior quarterly assessment;

40 (vi) Quarterly review; and

41 (vii) A subset of items upon a resident's transfer,  
42 reentry, discharge, and death.

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<sup>1</sup> This clarifies that Intermediate Care Facilities for the Mentally Retarded are excluded from the requirement to use a minimum data set (MDS) form for resident assessments.

1           (2) **Resident pain assessment**

2           (A) Residents shall be screened for the presence of pain at  
3           least once every 30 days and whenever vital signs are taken.

4           (i) Licensed nursing staff shall perform the screening at  
5           least once every 30 days. Certified nurse aides may perform  
6           the screening more frequently as needed.

7           (ii) The screening instrument shall grade the intensity and  
8           severity of pain using a resident-specific pain scale;

9           (B) An individualized pain assessment shall be conducted by a  
10          registered nurse for each resident:

11          (i) In conjunction with the admission, quarterly and  
12          annual assessments required at OAC 310:675-9-5.1.(c)(1)(F);  
13          and

14          (ii) With onset of pain not previously addressed in a  
15          care plan or physician's orders.

16          (C) The goal is to alleviate or minimize pain while assisting  
17          the resident to maintain as high a level of functioning as  
18          possible. The pain assessment shall include, but not be  
19          limited to:

20          (i) A statement of how the resident describes the pain;

21          (ii) Intensity and severity of pain graded using a  
22          resident-specific pain scale;

23          (iii) Recent changes in pain;

24          (iv) Location(s);

25          (v) Onset and duration of pain, such as new pain within the  
26          last 3 days, recent pain within the last 3 months, or more  
27          distant pain greater than 3 months;

28          (vi) Type of pain reported or represented by resident, such  
29          as constant or intermittent, and duration or frequency of  
30          pain;

31          (vii) Current pain measured at its least and greatest  
32          levels;

33          (viii) Aggravating and relieving factors;

34          (ix) Treatment including a review of all therapies,  
35          including medication, and the regimen used to minimize  
36          pain;

37          (x) Effects of pain and effectiveness of therapy on  
38          physical and social functions;

39          (xi) Resident's treatment preferences and emotional  
40          responses to pain, including resident's expectations and  
41          how resident coped with pain; and

42          (xii) If applicable, refer to pain assessment tool for the  
43          cognitively impaired.

44          (D) Results shall be recorded in the resident's clinical  
45          record showing changes in pain scale and changes in level of  
46          functioning. The physician shall be contacted as necessary.

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1 (E) Pain shall be treated promptly, effectively and for as  
2 long as necessary.

3 (3) **Individual care plan**

4 (A) An individual care plan shall be developed and  
5 implemented for each resident to reflect the resident's needs.

6 (B) The care plan shall be developed by an interdisciplinary  
7 team that includes a registered nurse with responsibility for  
8 the resident, and other appropriate staff in disciplines  
9 determined by the resident's needs.

10 (C) The care plan shall include measurable objectives and  
11 timetables to meet the resident's medical, nursing, mental and  
12 psychosocial needs identified in the assessment.

13 (D) The care plan shall be available to appropriate personnel  
14 providing care for the resident.

15 (E) An initial care plan shall be completed at the time of  
16 admission. The individualized care plan shall be completed  
17 within twenty-one days after admission.

18 (F) A care plan shall be completed within seven calendar days  
19 after the completion of the assessment.

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22 **SUBCHAPTER 13. STAFF REQUIREMENTS**  
23

24 **310:675-13-5. Nursing service**

25 (a) **General.** The nursing facility shall be organized, staffed, and  
26 equipped to provide nursing and health related services to all  
27 residents on a continuous basis.

28 (b) **Licenses.** All licensed nurses shall hold a current license  
29 issued by the Oklahoma Board of Nursing.

30 (c) **Director of nursing**

31 (1) A registered nurse or licensed practical nurse shall be  
32 designated as the director of nursing.

33 (2) The director of nursing shall be on duty on the day shift and  
34 be responsible for all resident care including, but not limited  
35 to, the physical, mental, and psycho-social needs. The director  
36 of nursing or designee shall be available by telephone when  
37 needed by facility staff.

38 (3) When necessary, the director of nursing may work other than  
39 the day shift but for no more than three shifts a week. This  
40 exception shall not exceed three consecutive weeks in a three  
41 month period.

42 (d) **Licensed nurses**

43 (1) The facility shall employ licensed nurses for a sufficient  
44 number of hours to meet the residents' needs.

