



Oklahoma State
Department of Health

LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting

April 8, 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 1:34 p.m. Wednesday, April 8, 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 April 8, 2009 meeting agenda was posted March 20, 2009 on the OSDH website and at OSDH building's front entrance on April 3, 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; Dewey Sherbon; Diane Hambric; Jane Mershon; Dawn Mendenhall; Clara Haas; Esther Houser; Cassell Lawson; Mich Magness and Dr. Peter Winn.

The following members were absent: Ginny Bond; Gayla Campbell; Tracy DeForest; JoAnne Sellars; Chris Kincaid and Dr. Jean Root.

Currently, there are five vacancies on the Board.

Identified OSDH staff present was: Henry F. Hartsell Jr., PHS; Dr. Tim Cathey, PHS; Dorya Huser, LTC; Jim Buck, LTC; Mary Fleming, LTC; Karen Gray, LTC; and Gayle Freeman, LTC.

Identified guests present were: Mary Brinkley, OKAHSA; Oralene Sherbon; Joyce Clark, Achievis; Marilyn Kipps 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 January 7, 2009 Regular Meeting Minutes.

Meetings are posted at:

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

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

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

Approval/Amendment of minutes for January 7, 2009 regular meeting.

**Agenda Item #3
 Vote 1**

After brief discussion, Jane Mershon made a motion to approve the January 7, 2009 regular meeting minutes. Seconded b: Kay Parsons. Motion carried.

Aye: 12 Abstain: 3 Nay: 0 Absent: 7

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 type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Gayla Campbell	<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 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
Tracy DeForest	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dewey Sherbon	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Clara Haas	<input checked="" 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 type="checkbox"/> Aye <input checked="" 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 type="checkbox"/> Aye <input checked="" type="checkbox"/> Abstain <input type="checkbox"/> Nay		
Mich Magness	<input type="checkbox"/> Aye <input checked="" type="checkbox"/> Abstain <input type="checkbox"/> Nay		Shading = Absent

4) Best Practices Medical Directors

Dr. Peter Winn welcomed Dr. Cathey back from his deployment to Iraq. Dr. Winn explained the Best Practices Medical Directors subcommittee had met five (5) times since the creation of the committee in December of 2007. Dr. Winn presented a review of the handout provided. The next meeting of the Best Practices Subcommittee will be Wednesday, June 10, 2009 at 2:30 in room 314 at the Oklahoma State Department of Health. Dr. Winn informed the group that Governor Brad Henry has designated April 13th – 18th as Palliative Care Week.

Wendell thanked Dr. Winn for all of his time and work.

5) Ad Hoc Rules/Regulation Review

Dewey Sherbon gave a report-update on the first meeting of the Ad Hoc committee on rule and regulation review. He related that Dr. Hartsell had provided excellent developmental information to review. Dewey provided a handout of proposals from the Thursday, March 5, 2009 Ad Hoc meeting. He advised anyone interested in the items proposed could attend the next Ad Hoc meeting to be held at Shepherd Mall, Entrance B & C, Suite 40, Roy Keen Room Thursday, April 16 - 1:00 - 3:30 Dept. of Human Services Aging Services/Ombudsman Office 2401 N.W. 23rd Street, Suite 40 Oklahoma City, OK 73107.

Meetings are posted at:

