

PROTECTIVE HEALTH SERVICES · 2015 ANNUAL REVIEW
OKLAHOMA STATE DEPARTMENT OF HEALTH



Oklahoma State Department of Health

VISION

Creating a State of Health

MISSION

To protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can be healthy.

VALUES

Leadership · To provide vision and purpose in public health through knowledge, inspiration and dedication and serve as the leading authority on prevention, preparedness and health policy.

Integrity · To steadfastly fulfill our obligations, maintain public trust, and exemplify excellence and ethical conduct in our work, services, processes, and operations.

Community · To respect the importance, diversity, and contribution of individuals and community partners.

Service · To demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents.

Accountability · To competently improve the public's health on the basis of sound scientific evidence and responsible research.

Public health impacts your life and that of your family every day through our assurance of quality in health care and consumer services. We oversee more than 115,000 assorted business and occupational licenses annually ranging from grocery stores, restaurants, hotels, and tattoo artists to ambulances, hospitals, surgical centers, and nursing homes.



Protective
Health Services

Oklahoma State
Department of Health

Through our licensure and inspection services, we assure compliance with laws and rules that reflect current public health standards. We strive to identify unhealthy conditions and correct them before they result in injury and disease.

In addition to performing routine inspections, we are at work promoting the health of the citizens of Oklahoma when emergencies or natural disasters occur. During ice storms, we maintain contact with health care facilities to ensure heat, food and medical supplies are available to patients. When power outages affect the State, we drop by restaurants to make certain the food supply is being stored at safe temperatures and provide technical support to the business owner who is dealing with less than optimal circumstances.

We hope this booklet will help you identify the Protective Health Services of the Oklahoma State Department of Health that are working to keep all Oklahomans healthy. If you need more information, give us a call at 405 • 271 • 5288 or check our Web site at http://www.ok.gov/health/Protective_Health/index.html.

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Commissioner of Health

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CONSUMER HEALTH SERVICE

(Vacant)

405 • 271 • 5243

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(Vacant)

Consumer Protection Division

405 • 271 • 5243; Fax: 405 • 271 • 3458

Lynnette Jordan

Occupational Licensing Division

405 • 271 • 5779; Fax: 405 • 271 • 5286

lynnette@health.ok.gov

ANIMAL BITE REPORTS AND ENFORCEMENT

Clients Served

Citizens of Oklahoma and any person who may have been bitten or exposed to a zoonotic disease.

Contact

(Vacant)

405 • 271 • 5243

Fax: 405 • 271 • 3458

<http://cpd.health.ok.gov>

Authority

63 O.S., § 1-508

OAC 310:599

Funding Source

State Funds

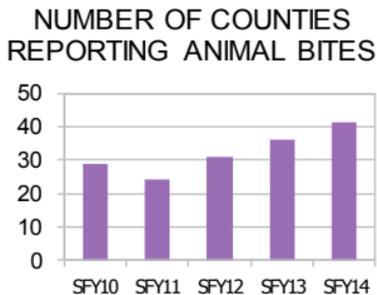
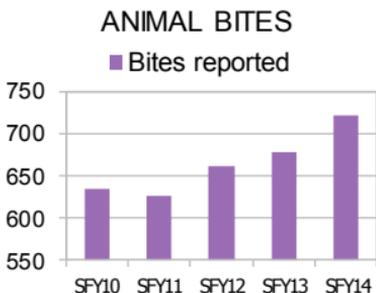
The purpose of this program is to protect the public health by investigating and enforcing rules for the prevention and control of zoonotic diseases in the State of Oklahoma. The Commissioner of Health has authority to issue an order declaring a quarantine, isolation, impounding, immunization or disposal of any animal determined to be the source of such disease or exposure according to rules promulgated by the State Board of Health.

County health department public health specialists and environmental technicians serve as the “department designee” and handle all initial animal bite reports at the local level. They provide technical assistance, investigate bite incidents and follow-up, conduct enforcement activities, and act as a liaison between the local and state health departments.

Program Fees

There are no fees associated with this program.

	SFY10	SFY11	SFY12	SFY13	SFY14
ANIMAL BITES					
Counties reporting	29	24	31	36	41
Bites reported	634	627	661	678	721



BEDDING INDUSTRY

Clients Served

All segments of the bedding industry, including manufacturing, wholesale, retail and germicidal facilities.

Contact

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<http://cpd.health.ok.gov>

Authority

63 O.S., §§ 1-1001 et seq.
OAC 310:215

Funding Source

Fees Collected

This program was created in the 1950's. It is a traditional public health program for the protection of the consumer. Consumer Protection Division (CPD) staff endeavor to assure the safe manufacture and processing of wholesale and retail bedding products, and for the germicidal treatment of used bedding products.

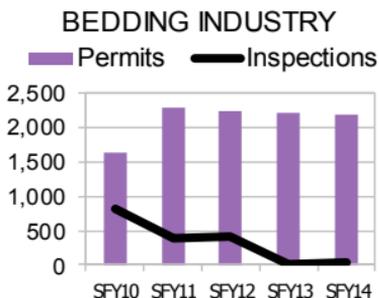
CPD staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry and consumers in bedding manufacturing practices, meet with consumer advisory

committees, and provide technical assistance as necessary. On-site inspections of the establishments are also performed by CPD staff.

Program Fees

Initial Bedding Permit	\$5.00
Renewal Bedding Permit	\$5.00
Initial Germicidal Treatment Permit	\$25.00
Renewal Germicidal Treatment Permit	\$5.00

	SFY10	SFY11	SFY12	SFY13	SFY14
BEDDING INDUSTRY					
Permits	1,631	2,289	2,224	2,218	2,192
Inspections	816	393	420	20	27
Fees collected	\$98,048	\$109,277	\$127,672	\$162,067	\$147,383



CONSUMER PRODUCT SAFETY COMMISSION

Clients Served

The consuming public and facilities that market the products being consumed or used.

Contact

(Vacant)

405 • 271 • 5243

Fax: 405 • 271 • 3458

<http://cpd.health.ok.gov>

Authority

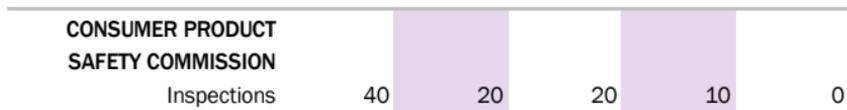
63 O.S., § 1-106

Funding Source

Contractual basis with the United States Consumer Product Safety Commission.

This program serves to monitor the effectiveness of either manufacturer-initiated or federally-initiated recalls, federal or manufacturer mandated product educational programs, and compliance with federal regulations.

The program also serves as an initial contact for consumers who may have questions or complaints about a product. Those complaints would then be forwarded to the Consumer Product Safety Commission Regional Office in Dallas, Texas.



DRUGS, COSMETICS, MEDICAL DEVICES, AND HEALTH FRAUD

This program was created by statutory authority and regulations. Consumer Protection Division (CPD) staff endeavor to provide for the safe manufacture, processing and wholesale distribution of drugs (primarily over-the-counter drugs), cosmetics, and medical devices, and to protect the public from health fraud, including fraudulently labeled and advertised products.

CPD staff develop, write, implement and interpret rules; issue licenses to establishments for which there is statutory authority; track statistical data; provide for enforcement of establishments not in compliance; train industry and consumers in manufacturing practices; meet with consumer advisory committees; and provide technical assistance as necessary. On-site inspections of the establishments are also performed by CPD staff.

Clients Served

All segments of drugs, cosmetics, medical devices, wholesale manufacturing and processing facilities, and consumers of such products or devices.

Contact

(Vacant)

405 • 271 • 5243

Fax: 405 • 271 • 3458

<http://cpd.health.ok.gov>

Authority

63 O.S., §§ 1-1401 et seq.

OAC 310:240

Funding Source

Fees Collected

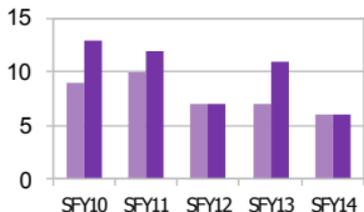
Program Fees

Initial license.....	\$350.00
Renewal license.....	\$250.00

	SFY10	SFY11	SFY12	SFY13	SFY14
DRUGS, COSMETICS, MEDICAL DEVICES					
Licensed entities	9	10	7	7	6
Inspections	13	12	7	11	6
Violations cited	4	1	0	3	0
Complaints	0	0	0	0	0

DRUGS, COSMETICS, etc.