45 (2) A licensed nurse shall supervise direct care staff and shall  
46 direct nursing care for the residents.

47 (3) The facility shall use licensed practical nurses only for the  
48 medical procedures for which they are trained.

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1 (e) **Consultant registered nurse**

2 (1) If the director of nurses is a licensed practical nurse, a  
3 registered nurse shall be employed for at least eight hours per  
4 week as a consultant.

5 (2) A consultant registered nurse shall evaluate and consult with  
6 the director of nursing concerning residents' needs and shall  
7 coordinate the assessment and care plan of each resident.

8 (3) A consultant registered nurse's visit shall document the date  
9 and the hours spent in consultation. The documentation shall be  
10 signed and reviewed by the director of nursing.

11 (f) **Certified medication aide**

12 (1) Each medication aide shall be a certified nurse aide who has  
13 passed a Department approved medication administration program.

14 (2) A graduate nurse or a graduate practical nurse, who has not  
15 yet been licensed, may administer medications if the nurse has  
16 passed an approved competency test for medication administration.

17 (3) A certified medication aide may administer physician ordered  
18 medications and treatments under the direction of a licensed  
19 nurse.

20 (4) The facility shall have a licensed nurse or physician on-call  
21 to handle medical emergencies. The charge person shall notify the  
22 designated person when a medical emergency arises.

23 (5) A certified medication aide shall complete eight hours of  
24 continuing education a year that is approved by the Department.

25 (g) **Nurse aide**

26 (1) No facility shall use, on a full-time basis, any person as a  
27 nurse aide for more than 120 days unless that person is enrolled  
28 in a training program.

29 (2) No facility shall use, on a temporary, per diem, or other  
30 basis, any person as a nurse aide unless the individual is listed  
31 on the Department's nurse aide registry.

32 (3) The facility shall contact the Department's nurse aide  
33 registry prior to employing a nurse aide to determine if the  
34 person is listed on the registry, and if there is any record of  
35 abuse, neglect, or misappropriation of resident property.

36 (h) **Nursing students.** Facilities participating in a state approved  
37 nursing education program may allow nursing students to administer  
38 medications to residents. The facility shall have a written  
39 agreement with the nursing education program. The agreement shall  
40 specify the scope of activities, education level, and required  
41 supervision. The facility shall maintain a current roster of  
42 nursing students in the program. Details about the program and its  
43 operation within the facility shall be included in the facility's  
44 policy and procedure manual.

45 (i) **Inservice.** The facility shall provide all direct care staff  
46 with two hours of inservice training specific to their job  
47 assignment per month. This training shall include, at least, the  
48 following:

49 (1) Fire safety and first aid classes semi-annually.

- 1 (2) Resident rights and resident adjustment to institutional life  
2 annually.
- 3 (3) Cardiopulmonary resuscitation and Heimlich maneuver  
4 procedures annually.
- 5 (4) All supervisory staff shall receive training in regards to  
6 applicable local, state, and federal regulations governing the  
7 facility.
- 8 (5) Each staff person shall be provided training in pain  
9 recognition at the time of orientation and at least once a year  
10 thereafter.
- 11 (6) Each certified nurse aide shall be provided training in pain  
12 screening at the time of orientation and at least once every ~~six~~  
13 months year thereafter.
- 14 (7) Each licensed practical nurse shall be provided training in  
15 pain screening and pain management at the time of orientation and  
16 at least once every ~~six months year~~ thereafter.
- 17 (8) Each registered nurse shall be provided training in pain  
18 assessment and pain management at the time of orientation and at  
19 least once every ~~six months~~ year thereafter.<sup>2</sup>  
20  
21

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<sup>2</sup> This amends inservice training intervals for pain screening, management and assessment, from six to twelve months in addition to training in orientation.

1 TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH  
2 CHAPTER 680. RESIDENTIAL CARE HOMES  
3

4  
5 SUBCHAPTER 3. LICENSURE REQUIREMENTS  
6  
7

8 310:680-3-6. Records and reports

9 (a) Every residential care home shall conspicuously post in an  
10 area of its offices accessible to residents, employees, and  
11 visitors, the following:

12 (1) Its current license.

13 (2) The name of the current administrator and their  
14 certificate posted.

15 (3) A copy of Residents' Rights.

16 (4) Complaint procedure, established by the Nursing Home Care  
17 Act and provided by the Department which includes name,  
18 address, and telephone number of a person within the Department  
19 who is authorized to receive complaints.