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

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

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

6) Update on Long Term Care Facility for Sex Offenders

Dr. Hartsell, Deputy Commissioner, Public Health Services, provided an update-status report on the Long Term Care Facility for sex offenders. Dr. Hartsell explained the legislature in 2008 enacted H.B. 2704, which added a new section of law in the public health code that directed the State Department of Health to initiate a Request for Proposal (RFP) through the state central purchasing system. The RFP was for the operation of a Long Term Care Facility for sex offenders who are assigned a numeric risk level of level two (2), or three (3) under the Sex Offenders Registration Act. (Dr. Hartsell explained the definition of a level 1, 2, or 3-sex offender.) A solicitation for an RFP was published in December 2008, and the request ran for approximately sixty days, through February 3, 2009. A provision in the bidding process for questions was provided. The solicitation was issued by the Health Department asking bidders to submit proposals to establish and operate a long-term care facility for level two or three sex offenders. The bid was set to accommodate any range of long-term care facilities. The statute did not limit this to nursing facilities only; the facility could have been an assisted living facility, residential care home or an adult day care center. The statute did not provide any funding mechanism. It was thought the funding might come through Medicaid, Medicare, or some other source of funding. Bids were requested, the bid time was opened for sixty days and no bids were received, also no questions or inquires were received during the solicitation period. Dr. Hartsell indicated that the Health Department has satisfied the duty under the statute to initiate the proposal. A time of questions and answers followed Dr. Hartsell's report

7) Update from Long Term Care

Dorya Huser presented information on Provider Training dates for 2009; she announced the theme for this year's long-term care facility provider training would be "Reaching for the Stars." Residential Care, Assisted Living and ICF/MR have been added to the schedule. Ms. Huser announced the scholarship money for the Certified Nurse Aide (CNA) Career ladder is in the process of being launched within the next thirty to sixty days. Jim Buck is working with several of the Technology Centers and is close to having the details of the contracts finalized. The scholarships for the Career Ladder for CNAs are funded by the Civil Money Penalty fund. Dorya announced that Dr. Terry Cline is the new Commissioner of Health and is deployed to Iraq at this time; his anticipated time to begin work at the Oklahoma State Department of Health is July 2009.

8) New Business

Esther Houser announced that H.B. 2030 had passed today, April 7, 2009. H.B. 2030 creates a Silver Alert for missing vulnerable adults / elderly. The Bill is similar to the Amber Alert. Esther also advised another Bill passed the house yesterday, April 7, 2009; the Bill would eliminate licensure rules for ICF/MR facility administrators.

9) Public Comment

Public comment was made throughout the meeting.

10) Adjournment

The meeting adjourned at 2:31 p.m.

*The next regular Long Term Care Facility Advisory Board Meeting is scheduled for July 8, 2009
At 1:30 p.m. in room 1102 of the Oklahoma State Department of Health*

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

FIRST follow these orders, **THEN** contact PCP. This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed implies full treatment for the section. Everyone shall be treated with dignity and respect.

A Check One Box Only	Cardiopulmonary Resuscitation (CPR): <u>Person has no pulse and is not breathing.</u> <input type="checkbox"/> CPR/Attempt Resuscitation (full code) <input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death) <input type="checkbox"/> DNI/Do Not Intubate <i>When not in cardiopulmonary arrest, follow orders in B, C and D.</i>
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B Check One Box Only	Additional Intubation and Mechanical Ventilation Instructions: <i>If patient is DNR, and has progressive or impending pulmonary failure without acute cardiopulmonary arrest:</i> <input type="checkbox"/> Do Not Intubate (DNI) <input type="checkbox"/> Attempt a trial period of intubation and ventilation <input type="checkbox"/> Attempt a trial period of non-invasive ventilation (e.g, c-pap) (list) Comments:
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C Check One Box Only	Medical Interventions: <u>Person has pulse and is breathing.</u> <input type="checkbox"/> Comfort care measures only as per physician orders: Issues may include: Use of medication by any route, positioning, wound care, other measures to relieve pain and suffering, use of oxygen, oral suction and manual treatment of airway obstruction, skin care. <input type="checkbox"/> Limited additional interventions: Includes comfort care (as above) plus: labs, diagnostic tests, additional medications, IV fluids as ordered: _____ <input type="checkbox"/> Full treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to intensive care if indicated <i>Additional Orders: (e.g. dialysis, Chemo, TPN, etc.)</i> _____
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D Check One Box Only	Antimicrobials <input type="checkbox"/> No antimicrobials. Use other measures to relieve symptoms. <input type="checkbox"/> Use of antimicrobials when infection occurs, with comfort as goal. <input type="checkbox"/> Use antimicrobials with curative intent. <i>Additional Orders:</i>
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E Check One Box Only	Artificially Administered Fluids and Nutrition: Always offer food by mouth if feasible. <input type="checkbox"/> No artificial nutrition by tube/IV route. <input type="checkbox"/> Defined trial period of artificial nutrition by tube/IV route. <input type="checkbox"/> Long-term artificial nutrition by tube/IV route.
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F	Summary of Goals Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other: _____	Advance Directives: Patient has completed an additional document that provides guidance for treatment measures and for a designated person to make medical decisions for him/her: <input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Living Will <input type="checkbox"/> Durable Power of Attorney for Health Care (Place copy in chart)
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Attending Physician:	
Signature: _____	Time: _____ Date: _____
Printed Name: _____	