■ Licensed entities ■ Inspections



HEARING AID PROGRAM

This program was created to protect the public from unqualified and unscrupulous individuals involved in the hearing aid industry. Occupational Licensing (OL) staff endeavor to assure that all companies and individuals engaged in the hearing aid industry are licensed as required and are in compliance with the applicable rules. OL staff offer examinations a minimum of twice a year for applicants wishing to become licensed and investigate complaints made against the industry.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Hearing Aid Advisory Council and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed the Hearing Aid Program under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Clients Served

Licensed hearing aid dealers and fitters, and consumers who utilize the services of the hearing aid industry.

Contact

Lynnette Jordan
405 • 271 • 5779
Fax: 405 • 271 • 5286
lynnette@health.ok.gov

<http://old.health.ok.gov>

Authority

63 O.S., §§ 1-1750, et seq.
OAC 310:265

Funding Source

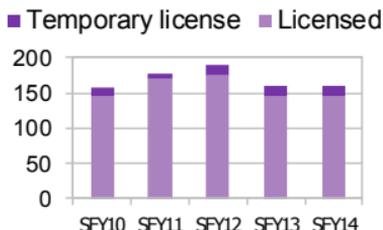
Fees Collected

Program Fees

Initial Hearing Aid Dealers Test (\$95.00 exam fee; \$50.00 license fee).....	\$145.00
Hearing Aid Dealer Retest Fee	\$95.00
Temporary Hearing Aid Dealer License.....	\$15.00
Hearing Aid Dealer Renewal Fee (through January 30)	\$50.00
Hearing Aid Dealer Late Renewal Fee (through February 28)	\$75.00
Hearing Aid Dealer Late Renewal Fee (after February 28)	\$100.00

	SFY10	SFY11	SFY12	SFY13	SFY14
HEARING AID PROGRAM					
Licensed dealers/fitters	146	169	175	145	145
Temporary licenses	11	9	14	15	15
Fees collected	\$12,785	\$11,290	\$11,980	\$10,390	\$11,236

HEARING AID FITTERS AND DEALERS



HOTELS-MOTELS

This program serves to monitor the sanitary conditions existing in hotels-motels for compliance with regulatory standards established by the Department.

Consumer Protection Division staff endeavor to provide consumers reasonable assurance of sanitary conditions. Regulations address buildings and appurtenances thereto, including plumbing, ventilation and lighting, construction, cleanliness and bactericidal treatment of equipment and utensils, linens, cleanliness and hygiene of personnel, toilet facilities, disposal of wastes, water supply, and any other items deemed necessary to safeguard the health, comfort, and safety of guests being accommodated.

Clients Served

Hotel-motel owners, managers and operators, and the general public who utilize services of the hotel-motel industry.

Contact

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Fax: 405 • 271 • 3458

<http://cpd.health.ok.gov>

Authority

63 O.S., § 1-1201

OAC 310:285

Funding Source

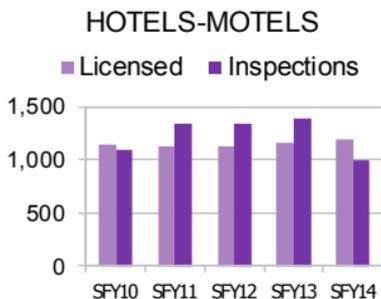
Fees Collected

Program Fees

\$150.00 to \$350.00 dollars depending on the class of the permit or renewal.

	SFY10	SFY11	SFY12	SFY13	SFY14
HOTELS-MOTELS					
Number licensed	1,149	1,126	1,131	1,159	1,185
Inspections	1,093	1,340	1,338	1,384	1,002
Violations cited	1,629	1,378	1,221	Not Available	Not Available
Fees collected	*	*	*	*	*

*Fee data is included in the Retail Foods program area



LICENSED GENETIC COUNSELORS

Licensed Genetic Counselors (LGC) staff regulate qualified persons rendering genetic counseling services to individuals and families by estimating the likelihood of occurrence or recurrence of a birth defect or any potentially inherited or genetically influenced condition, among other genetic counseling activities. LGC staff process applications for licensure, establish minimum qualifications, issue licenses, review continuing education requirements, process complaints, and conduct hearings.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Genetics Counseling Advisory Council and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed Licensed Genetics Counselors under the jurisdiction of the Infant and Children's Health Advisory Council. For more information see the "Advisory Councils" section of this booklet.

Clients Served

Licensed genetic counselors, applicants, and consumers who utilize the services of licensed genetic counselors.

Contact

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Authority

63 O.S., §§ 1-561 et seq.
OAC 310:406

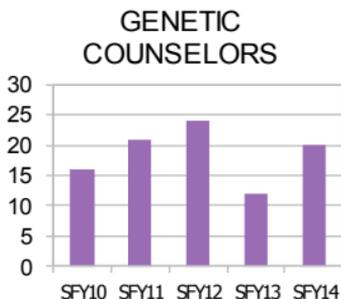
Funding Source

Fees Collected

Program Fees

Application	\$300.00
Renewal	\$200.00

	SFY10	SFY11	SFY12	SFY13	SFY14
GENETIC COUNSELORS					
Number licensed	16	21	24	12	20
Complaints	0	0	0	0	0
Disciplinary actions	0	0	0	0	0
Fees collected	\$1,652	\$2,700	\$3,200	\$2,600	\$3,300



MEDICAL MICROPIGMENTATION PROGRAM

Medical micropigmentation is a form of permanent cosmetics that requires a medical procedure in which any color or pigment is applied with a needle or electronic machine. The law authorizing medical micropigmentation does not include tattooing, thus, medical micropigmentation does not involve placing on the body any pictures, images, numbers, signs, letters of the alphabet, or designs. Individuals must apply to the Department for certification if they wish to provide this procedure under the supervision of their employing dentist, medical physician, and/or osteopathic physician. Consumer Protection Division staff process certification applications, promulgate rules of practice for medical micropigmentation training requirements, and establish criteria for the certification of persons authorized to perform medical micropigmentation.

Clients Served

Persons who perform medical micropigmentation services, and the citizens of Oklahoma who obtain the services.

Contact

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lynnette@health.ok.gov

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Authority

63 O.S., §§ 1-1450 et seq.
OAC 310:234

Funding Source

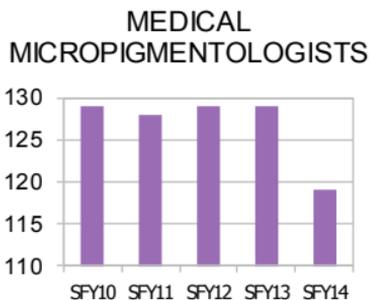
Fees Collected

Effective November 1, 2013, House Bill 1467 repealed language relating to the Medical Micropigmentation Advisory Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed the Medical Micropigmentation Program under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Program Fees

New application for certification (includes subsequent cost of exams and re-exams).....	\$515.00
Renewal of certification.....	\$100.00
Reinstatement of certification (if the renewal of the certification is 30 days or more after the expiration date).....	\$375.00
Replacement of a certificate.....	\$125.00

	SFY10	SFY11	SFY12	SFY13	SFY14
MICROPIGMENTOLOGISTS					
Number certified	129	128	129	129	119
Fees collected	\$19,435	\$18,315	\$19,680	\$16,450	\$16,865



PUBLIC BATHING PLACES

This program was created to reduce the incidence of illness and injury in public bathing places. All public bathing places must be maintained in a sanitary and safe condition, and all owners, managers, operators, and other attendants in charge of any public bathing place are responsible for the sanitation and safety of such places during the season or seasons when the public bathing place is in use.

Consumer Protection Division staff develop, write and implement rules, provide for review of plans by the Department through contract, prepare and issue permits, provide for enforcement of facilities not in compliance, train industry and consumers, track statistical data, and provide technical assistance. Inspection of the facilities is performed by county sanitarians.