20 (5) A copy of any order pertaining to the facility issued by  
21 the Department or a court, which is currently in effect.

22 (b) Every residential care home shall retain the following for  
23 public inspection:

24 (1) A complete copy of every inspection report of the  
25 residential care home received from the Department during the  
26 past three (3) years.

27 (2) A copy of every order pertaining to the residential care  
28 home issued by the Department or a court during the past three  
29 (3) years.

30 (3) A description of the services provided by the residential  
31 care home, the rates charged for those services, and items for  
32 which a resident may be separately charged.

33 (4) A copy of the statement of ownership.

34 (5) A list of personnel who are licensed, certified, or  
35 registered and employed or retained by the residential care  
36 home, including area in which individual is credentialed.

37 (6) If source of payment for resident's care is from public  
38 funds, the contract with the agency providing the funds.

39 (c) Reports of communicable disease shall be made in accordance  
40 with the adopted requirements of the Board of Health.

41 (d) The Department shall be notified of all incidents pertaining  
42 to fire, storm damage, death other than natural, residents  
43 missing, or utilities failure for more than four (4) hours, and  
44 other critical incidents that result in fractures, head injuries  
45 or require treatment at a hospital. Notice shall be made no later

1 than the next working day. <sup>1</sup>

2 (e) An evacuation plan shall be developed and permanently  
3 displayed in the hallways and sitting room. Fire drills shall be  
4 conducted at least quarterly.

5 (f) Facility shall have a written plan for temporary living  
6 arrangements in case of fire, climatic conditions that warrant  
7 evacuation and/or other natural disasters that may render the home  
8 unsuitable.

9  
10 **310:680-3-14. Appropriate Occupancy [New]**

11 A residential care home shall not admit or provide services to  
12 a resident who is not ambulatory and essentially capable of  
13 participating in their own activities of daily living. Residents  
14 shall not routinely require nursing services [63 O.S. Section 1-  
15 820(a)]. <sup>2</sup>

16  
17  
18 **SUBCHAPTER 9. DIETARY REQUIREMENTS**

19  
20 **310:680-9-1. Food service**

21 (a) A residential care home shall have available a minimum of  
22 three (3) meals per day, constituting a palatable, nutritionally  
23 adequate general diet and should include the basic four (4) food  
24 groups in the recommended amounts.

25 (b) There shall be no more than fourteen (14) hours between the  
26 substantial evening meal and the following morning meal. Between  
27 meal snacks shall not replace regular meals.

28 (c) Fresh drinking water shall be available and easily accessible  
29 to the residents. Ice from an approved source shall be available.

30 (d) Menus shall be planned, dated, and posted at least one (1)  
31 week in advance. Menus are to be retained in the home for one (1)  
32 year.

33 (e) Three (3) days supply of food shall be in the home at all  
34 times, including cold storage.

35 (f) Dining room seating capacity shall be a minimum of 15 square  
36 feet per resident.

37 (g) A residential care home having residents requiring special  
38 diet(s) prescribed by a physician shall contract with a consulting  
39 registered/licensed dietitian to provide services to institute and  
40 monitor these special diets. Special diet menus shall be approved  
41 and signed by a registered/licensed dietitian.

42 (h) A residential care home licensed for twenty (20) beds or

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<sup>1</sup> This clarifies the criteria pertaining to incidents reportable to the Department

<sup>2</sup> This subchapter establishes the requirement for licensed facilities to comply with the definition of "Residential Care" as defined in statute at, 63 O.S. § 1-820.

1 more, and/or having residents who require special diets, shall  
2 designate an employee who is properly trained to supervise menu  
3 planning, food preparation, food inventory, food distribution, and  
4 health issues related to diet.

5 (i) A residential care home providing special diets shall ensure  
6 that each resident is offered the correct diet.

7 (j) A residential care home shall be licensed in accordance  
8 compliance with the Chapters 255<sup>3</sup> and 295<sup>4</sup> Chapter 257 of this  
9 Title, regarding storage, preparation, and serving of food  
10 (including milk and ice). A residential care home may use  
11 residential equipment provided that the equipment must maintain  
12 hot and cold temperatures as required in OAC 310:257.<sup>5</sup>  
13  
14

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<sup>3</sup> Chapter 255 of this Title was replaced by Chapter 256 effective June 25, 1999. Chapter 256 was replaced by Chapter 257 effective June 25, 2006.

<sup>4</sup> Chapter 295 (Milk and Milk Product Regulations) was revoked effective June 11, 1998, and no longer applies.