_____	_____	_____	_____
Patient/Patient's Representative (List Relationship)	Signature (Mandatory)	Time	Date

SEND A COPY OF THIS FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

OU MEDICAL CENTER, Oklahoma City, OK
Physician Orders
For Life-Sustaining Treatment (POLST)
Page 1 of 2

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Other Contact Information (Optional)

Name of other contact person	Relationship	Phone Number

Directions for Health Care Professionals

Completing POLST

- Must be completed by a licensed physician based on patient preferences and medical indications.
- POLST must be signed by an attending physician to be valid.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid.

Using POLST

- Any section of POLST not completed implies full treatment for that section.
- A semi-automatic external defibrillator (AED) should not be used on a person who has chosen "Do Not Attempt Resuscitation."
- Oral fluids and nutrition must always be offered if medically feasible.
- The patient should be cared for in the hospital setting most appropriate for comfort care when comfort care is primary goal.
- An IV medication to enhance comfort may be appropriate (e.g, therapy for yeast infection, herpes, decubiti, etc.) for a person who has chosen "Comfort Measures Only."
- Treatment of dehydration is a measure that may prolong life. A person who desires IV fluids should indicate "Limited interventions" or "Full Treatment."
- A legal representative (if patient lacks capacity) can revoke the POLST at any time and request alternative treatment.

Reviewing POLST

This POLST should be reviewed periodically and new POLST completed if necessary when:

- (1) The person is transferred from one care setting or care level to another or
- (2) There is a substantial change in the person's health status, or
- (3) The person's treatment preferences change.

To void this form, draw line through "Physician Orders" and write "VOID" in large letters

Review of this POLST Form

Review Date	Reviewer	Location of Review	Review Outcome
			<input type="checkbox"/> No Change <input type="checkbox"/> Changes – Additions Only <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, No new form
			<input type="checkbox"/> No Change <input type="checkbox"/> Changes – Additions Only <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, No new form
			<input type="checkbox"/> No Change <input type="checkbox"/> Changes – Additions Only <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, No new form
			<input type="checkbox"/> No Change <input type="checkbox"/> Changes – Additions Only <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, No new form
			<input type="checkbox"/> No Change <input type="checkbox"/> Changes – Additions Only <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, No new form

SEND A COPY OF THIS FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

**OU MEDICAL CENTER, Oklahoma City, OK
Physician Orders
For Life-Sustaining Treatment (POLST)
Page 2 of 2**

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[NEW]

SUBCHAPTER 21
Specialized Facilities or Units for Residents with
Alzheimer's Disease or Related Dementias

310:675-21-1. Purpose

The purpose of this Subchapter is to establish minimum standards for licensure of specialized units or specialized facilities caring for residents with Alzheimer's Disease or related dementias. Modifications of Subchapters 1 through 13 of this Chapter are required to meet the extreme range of needs along with the changing treatment approach for these residents. The major emphasis of this Subchapter is to provide safety, security, and a structured environment, while providing a flexible life-style for residents with Alzheimer's Disease or related dementias. Subchapters 1 through 13 apply to these specialized facilities unless this Subchapter specifically modifies, expands or deletes those provisions.

310:675-21-2. Definitions

Words and terms, when used in this Subchapter, shall have the following meanings:

"Alzheimer's Disease" means an organic brain disorder that causes loss of memory or serious mental deterioration and not caused by a psychiatric disease.