Clients Served

Individuals interested in building or modifying a public bathing place, including pools, spas, water slides and attractions, and therapy water units.

Contact

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lynnette@health.ok.gov

<http://cpd.health.ok.gov>

Authority

63 O.S., §§ 1-1013 et seq.
OAC 310:250
OAC 310:315
OAC 310:320

Funding Source

Fees Collected

Program Fees

Type 82 Class I “Indoor Facility”

Public Bathing Places License Fee	\$50.00
Public Bathing Places Re-inspection Fee	\$250.00

Type 82 Class O “Outdoor Facility”

Public Bathing Places License Fee	\$50.00
Public Bathing Places Re-inspection Fee	\$250.00

Construction Permit Fees:

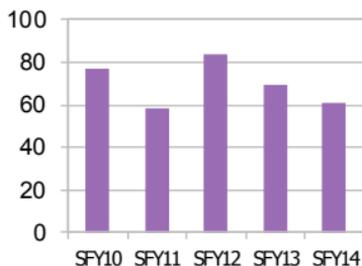
New Pools	\$100.00 per 5000 gallons (\$500.00 minimum)
Modification to Existing Pool.....	\$50.00 per 5000 gallons (\$250.00 minimum)
New Spas.....	\$50.00 per 100 gallons (\$250.00 minimum)
Modification to Existing Spa	\$25.00 per 100 gallons (\$125.00 minimum)

PUBLIC BATHING PLACES



	SFY10	SFY11	SFY12	SFY13	SFY14
PUBLIC BATHING PLACES					
Number licensed	2,996	3,114	4,882	3,066	3,175
New construction permits	77	58	84	69	61
Inspections	7,882	5,734	4,978	6,747	8,178
Violations cited	10,709	10,995	9,053	Not Available	19,489
Pool classes conducted	23	45	38	15	24
Pool class attendees	665	2,966	2,100	464	573
License fees collected	\$148,275	\$141,555	\$139,419	\$146,773	\$147,550
Construction fees collected	-----	\$43,425	\$73,440	\$45,510	\$44,400

NEW CONSTRUCTION



RETAIL FOOD ESTABLISHMENTS

Clients Served

All segments of the retail food service industry, including restaurants, bars, retail food stores, mobile operators, temporary events, and the clients of those facilities/events.

Contact

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Fax: 405 • 271 • 3458

<http://cpd.health.ok.gov>

Authority

63 O. S., §§ 1-1101 et seq.
OAC 310:257

Funding Source

Fees Collected

The food service inspection program, created in 1923, is a traditional public health program for the protection of the consumer and of all food goods sold in the State. Consumer Protection Division (CPD) staff endeavor to reduce the incidence of food-borne illness and provide for a sanitary environment in food service establishments.

CPD staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry food service workers and sanitarians in safe food service practices, meet with consumer advisory committees, and provide technical assistance as necessary.

Inspections are also conducted for food service operations in daycare centers for children and residential child care facilities through contract at the request of the Oklahoma Department of Human Services which is the Agency with jurisdiction and responsibility for regulation of child care facilities. On-site inspection of food service operations in both retail establishments and child care facilities are performed by County Health Department sanitarians.

Information on the Oklahoma Food Service Advisory Board can be found in the “Advisory Councils” section of this booklet.

Program Fees

Initial license fees are \$350.00 with a yearly renewal fee of \$250.00. Late renewal fees apply to any application received 30 days beyond expiration date. If a license is more than 90 days past expiration, it cannot be renewed. Instead, the applicant must re-apply. Licensing fees for schools, hospitals, and non-profit institutions are \$100.00 for the initial license with a yearly renewal fee of \$100.00. The contract amount for inspection of DHS child care facilities is \$100.00 per inspection.

	SFY10	SFY11	SFY12	SFY13	SFY14
FOOD ESTABLISHMENTS					
Number licensed	24,369	22,127	22,276	22,008	23,276
Food establishment inspections	48,036	47,201	45,874	43,083	46,384
Child care facility inspections	794	653	788	588	437
Total inspections	48,830	47,854	46,662	43,671	46,821
Food service violations	118,744	115,629	112,913	Not Available	Not Available
Mobile service violations	1,681	1,590	1,785	Not Available	Not Available
Total violations	120,425	117,219	114,698	Not Available	Not Available
Food establishment fees	\$5,494,102	\$5,414,265	\$4,881,406	\$5,689,822	\$5,141,042
Child care facility fees	\$79,400	\$65,300	\$77,300	\$58,400	\$43,700
Total fees*	\$5,573,502	\$5,479,565	\$4,958,706	\$5,748,222	\$5,184,742

*This includes fees from the Hotels-Motels and Wholesale Foods programs



SANITARIAN & ENVIRONMENTAL SPECIALIST REGISTRATION PROGRAM

Clients Served

Registered professional sanitarians, sanitarians in training, environmental specialists, environmental specialists in training, and consumers who utilize services provided by registered professional sanitarians and environmental specialists.

Contact

Lynnette Jordan
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lynnette@health.ok.gov

<http://old.health.ok.gov>

Authority

59 O.S., §§ 1150 et seq.
OAC 310:345
State registration required.

Funding Source

Fees Collected

This program was created to establish minimum qualifications for employment in state, federal, and private environmental programs for performing inspections of regulated facilities and investigating complaints.

Occupational Licensing (OL) staff standardize inspection of regulated facilities and conduct complaint investigations. Examinations are offered six times per year to individuals wishing to be registered.

The Department utilizes suggestions from the Sanitarian and Environmental Specialist Registration Advisory Council, the industry, and other interested persons to develop rule changes, as the need for rule change is recognized. The proposed changes are discussed at

public meetings, prior to being presented to the Board of Health for consideration.

Information on the Sanitarian & Environmental Specialist Registration Advisory Council can be found in the "Advisory Councils" section of this booklet.

Program Fees

Initial License for Registered Professional Sanitarian or Registered Professional Environmental Specialist	\$25.00
Initial License for both Registered Professional Sanitarian and Registered Professional Environmental Specialist	\$50.00
Initial License for Sanitarian-in-Training	\$10.00
Initial License for Environmental Specialist-in-training.....	\$10.00
Initial License for both Sanitarian-in-training and Environmental Specialist-in-training.....	\$20.00
Registered Professional Sanitarian or Registered Professional Environmental Specialist Renewal Fee (through January 31).....	\$25.00
Registered Professional Sanitarian or Registered Professional Environmental Specialist Late Renewal Fee (after February 1)	\$35.00
Registered Professional Sanitarian and Registered Professional Environmental Specialist Renewal Fee (through January 31).....	\$50.00
Registered Professional Sanitarian and Registered Professional Environmental Specialist Late Renewal Fee (after February 1)	\$70.00
Life Registered Sanitarian or Environmental Specialist One-time Fee	\$60.00
Examination Fee	\$30.00

	SFY10	SFY11	SFY12	SFY13	SFY14
SANITARIANS AND ENVIRONMENTAL SPECIALISTS					
Registered or in training	554	538	656	516	510
Fees collected	\$16,216	\$14,723	\$13,895	\$14,445	\$14,700

TATTOOING & BODY PIERCING PROGRAM

Clients Served

Owners of tattooing and/or body piercing establishments, persons performing tattoos and/or body piercings, and clients who seek tattooing and/or body piercing services.

Contact

(Vacant)

405•271•5243

Fax: 405•271•3458

<http://cpd.health.ok.gov>

Authority

21 O.S., § 842.1

OAC 310:233

State license or permit required with annual renewal.

Funding Source

Fees Collected

This program was created to require persons who own tattooing and/or body piercing establishments to maintain a level of sanitation in the facility and a level of sterilization in the equipment used to reduce the possibility of transmitting disease through the body piercing procedure. The program also requires persons performing tattooing or body piercing to be licensed and to have attended an approved blood borne pathogens training session.

Consumer Protection Division (CPD) staff endeavor to establish procedures and standards to prevent infection and transmission of disease. CPD staff issue temporary and permanent licenses, regulate facility requirements, regulate equipment setup and requirements, recommend procedures for

maintaining sanitary conditions, and evaluate and approve training sessions on blood borne pathogens.