<sup>5</sup> This establishes OAC 310:257 (food service establishment rules) as the governing regulations for the storage, preparation and serving of food.

# LONG TERM CARE FACILITY INVOLUNTARY TRANSFER AND DISCHARGE NOTICE

This form is for involuntary transfers or discharges by the long term care facility, and not by the resident or by the resident's legal guardian or representative. Refer to: OAC 310:675-7-4 Nursing and Specialized Facilities; OAC 310:663-3-5 Continuum of Care and Assisted Living; OAC 310:680-17-2 Residential Care Homes.

## Resident Information

Name: \_\_\_\_\_

Medicaid ID # (if applicable) \_\_\_\_\_

## Resident's Representative (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Date of Notice to Resident: \_\_\_\_\_

Effective Date: \_\_\_\_\_

The effective date must be at least thirty (30) days from date notice is given unless a legal exception applies. The resident may choose to move earlier than the effective date.

\*Residential Care Homes: The effective date must be at least ten (10) days from date notice is given unless a legal exception applies. The resident may choose to move earlier than the effective date.

## Facility Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

Facility Phone: ( ) \_\_\_\_\_

## Location to which resident is transferred or discharged (required):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

## Reason for Discharge or Transfer

You have failed, after reasonable notice, to pay for a stay at the facility (or to have paid under Medicaid or Medicare).

Inappropriate placement (Assisted Living Centers)

The following reasons require this form be signed by the resident's attending physician with a written order for discharge or transfer be attached.

Your needs cannot be met in this facility.

Your health has improved sufficiently so that you no longer need the services provided by this facility.

The safety of individuals in this facility is endangered.

The following reason requires this form be signed by any physician with a written order for discharge or transfer be attached.

The health of other individuals in this facility is endangered.

Brief explanation to support action, (attach additional documentation if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUESTING AN APPEAL OF THIS DECISION**

You have the right to appeal if you disagree with this decision. You have up to ten (10) days upon receipt of this notice to request a fair hearing. If you request a fair hearing within ten (10) days after receiving this notice, you **will not** be transferred or discharged until the hearing decision has been made, unless your circumstance requires an emergency transfer or discharge. If you do not request a fair hearing within ten (10) days after receiving this notice, you will be transferred or discharged at the end of the thirty (30) day notice period.

\*For individuals residing in Residential Care Homes, you have up to five (5) days to request a fair hearing.

If you wish to appeal this notice and request a hearing, you may call or submit a written request for a hearing with the Department to: Hearing Clerk

Oklahoma State Department of Health  
1000 N.E. Tenth Street  
Oklahoma City, OK 73117

(405) 271-1269

Fax: (405) 271-5604

**REQUESTING ASSISTANCE**

If requested, facility staff must provide assistance necessary to contact the organizations below or to request an appeal of this decision if you disagree with the discharge or transfer. Please see the nursing home contact person's name and phone number on the front of this form.

**LOCAL LONG-TERM CARE OMBUDSMAN**

Individuals sixty (60) years of age and above may request assistance from the Long Term Care Ombudsman Program. The Ombudsman supervisor assigned to this facility is:

Name: \_\_\_\_\_

Address : \_\_\_\_\_

Office Phone: (    ) \_\_\_\_\_

**OKLAHOMA DISABILITY LAW CENTER, INC**

If you have a diagnosis of mental illness or mental retardation, you may contact the Oklahoma Disability Law Center for assistance with an appeal of the decision.

The Oklahoma Disability Law Center's toll free telephone numbers are (800) 880-7755 (Oklahoma City), (800) 226-5883 (Tulsa).

Written Correspondence may be sent to:

(Oklahoma City) \_\_\_\_\_ (Tulsa)  
2915 Classen Blvd., Suite 300                      2828 East 51 Street, Suite 302  
Oklahoma City, OK 73106                      Tulsa, OK 74105  
(405) 525-7755 Fax: (405) 525-7759              (919) 743-6220 Fax: (918)743-7157

**Notice presented by:**

\_\_\_\_\_  
Facility Home Administrator/Designee Name                      Signature                      Date

\_\_\_\_\_  
Physician/Designee Name (when required)                      Signature                      Date

**Notice received by:**

\_\_\_\_\_  
Resident or Representative Name                      Signature                      Date

Notice given to: Resident, Legal Guardian or Representative                      \_\_\_\_\_ (date)

Local Long Term Care Ombudsman                      \_\_\_\_\_ (date)

Resident Clinical Record                      \_\_\_\_\_ (date)