"Dementia" means the loss of intellectual function of sufficient severity to interfere with a person's daily functioning.

"Specialized facility" means a licensed nursing facility or a distinct part thereof that limits its admissions to residents who are diagnosed as having probable Alzheimer's Disease or a related dementia.

"Specialized unit" means a separated unit of a nursing facility that limits its admissions to residents who are diagnosed as having probable Alzheimer's Disease or a related dementia.

"Qualified Alzheimer/Dementia Professional (QADP)" means a staff person who is directly responsible for supervising all aspects of care and programming of the unit, facility staff and residents. The person serving as the QADP must meet at least one of the following qualifications:

(1) a baccalaureate in a human service or a related field and one year experience in a facility that deals with the treatment and care of residents with Alzheimer's Disease or related dementias.

(2) an associate degree in gerontology and one year experience in a facility that deals with the treatment and care of residents with Alzheimer's Disease or related dementias.

(3) a registered nurse with one year experience in a facility that deals with the treatment and care of residents with Alzheimer's Disease or related dementias.

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(4) a certificate in gerontology approved by the Department and one year experience in a facility that deals with the treatment and care of residents with Alzheimer's Disease or related dementias.

"Unit" means a designated facility or distinct part of a facility whose residents demonstrate a dementia disorder that causes major behavioral changes in cognitive or intellectual abilities and the adaptive behaviors that rely on these skills for their performances. Reference in this Subchapter to "unit" includes entire facilities providing specialized services.

310:675-21-3. Licensure

(a) No facility or distinct part unit may hold itself out to the public as a specialized unit without first obtaining a specialized facility license as specified herein.

(b) Each facility or distinct part of a facility desiring licensure as a specialized facility or unit under this Subchapter shall make application following the procedure set out in Subchapter 3. The application for license of a distinct part of a facility shall also include a drawing of the entire facility which indicates the specialized unit.

(c) Facilities operating an Alzheimer's Disease or related dementia unit(s) on the date of adoption of this Subchapter shall have 180 days from the effective date of this Subchapter to come into compliance. An application for license under this Subchapter shall be filed within 90 days and a license issued within 180 days of the effective date of this Subchapter.

(d) Facilities not operating a specialized unit(s) on the date of enactment of this Subchapter shall not operate as a specialized facility nor advertise without first applying for and receiving a specialized license.

(e) Conversion of a currently licensed nursing facility to a specialized unit or facility under this Subchapter shall not require a Certificate of Need under Chapter 630 of this Title.

310:675-21-4. Administration

(a) All resident rights specified in State law shall apply to these specialized units. The rights of residents shall be protected when providing security and safety to residents who need those services.

(b) Personnel records shall include, in addition to the records required by Section 7-18.2 of this Chapter, documentation of the additional training required by this Subchapter.

(c) The unit shall have a Qualified Alzheimer's/Dementia Professional (QADP), other than the administrator, who directly supervises the unit for at least twenty hours per week.

(d) The QADP shall attend sixteen clock hours of instruction a year, approved by the Department, that is related to the care and

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treatment of residents with Alzheimer's Disease or related dementias.

(e) The unit shall have at least one person who devotes at least twenty hours a week in the provision and direct supervision of activities in the unit. This person may be the activities director for the facility or a person working for the activities director.

(f) The unit shall develop and implement policies and procedures for admission and discharge criteria and shall use these policies in assessing the needs of the residents.

(g) The resident advisory council, required by the Act, may meet in conjunction with the family support group required by Section 21-4 (g).

310:675-21-5. Resident care services

(a) Each person admitted to a specialized unit shall have a diagnosis of probable Alzheimer's Disease or a related dementia made by a licensed physician.

(b) Residents of specialized units shall be provided all the services specified in Subchapter 9 of this Chapter in addition to other services specified in the following Subsections.

(c) Direct care services shall include development, implementation and review of the comprehensive assessment required in Section 9-5.1.