The legislature did not establish an advisory council for this program.

Program Fees

Tattoo Artist Licensing Fees

Initial license	\$250.00
Renewal license	\$250.00
Late renewal license (not renewed within 30 days after expiration).....	\$350.00
Temporary license (not to exceed 7 days).....	\$50.00

Body Piercing Artist Licensing Fees

Initial license	\$250.00
Renewal license	\$250.00
Late renewal license (not renewed within 30 days after expiration).....	\$350.00
Temporary license (not to exceed 7 days).....	\$50.00

Tattoo Establishment Permit Fees

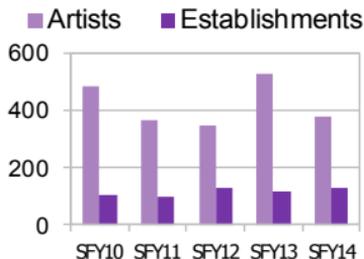
Initial license	\$1,000.00
Renewal license	\$500.00
Late renewal license (not renewed within 30 days after expiration).....	\$750.00
Temporary event license (not to exceed 3 days)	\$500.00

Body Piercing Establishment Permit Fees

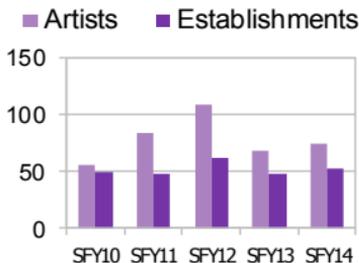
Initial license	\$500.00
Renewal license	\$250.00
Late renewal license (not renewed within 30 days after expiration).....	\$350.00
Temporary event license (not to exceed 3 days)	\$250.00

	SFY10	SFY11	SFY12	SFY13	SFY14
VIOLATIONS					
Violations cited	43	77	85	209	107
Inspections	297	283	292	114	280
Violations per inspection	0.14	0.27	0.29	1.83	0.38

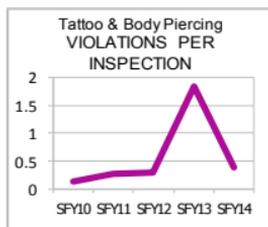
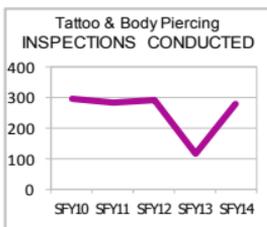
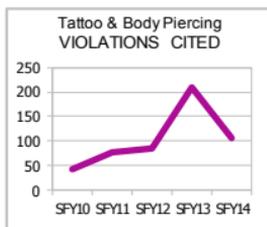
TATTOO PROGRAM



BODY PIERCING



	SFY10	SFY11	SFY12	SFY13	SFY14
TATTOO ARTISTS AND ESTABLISHMENTS					
Licensed individuals	450	237	249	262	305
Temporary artists	35	126	95	266	72
Total licensed artists	485	363	344	528	377
Establishments	108	97	130	120	128
BODY PIERCING ARTISTS AND ESTABLISHMENTS					
Licensed individuals	55	68	105	60	64
Temporary artists	0	16	3	8	10
Total licensed artists	55	84	108	68	74
Establishments	50	48	62	48	53
TOTAL FEES & FINES	\$233,700	\$269,250	\$257,604	\$187,057	\$200,594



WHOLESALE FOODS AND CORRECTIONAL FACILITIES

The program to inspect food services was created in 1923 and later expanded to include the manufacture of foods and the distribution process. Bottled water and water vending regulations were added in the 1980s. Inspection of the Department of Correction facilities was mandated by a federal court and has continued. This is a traditional public health program for the protection of the consumer and of all food goods manufactured in the state. This program is part of a shared responsibility between the state and the Food and Drug Administration under the Federal Food, Drug, and Cosmetic Act.

Consumer Protection Division (CPD) staff endeavor to reduce the incidence of food-borne illness and to provide for a sanitary environment in food manufacturing, processing, and wholesale establishments. CPD staff develop, write, implement and interpret rules, issue licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry and consumers in food manufacturing practices, meet with consumer advisory committees, and provide technical assistance as necessary. Inspection of the facilities is performed by CPD staff sanitarians, except for Oklahoma City and Tulsa, where it is performed through contract.

Clients Served

All segments of wholesale foods, including manufacturers, processors, bottled water, water vending industry and Department of Correction facilities.

Contact

(Vacant)

405 • 271 • 5243

Fax: 405 • 271 • 3458

<http://cpd.health.ok.gov>

Authority

63 O.S., §§ 1-1101 et seq.

OAC 310:225

OAC 310:260

Funding Source

Fees Collected

Program Fees

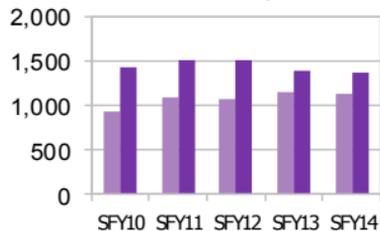
Initial licenses	\$350.00
Renewal licenses	\$250.00

	SFY10	SFY11	SFY12	SFY13	SFY14
FOOD MANUFACTURERS					
Number licensed	924	1,093	1,064	1,147	1,132
Inspections	1,437	1,515	1,513	1,398	1,377
Violations cited	1,258	1,232	730	Not Available	Not Available
CORRECTIONAL FACILITIES					
Number licensed	95	95	96	101	100
Inspections	276	284	265	286	279
Fees collected	*	*	*	*	*

*Data is included in the fee collections for the Retail Foods program area

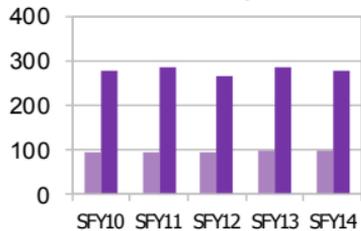
FOOD MANUFACTURERS

■ Licensed ■ Inspections



CORRECTIONAL FACILITIES

■ Licensed ■ Inspections



X-RAY FACILITIES

This program was created to protect the general public, health care employees, and patients from excessive radiation emitted by diagnostic x-ray equipment.

Consumer Protection Division (CPD) staff test diagnostic x-ray equipment for proper functioning, make practitioners and health care workers aware of proper techniques to minimize exposure, and monitor procedures utilized during diagnostic x-ray examinations.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Radiation Advisory Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed Diagnostic X-Ray Facilities under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Clients Served

Hospitals, physician offices, dental practices, veterinary practices, chiropractic offices, podiatry practices, employees who work in these entities and consumers who utilize services provided by these entities.

Contact

Lynnette Jordan
405 • 271 • 5779
Fax: 405 • 271 • 5286
lynnette@health.ok.gov

<http://cpd.health.ok.gov>

Authority

63 O.S., §§ 1-1501.1 et seq.
OAC 310:281

Funding Source

Fees Collected

Program Fees

The fee for this permit varies, depending upon the number of tubes in the facility, and the class of permit requested. Fees range from \$30.00 to \$100.00 for the initial tube, and \$20.00 to \$90.00 for each additional tube. \$500.00 is the maximum fee charged for annual renewal.

	SFY10	SFY11	SFY12	SFY13	SFY14
X-RAY FACILITIES					
Number of permits	2,980	2,980	2,985	3,030	3,008
Inspections	1,015	856	961	1,408	1,844
Fees collected	\$234,265	\$359,255	\$373,480	\$370,305	\$382,850

X-RAY FACILITIES



HEALTH RESOURCES DEVELOPMENT SERVICE

James Joslin

405 • 271 • 6868

Fax: 405 • 271 • 7360

james@health.ok.gov

Darlene Simmons

Health Facility Systems

405 • 271 • 6868; Fax: 405 • 271 • 7360

healthresources@health.ok.gov

John W. Judge, Jr.

Jail Inspection Division

405 • 271 • 3912; Fax: 405 • 271 • 5304

jails@health.ok.gov

John W. Judge, Jr.

Managed Care Systems

405 • 271 • 6868; Fax: 405 • 271 • 7360

healthresources@health.ok.gov

Vicki Kirtley

Nurse Aide Registry

405 • 271 • 4085; Fax: 405 • 271 • 1130

nar@health.ok.gov

ADULT DAY CARE CENTERS LICENSE APPLICATIONS

Clients Served

Adult day care centers and participants of the centers.

Contact

Darlene Simmons
405 • 271 • 6868

Fax: 405 • 271 • 7360

healthresources@health.ok.gov

<http://hfs.health.ok.gov>

Authority

63 O.S., §§ 1-870 et seq.
OAC 310:605

State license required; annual renewal. Medicare Certification is not applicable. Medicaid Certification can be obtained through the Department of Human Services.

There is no Certificate of Need for this program.

Funding Source

Fees Collected

This program was created to protect residents and to assure accountability of adult day care centers. The owner of each center must file a license application and submit a licensing fee annually.

Health Facility Systems staff review the application for completeness, accuracy, and consistency and issue a license. The applicant must provide a statement of ownership, a financial statement, and evidence of compliance with the requirements of all applicable federal, state, and local laws and regulations.

On-site activities are conducted by staff in Long Term Care.

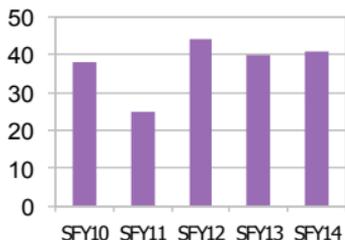
Program Fees

Initial license and annual renewal \$75.00

	SFY10	SFY11	SFY12	SFY13	SFY14
LICENSE APPLICATIONS					
ADULT DAY CARE CENTERS					
Licensed centers	38	25	44	40	41
Licenses issued*	52	39	39	37	37
Fees collected	\$2,891	\$2,625	\$4,877	\$2,275	\$3,600

*Includes renewals, bed changes, name changes, and changes of ownership

LICENSED ADULT DAY CARE CENTERS



CERTIFIED WORKPLACE MEDICAL PLANS

Clients Served

Workplace medical plans, insurance companies, employers and employees who are covered by workplace medical plans.

Contact

John W. Judge, Jr.
405 • 271 • 9444, Ext. 57273
Fax: 405 • 271 • 7360
johnwj@health.ok.gov

<http://hrds.health.ok.gov>

Authority

85 O.S., §§ 1 et seq.
OAC 310:657

Funding Source

Fees Collected and State Funds

This program was created as part of the November 1994 State Workers' Compensation Reform Package to: (1) protect employees; (2) protect employers and workers' compensation insurance carriers; (3) ensure access to medical and health services provided in a managed care setting for workers' compensation compensable injuries; and (4) ensure the quality of services offered by certified workplace medical plans. Workplace medical plans operate statewide within approved geographic areas.

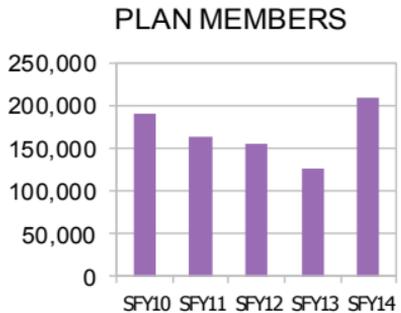
Applications for five-year certification are reviewed. Amended contracts and marketing materials are subject to desk

reviews. Early calendar year 2006, Managed Care Systems (MCS) staff began site visits to ensure that medical services to a claimant and the medical management of the claimant's needs are adequately met in a timely manner and that the certified workplace medical plan is complying with all other applicable provisions of the Act and rules, and is operating in accordance with their current application. MCS staff also accept and investigate inquiries from any party seeking assistance.

Program Fees

Initial certification and five year renewal.....	\$1,500.00
Annual on-site inspection.....	\$1,500.00
Follow-up visits	\$1,000.00
Change of ownership.....	\$1,500.00

	SFY10	SFY11	SFY12	SFY13	SFY14
WORKPLACE MEDICAL PLANS					
Number of plans	6	6	5	5	5
Initial certifications	0	0	0	0	0
Five-year renewals	0	2	2	1	0
Changes of ownership	0	1	0	0	2
Annual inspections	4	4	5	5	5
Follow-up inspections	7	0	0	0	0
Complaints investigated	1	0	0	0	0
Requests for information	0	1	0	0	0
Plan members	190,496	163,195	155,712	126,452	208,932
Fees collected	\$6,693	\$4,500	\$6,179	\$7,681	\$7,798



CONTINUUM OF CARE FACILITIES & ASSISTED LIVING CENTERS LICENSE APPLICATIONS

Clients Served

Continuum of care facilities and assisted living centers and their residents/participants. A continuum of care facility includes a nursing facility and either an assisted living center or an adult day care center.

Contact

Darlene Simmons

405 • 271 • 6868

Fax: 405 • 271 • 7360

healthresources@health.ok.gov

<http://hfs.health.ok.gov>

Authority

63 O.S., §§ 1-890.1 et seq.

OAC 310:663

State license required; annual renewal. Medicare and Medicaid certification are applicable to nursing facility beds in continuum of care facilities.

Certificate of Need is applicable to continuum of care facilities.

Funding Source

Fees Collected

This program was created to protect residents and to assure accountability of facilities/centers. An assisted living center is a home or establishment that may provide assistance with personal care, medications, and ambulation. The center may also provide nursing supervision and intermittent or unscheduled nursing care. A continuum of care facility combines the services of a nursing facility with an assisted living center or an adult day care center. A continuum of care facility must also meet requirements applicable to nursing facilities, assisted living centers, and adult day care centers, as applicable. The owner of each facility or center must file a license application and submit a licensing fee annually. After receipt of the fee, the application is reviewed for completeness, accuracy, and consistency.

On-site activities are conducted by staff in Long Term Care.

Program Fees

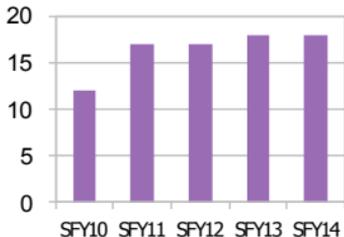
\$10.00 per licensed bed for establishment, with a \$1,000.00 maximum.

\$10.00 per licensed bed per year, plus \$75.00 for any Adult Day Care Center for initial or renewal license.

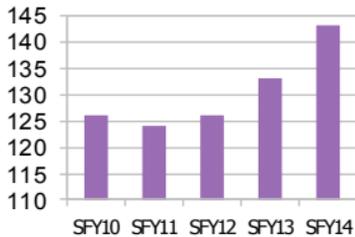
	SFY10	SFY11	SFY12	SFY13	SFY14
LICENSE APPLICATIONS					
CONTINUUM OF CARE FACILITIES					
Licensed facilities	12	17	17	18	18
Nursing facilities with assisted living centers	12	17	17	18	18
Nursing facilities with adult day care centers	0	0	0	0	0
Licenses issued*	16	27	23	14	25
Fees collected	-----	-----	\$22,720	\$28,555	\$36,647
LICENSE APPLICATIONS					
ASSISTED LIVING CENTERS					
Licensed centers	126	124	126	133	143
Licenses issued*	103	143	108	113	231
Fees collected	-----	-----	\$98,106	\$90,149	\$100,781
Total continuum of care facilities and assisted living centers	138	141	143	151	161
Total licenses issued*	119	170	131	127	256
Total fees collected	\$113,662	\$71,172	\$120,826	\$118,734	\$137,428

*Includes renewals, bed changes, name changes, and changes of ownership

LICENSED CONTINUUM OF CARE FACILITIES



LICENSED ASSISTED LIVING CENTERS



HEALTH MAINTENANCE ORGANIZATIONS

Clients Served

Health maintenance organizations, prepaid health plans, provider service networks, and consumers who purchase services from or are members of health maintenance organizations, prepaid health plans, or provider service networks.

Contact

John W. Judge, Jr.
405 • 271 • 6868
Fax: 405 • 271 • 7360
johnwj@health.ok.gov

<http://hrds.health.ok.gov>

Authority

63 O.S., §§ 1-105e
36 O.S., §§ 6901 et seq.
OAC 310:659

Funding Source

Fees Collected and State Funds

The Department's role as a regulator of health maintenance organizations is to certify to the Oklahoma Insurance Commissioner that each entity is in compliance with Section 6907 of the Health Maintenance Organization Act of 2003.