(d) Safety and protection services shall aid in preventing the residents from harming themselves or leaving designated indoor or outdoor areas without supervision by staff members or another responsible person or individual. Hazardous objects or appliances shall be minimized. Specialized units shall be segregated from non-specialized parts of a facility with appropriate security devices and/or measures.

(e) Resident rights services shall include adoption and maintenance of facility policies that aid in preventing abuse of the rights and property of all residents. Resident rights services shall recognize that security measures to prevent wandering may infringe on the resident's individual rights and shall make appropriate accommodations.

(f) Activities services shall meet the requirements of Section 9-10.1 and the following additional requirements.

(1) The facility shall develop written policies and procedures for meeting the residents' activity needs. The policy and procedures shall indicate how the activity program is managed and implemented, including sufficient recreational areas, equipment and materials for the program.

(2) Activity and recreational programs shall be provided and utilized to the maximum extent possible for all residents in order to promote physical well being and assist with behavior management. The program shall address the individual resident's needs and be appropriate for the specific impairment and disease stage including the sleep patterns of the residents.

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- (3) Residents of specialized units may participate in facility activities when appropriate for the resident.
- (g) In addition to the social services required in Section 9-11.1 of the Chapter, the unit shall provide a family support group that meets at least monthly to provide education for the families, teach the families to deal with stress, and provide support among, and between, the family members.
- (h) While providing the rehabilitative and restorative services required in Section 9-3.1 of the Chapter, the unit shall insure that services are appropriate to meet the needs of each resident.
- (i) The unit shall provide behavior management that does not rely on physical or chemical restraints and shall train all direct care staff in these methods.

310:675-21-6. Staffing

- (a) Subchapter 13 of this Chapter shall apply to specialized units with the addition of the following requirements.
- (b) Specially trained staff shall be maintained and assigned to the specialized unit. An emergency situation may require substitution of staff, however, every effort shall be made to provide residents with familiar staff members in order to minimize resident confusion.
- (c) Each staff person shall have eight hours of orientation before working on the unit without supervision. The orientation shall cover the unit's policies, the types of and treatment for dementias, the stages of Alzheimer's Disease or related dementias, behavior management, and communications.
- (d) Each direct care staff assigned to the unit shall have at least twenty clock hours of specialized training in addition to the eight hours of orientation, approved by the Department, within 120 days of hiring. This training, which for a nurse aide may be a part of the general nurse aide training, shall include at least the following subjects:
- (1) Basic information about the causes, progression and management of residents with Alzheimer's Disease or related dementias.
 - (2) Dysfunctional behavior and catastrophic reaction in the resident with Alzheimer's Disease or related dementias.
 - (3) Safety risks to the resident with Alzheimer's Disease or related dementias.
 - (4) Assistance in the activities of daily living for the resident with Alzheimer's Disease or related dementias.
 - (5) Communication techniques with the residents to avoid catastrophic reactions.
- (e) A social service director, as specified in Section 13-19 of this Chapter, shall:
- (1) Evaluate the resident's initial social history on admission.
 - (2) Utilize community resources.

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- (3) Coordinate monthly family support group meetings.
- (4) Identify and utilize the existing Alzheimer's network.
- (5) Participate in the resident's care planning.
- (f) The unit shall provide sufficient staff to implement a full day and evening program. Staffing ratios on the evening and night shifts will depend on the sleep patterns and needs of the residents.
- (g) As a part of the inservice training required by Section 13-5(i), each direct care staff shall have at least two hours per quarter of specialized inservice training. All other staff shall have at least one hour of specialized inservice per quarter which may be a part of the inservice required by Subchapter 13. If there is no specific inservice requirement for a particular category of staff person in Subchapter 13, then that person shall have at least two hours per quarter of specialized inservice training. Such specialized training shall relate specifically to the care and treatment of residents with Alzheimer's Disease or related dementias and shall include stress management.