While the Office of the Insurance Commissioner focuses on financial and consumer protection issues, Managed Care Systems (MCS) staff focus on health and quality assurance. The certification review conducted by MCS staff includes quality of health care, internal quality assurance, patient record keeping and clinical records, provider credentialing, and emergency services. The quality review may be administered with on-site inspections to ensure compliance. Major on-site reviews to assess the effectiveness of the

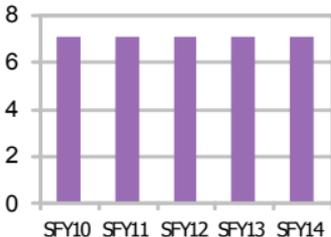
health maintenance organization's quality assurance processes are performed at least once every three years through contract with independent accrediting bodies.

Program Fees

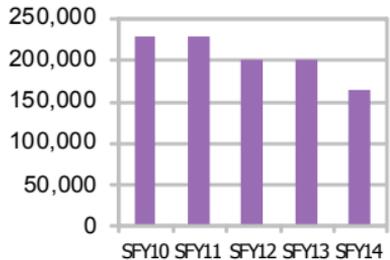
Certificate of Authority..... \$1,500.00

	SFY10	SFY11	SFY12	SFY13	SFY14
HEALTH MAINTENANCE ORGANIZATIONS					
Number licensed	7	7	7	7	7
HMO members	228,554	227,450	200,275	200,275	162,431
Fees collected	\$0	\$0	\$0	\$0	\$0

HEALTH MAINTENANCE ORGANIZATIONS



HMO MEMBERS



HOME CARE ADMINISTRATOR REGISTRY

Clients Served

Individuals who function as a home care administrator for a home health agency and agency clients.

Contact

John W. Judge, Jr.
405 • 271 • 6868
Fax: 405 • 271 • 7360
hcar@health.ok.gov

<http://hcar.health.ok.gov>

Authority

63 O.S., § 1-1962
OAC 310:664

Funding Source

Fees Collected and State Funds

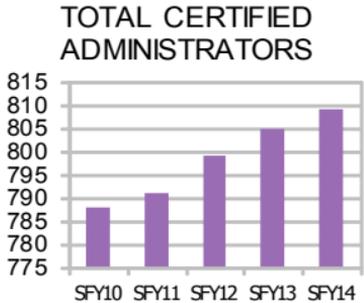
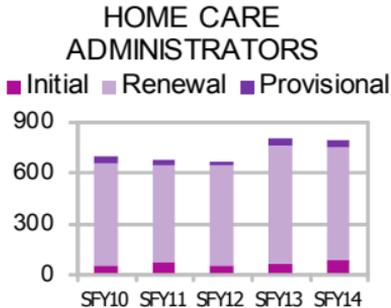
This program became effective on June 11, 1998. The purpose is to (1) establish the minimum criteria for the issuance, maintenance, and renewal of home care administrator certificates; (2) assure individuals meet minimum qualifications in order to be eligible to apply for, receive, maintain and re-new a home care administrator certificate; (3) assure minimum criteria for educational preparation, eligibility for the qualifying examination and continuing education; and (4) establish procedures for enforcement.

Program Fees

Initial application	\$140.00
Provisional application	\$80.00
Deeming application.....	\$80.00
Annual Renewal.....	\$55.00

	SFY10	SFY11	SFY12	SFY13	SFY14
HOME CARE ADMINISTRATORS					
Total certified administrators	788	791	799	805	809
Initial certificates	53	70	51	58	80
Renewal certificates	602	570	587	701	669
Provisional certificates	44	30	27	43	42
Complaints investigated	0	0	1	0	0
Tested for OHCAPA*	101	103	63	77	104
Testing sites	9	9	9	9	9
Preparedness programs	3	3	2	2	2
Preparedness program attendees	30	46	30	33	33
Fees collected	\$41,419	\$64,429	\$39,132	\$61,168	\$65,743

*Oklahoma Home Care Administrator Preparedness Assessment



JAIL INSPECTION DIVISION

Clients Served

City and county jails, ten-day lockup facilities, twelve-hour holding facilities, and the individuals who inhabit such facilities.

Contact

John W. Judge, Jr.
405 • 271 • 3912

Fax: 405 • 271 • 5304
jails@health.ok.gov

<http://jails.health.ok.gov>

Authority

74 O.S., §192
OAC 310:670

Funding Source

State Funds

This program is designed to monitor compliance with minimum jail standards and to improve the facilities. Staff from Health Resources Development Service implement and interpret rules, provide jailer-training classes to jail employees, issue jailer training cards, conduct routine jail inspections, investigate complaints and jail deaths, and provide technical assistance as necessary.

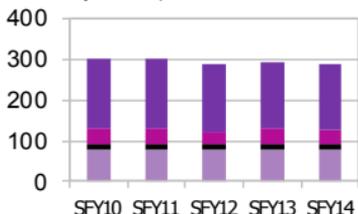
The Department is required to inspect all city and county jails at least once each year to ensure standards are being followed. The standards adopted address admission and release procedures, security measures, sanitary

conditions, diet, clothing and living area, jail staff training, safety and segregation of women, the infirm, and minors, medical care, twenty-four hour supervision, emergency exits, inmate education of facility rules, and holding facilities for the incarceration of persons no longer than twelve hours. The results of the Department's inspections are provided in a written report to the Commissioner of Health and to the person immediately responsible for the administration of the facility.

	SFY10	SFY11	SFY12	SFY13	SFY14
JAILS					
County jails	77	77	77	77	77
City jails	15	16	14	13	13
Ten-day lock-up facilities	39	40	33	39	38
Twelve-hour holding facilities	40	34	40	34	32
Total Number of Jails	171	167	164	163	160
Mandated Inspections Completed	171	167	187	215	120
Complaints investigated	70	68	189	162	224
Deaths investigated	20	7	19	22	22
Serious suicide attempts investigated	0	0	7	45	28
Escapes recorded	12	9	6	14	18
Jailers tested	2,224	2,126	2,507	2,188	2,431
Facility Tests Administered	64	102	179	148	154
New jails under construction	2	5	1	1	1
New jails in planning stage	6	2	3	1	0

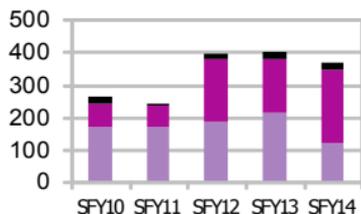
JAILS BY TYPE

■ County jails ■ City jails
■ 10-day lock-up ■ 12 hour holding



JAIL INSPECTIONS

■ Routine ■ Complaints ■ Deaths



NURSE AIDE REGISTRY

Clients Served

Unlicensed persons and employers of these persons, who provide nursing or nursing-related services to individuals receiving services in long term care facilities, home health agencies, intermediate care facilities for the mentally retarded, residential care homes, and adult day care centers.

Contact

Vicki Kirtley

405 • 271 • 4085

1 • 800 • 695 • 2157

Fax: 405 • 271 • 1130

nar@health.ok.gov

<http://nar.health.ok.gov>

Authority

63 O.S., §§ 1-1950.3 et seq.

OAC 310:677

42 CFR 483.75 thru 485.158

42 CFR 484.36

Funding Source

State and Federal Funds

This program was created through a federal mandate and regulations effective September 1991. Nurse Aide Registry staff review and approve/disapprove nurse aide training program curriculum; review and approve/disapprove nurse aide training programs; review and approve/disapprove nurse aide testing; develop and maintain the Nurse Aide Registry; maintain the Abuse Registry; certify nurse aides; provide public education; and develop rules, policies, procedures, applications and forms necessary to implement the program.

Program Fees

(Fees are not charged for processing applications specific to Long Term Care. Fees are charged for processing applications for all other certifications.)

Recertification processing fee	\$10.00
Deeming application processing fee	\$15.00
Reciprocity application processing fee	\$15.00
Training exception application processing fee	\$15.00
Foreign graduate training exception application processing fee.....	\$15.00
Training and testing waiver application processing fee.....	\$15.00
Retesting application processing fee.....	\$15.00
Duplicate certification card processing fee	\$10.00
Feeding Assistants initial and renewal fee	\$10.00

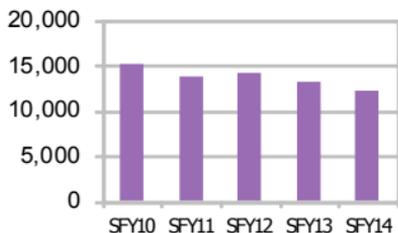
	SFY10	SFY11	SFY12	SFY13	SFY14
NURSE AIDE REGISTRY					
Certifications*, registrations, and advanced amendments added	15,073	13,786	14,144	13,088	12,136
Certified nurse aides	-----	-----	71,329	70,913	67,678
Registered feeding assistants	-----	-----	-----	-----	512
Approved training programs	386	424	376	357	321
Facilities ineligible to train due to substandard quality of care	57	80	64	67	74
Confirmed cases of abuse, neglect, or misappropriation of property	39	18	32	40	41
Fees collected	\$105,196	\$118,866	\$122,981	\$127,180	\$125,035

*A nurse aide may be certified in more than one category (LTC, HH, DDDC, RC, ADC)

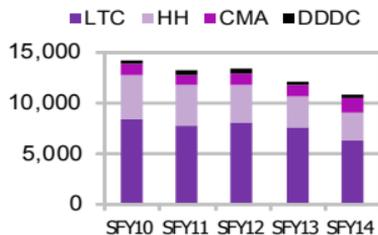
	SFY10	SFY11	SFY12	SFY13	SFY14
CERTIFICATIONS ADDED THIS YEAR					
Long Term Care (LTC)	8,365	7,685	8,004	7,549	6,179
Home Health (HH)	4,252	3,967	3,739	3,044	2,801
Certified Medication Aide* (CMA)	1,114	1,027	1,141	1,076	1,405
Developmentally Disabled Direct Care (DDDC)	475	407	429	443	296
Residential Care (RC)	21	7	15	11	7
Adult Day Care (ADC)	0	1	0	0	6
CMA Advanced Nasogastric-Gastrostomy (NA-GA)	270	201	234	279	484
CMA Advanced Respiratory (RESP)	243	221	247	292	501
CMA Advanced Glucose Monitoring (GLU-MON)	51	61	86	130	66
CMA Advanced Insulin Administration (IN-ADM)	43	51	67	99	155
Registered Feeding Assistants (FA)	239	158	182	165	221

*A CMA must also have a LTC, HH or DDDC certification

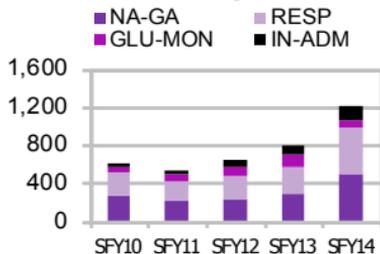
NURSE AIDES ADDED THIS YEAR



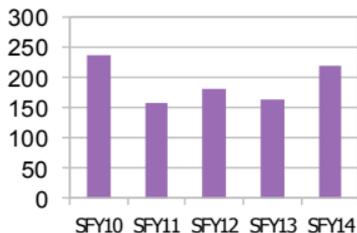
LEADING CERTIFICATION TYPES ADDED THIS YEAR



CMA ADVANCED TYPES ADDED THIS YEAR



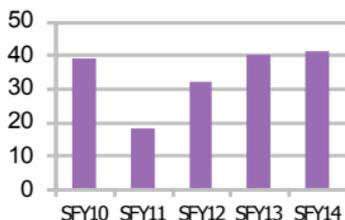
FEEDING ASSISTANTS ADDED THIS YEAR



	SFY10	SFY11	SFY12	SFY13	SFY14
ACTIVE TRAINING PROGRAMS					
Long Term Care	107	165	172	191	186
Home Health	5	8	0	0	0
Combination Long Term Care and Home Health	62	64	7	0	0
Developmentally Disabled Residential Care	21	22	23	16	10
Adult Day Care	3	2	2	1	2
Certified Medication Aide	56	54	55	51	44
CMA Continuing Education	49	47	48	40	33
CMA Diabetes Care and Insulin Administration	28	26	27	20	15
CMA Glucose Monitoring	1	2	2	2	2
CMA Respiratory	1	1	1	1	1
CMA Respiratory and Gastrostomy	28	27	28	27	23
Competency Evaluation Program	3	3	3	3	3

	SFY10	SFY11	SFY12	SFY13	SFY14
PROGRAM ACTIVITIES					
Renewal forms mailed	32,404	26,987	33,760	28,138	29,689
Certification cards mailed	41,308	42,183	38,693	32,448	41,072
Training program inspections	-----	-----	202	78	231
Certified Nurse Aide (CNA) Re-tester	396	378	402	394	377
Certified Medication Aide Re-tester	177	114	58	77	79
RN/LPN Student CNA/CMA training exceptions	126	111	80	88	52
RN/LPN Graduate CNA waivers	27	20	16	23	15
Foreign CNA training exceptions	7	4	9	2	11
Reciprocity CNA coming to Oklahoma	953	1,081	1,154	1,123	974
Reciprocity CNA leaving Oklahoma	517	583	571	531	478
LTC deemed to DDDC	122	91	58	79	90
HH deemed to LTC	5	0	2	1	1
DDDC deemed to RC	1	0	0	0	0
LTC deemed to RC	0	3	3	1	0

CONFIRMED CASES OF ABUSE, NEGLECT OR MISAPPROPRIATION



NURSE AIDE TEMPORARY EMERGENCY WAIVER

Effective November 1, 2004, legislation was passed to ensure nursing facilities, specialized facilities, continuum of care facilities, assisted living centers, adult day care centers or residential care homes did not employ as a nurse aide, on a full-time, temporary, per diem, or any other basis, any individual who was not certified as a nurse aide in good standing and was not eligible for placement on the Nurse Aide Registry maintained by the State Department of Health.

The Department was given authority to grant a temporary emergency waiver to a facility that demonstrates it has been unable to successfully meet staffing requirements related to the provisions in the Act. The facility must meet the requirements and demonstrate that diligent efforts are being made to recruit and retain certified nurse aides. A waiver shall not exceed six months. A facility may apply for a subsequent waiver as provided in rule.

A non-refundable fee was enacted on June 25, 2009 for each waiver application submitted.

Clients Served

Nursing facilities, specialized facilities, continuum of care facilities, assisted living centers, adult day care centers, and residential care homes that require a temporary emergency waiver.

Contact

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johnwj@health.ok.gov

<http://hrds.health.ok.gov>

Authority

63 O.S., § 1-1950
OAC 310:677-1-6

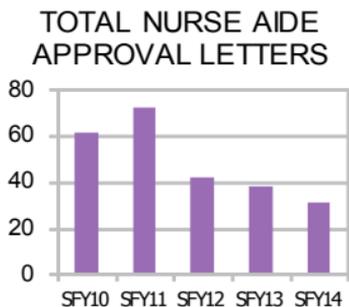
Funding Source

State Funds and Fees

Program Fees

Initial nurse aide temporary emergency waiver	\$100.00
Renewal nurse aide temporary emergency waiver	\$75.00

	SFY10	SFY11	SFY12	SFY13	SFY14
NURSE AIDE WAIVER					
Initial approval letters	4	3	5	0	1
Renewal approval letters	57	69	37	38	30
Total approval letters	61	72	42	38	31
Approval letters withdrawn	0	1	0	0	0
Denial letters issued	0	0	0	0	0
Initial fees collected	\$400	\$300	\$500	\$0	\$100
Renewal fees collected	\$4,275	\$5,125	\$4,925	\$3,875	\$3,350
Total fees collected	\$4,675	\$5,425	\$5,425	\$3,875	\$3,450



NURSING AND SPECIALIZED FACILITIES CERTIFICATE OF NEED

This program was created to ensure that development of long term care services in Oklahoma was performed in a planned, orderly, and economical manner consistent with and appropriate to services needed by people in various regions, districts or localities in the State of Oklahoma. The Certificate of Need Act furthered this public policy by providing for the submittal of plans and applications, and by prohibiting the offering, development, or change of existing services prior to the issuance of a Certificate of Need by the Department.