310:675-21-7. Physical plant

- (a) **New construction.** A unit to be located in a new facility or in an addition to an existing facility or which requires major renovation shall comply with all the requirements of Subchapter 5. In addition, the space designated for dining, lounge and recreation areas shall not be less than 225 square feet (20.9 square meters) with at least 35 square feet (1.3 square meters) per licensed specialized bed. These space requirements shall be met on each unit. The space used for dining may also be used and counted as space for activities.
- (b) **Conversion of existing licensed beds.** Units, ~~to be~~ located in a currently licensed part of a facility, shall meet the requirements of Subchapter 5. In addition, the space designated for dining, lounge and recreation areas shall not be less than 225 square feet (20.9 square meters) with at least 35 square feet (1.3 square meters) per licensed specialized bed. These space requirements shall be met on the unit. The space used for dining may also be used and counted as space for activities.
- (c) **All units or facilities**
 - (1) Each unit shall have a monitoring station for staff that provides a writing surface, a chair, adequate lighting, a communication system to the facility's main staff station, and storage for resident records.
 - (2) Corridor control doors, if used for security of the residents, shall be 44 inches in width each leaf, opposed swing, conventional right traffic. A latch or other fastening device on a door shall be provided with a lever, handle, panic bar, or other simple type of releasing device.
 - (3) Locking devices may be used on the control doors provided that the following criteria are met.

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- (A) The building shall have a complete sprinkler system, a complete fire alarm system, including a corridor smoke detection system or smoke detectors located in each resident bedroom, that are connected into the fire alarm system, in accordance with current codes.
- (B) The locking device shall be electronic and shall be released by activation of the fire alarm or sprinkler systems or by a power failure to the facility or by pressing a button located at the main staff station or at the monitoring station.
- (C) Key pad or buttons may be located at the control doors for routine use by staff for service.
- (D) Upon loss of primary power, the control doors, if not in an exit access, may automatically reset on emergency power.
- (E) In the case of a specialized unit that is separated from the remaining portion of the facility by a locked door, the unit shall have extraordinary and acceptable fire safety features and policies protecting the residents.
- (4) Each unit shall have access to a controlled outdoor recreational area that has suitable walls or fencing that do not allow climbing or present a hazard and which includes a protected or shaded area. This area shall have emergency exit(s) in the fencing or walls to allow for evacuation in the case of emergency. Toxic garden plantings shall be prohibited.
- (5) Security measures provided for the safety of residents shall be as unobtrusive as possible.
- (6) Call lights, water pitchers, trash cans or other requirements of this Chapter may be excluded from a resident's room when the interdisciplinary team (IDT) has determined that the requirement presents a hazard to the resident.
- (7) All floors shall be maintained with low gloss products so that there are no shiny floors in the unit.

**Long-Term Care
CNA II Career Ladder Training**

School Name	Date of Classes	Number of Students Enrolled	Number of Students Completing Classes	Total Hours Completed	Employed By	Facility Type
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FY 2009

Central Tech/Drumright Campus 27 hrs	18-Jun-09	9	9	243	9 Students attended from Stroud Health Care Center	NF
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Autry Technology Center	15-Jun-09	5	5	150	3 Student from The Commons 2 Students from Kenwood Manor	SNF/NF SNF/NF
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Pontotoc Technology Center _Ada	23-Jun-09	9	9	243	2 Students from Pauls Valley Care Center 1 Student from Ballards 6 Students from Woodland Hills	SNF/NF SNF/NF SNF/NF
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Gordon Cooper Technology Center	12-Jun-09	18	16	432	4 Students from Chandler 2 Students from McCloud Nursing Center 4 Students from Shawnee Care Center 3 Students from Shawnee Colonial Estates 3 Students from Seminole Pioneer Nursing Home	SNF/NF SNF/NF SNF/NF SNF/NF SNF/NF
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FY 2010

Pontotoc Tech Center	07/14-07/16/09	3	3	81	1 Student from Woodland Hills 2 Students from Pauls Valley Care Center	SNF/NF SNF/NF
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Summary of Participation				
Total # of Students	Total # of Schools	Total # of Participating Facilities	Total # of Hours Completed	# of Participating Facility Types
42	4	11	1149	2

There are currently a number of CNA II classes taking place at Career Tech locations throughout the state.