Health Facility Systems staff review applications submitted by facilities primarily through paper review with limited on-site inspection to ensure compliance.

Clients Served

Nursing and specialized facilities and prospective residents of each.

Contact

Darlene Simmons
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healthresources@health.ok.gov

<http://hfs.health.ok.gov>

Authority

63 O.S., §§ 1-850 et seq.
OAC 310:4
OAC 310:620
OAC 310:625
OAC 310:630

Funding Source

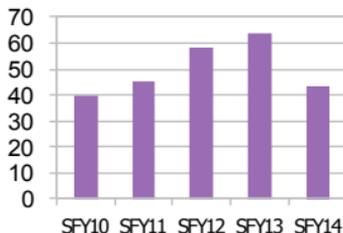
Fees Collected

Program Fees

\$3000 for New Facility (standard review), minimum \$1000; \$3000 for acquisition; \$100 for exemption from Certificate of Need.

	SFY10	SFY11	SFY12	SFY13	SFY14
CERTIFICATE OF NEED FOR NURSING AND SPECIALIZED FACILITIES					
Applications received	36	41	54	58	40
Applications completed	40	45	58	64	43
Exemptions approved	17	23	24	26	20
Exemptions denied	1	1	3	4	1
Acquisitions approved	7	9	13	31	16
Acquisitions denied	-----	-----	-----	0	4
Acquisitions dismissed	-----	-----	-----	1	0
New construction approved	2	0	1	1	2
New construction denied	-----	-----	-----	1	0
CONs withdrawn	5	4	2	0	0
Fees collected	\$64,274	\$58,100	\$58,290	\$107,600	\$104,000

CON APPLICATIONS COMPLETED



NURSING AND SPECIALIZED FACILITIES

LICENSE APPLICATIONS

The Department, under authority of the Oklahoma Public Health Code, licenses several different types of long term care services. This program was created to protect residents and to assure accountability of facilities. Generally, no person may operate a long term care service without first getting a license from the Department. The owner of each facility must file a license application and submit a licensing fee annually. Health Facility Systems staff receive the fee and review the application for completeness, accuracy, and consistency.

On-site activities are conducted by staff in Long Term Care.

Clients Served

Nursing facilities, specialized facilities (including nursing facilities for alzheimer's patients and intermediate care facilities for persons with intellectual disabilities), and residents of the facilities.

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Authority

63 O.S., §§ 1-1901 et seq.
OAC 310:675

State license required; annual renewal. Medicare Certification is optional. Medicaid Certification is optional.

Certificate of Need is required.

Funding Source

Fees Collected

Program Fees

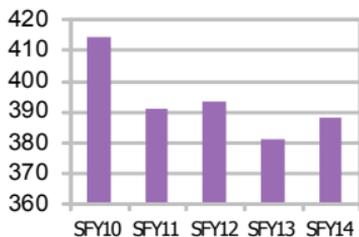
\$10.00 per licensed bed for initial license and renewal license.

	SFY10	SFY11	SFY12	SFY13	SFY14
LICENSE APPLICATIONS					
NURSING/SPECIALIZED FACILITIES					
Nursing facilities*	325	296	292	290	297
Specialized facilities for individuals with intellectual disabilities	86	86	88	88	88
Specialized alzheimer's facilities	3	2	2	3	3
Total facilities*	414	391	393	381	388
Total licenses issued**	446	405	329	378	420
Facilities with suspended licenses	-----	7	10	6	4
Facilities closed	-----	4	1	2	1
Fees collected	\$315,966	\$332,628	\$364,036	\$277,853	\$312,427

*Does not include continuum of care nursing facilities

**Includes renewals, bed changes, name changes, and changes of ownership

LICENSED NURSING AND SPECIALIZED FACILITIES



PSYCHIATRIC & CHEMICAL DEPENDENCY TREATMENT FACILITIES CERTIFICATE OF NEED

This program was created to ensure the development of psychiatric and chemical dependency services in a planned, orderly, and economical manner consistent with and appropriate to services needed by people in various regions, districts, or localities in the State of Oklahoma.

Health Facility Systems (HFS) staff endeavor to control capital expenditures, bed expansions, and changes of ownership of such facilities. HFS staff review applications submitted by facilities primarily through paper review with limited on-site inspection to ensure compliance.

Clients Served

Psychiatric and chemical dependency treatment facilities and prospective clients of either.

Contact

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Authority

63 O.S., §§ 1-880.1 et seq.

OAC 310:635

OAC 310:4

OAC 310:620

Funding Source

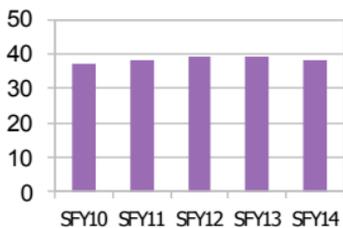
Fees Collected

Program Fees

.75% of capital cost of project, with a \$1,500 minimum and \$10,000 maximum.

	SFY10	SFY11	SFY12	SFY13	SFY14
CERTIFICATE OF NEED					
PSYCHIATRIC & CHEMICAL					
DEPENDENCY FACILITIES					
Facilities in operation	37	38	39	39	38
Applications completed	4	3	7	6	4
Acquisitions approved	1	1	2	0	2
Bed additions approved	1	1	1	5	2
Beds added to inventory	34	11	8	43	0
Beds approved by CON review	-----	-----	-----	97	40
Conversion from adult beds to child beds	9	0	0	0	0
Relocations approved	-----	-----	-----	1	0
Applications denied	-----	-----	-----	0	0
Applications withdrawn	-----	-----	-----	0	1
Fees collected	\$10,074	\$22,225	\$58,777	\$16,525	\$51,000

PSYCHIATRIC & CHEMICAL DEPENDENCY FACILITIES



RESIDENTIAL CARE HOMES LICENSE APPLICATIONS

This program was created to protect residents and to assure the accountability of residential care homes. A residential care home offers or provides residential accommodations, food service, and supportive assistance, such as the preparation of meals, dressing, bathing, and other personal needs. It may assist in the administration of medications, however, it cannot provide direct medical care. The owner of each home must file a license application and submit a licensing fee annually. Health Facility Systems staff receive the fee and review the application for completeness, accuracy, and consistency.

On-site activities are conducted by staff in Long Term Care.

Clients Served

Residential care homes and residents of the homes.

Contact

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healthresources@health.ok.gov

<http://hfs.health.ok.gov>

Authority

63 O.S., §§ 1-820 et seq.

OAC 310:680

State license required. No Medicare or Medicaid Certification.

Certificate of Need does not apply to this program.

Funding Source

Fees Collected

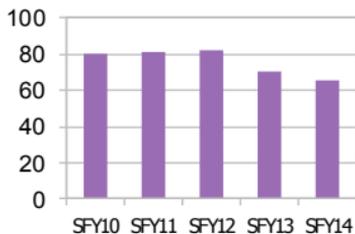
Program Fees

Probationary license and two-year renewal license	\$50.00
Modification to the license documentation	\$20.00

	SFY10	SFY11	SFY12	SFY13	SFY14
LICENSE APPLICATIONS					
RESIDENTIAL CARE HOMES					
Licensed homes	80	81	82	71	66
Total licenses issued*	30	54	36	26	67
Fees collected	\$2,910	\$1,400	\$2,550	\$2,360	\$3,640

*Includes renewals, bed changes, name changes, and changes of ownership

LICENSED RESIDENTIAL CARE HOMES



LONG TERM CARE SERVICE

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Patty Scott

Intakes, Incidents & Enforcement

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Mary Fleming

Survey

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maryf@health.ok.gov

ADULT DAY CARE CENTERS INSPECTIONS & INVESTIGATIONS

Clients Served

Participants, their families, friends and advocates, facility staff and operators. Adult day care centers provide supervised health, social, and recreational services in a structured daytime program to serve functionally impaired adults who need assistance in caring for themselves yet continue to live in their own homes, usually with the aid of family caregivers.

Contact

(Vacant)

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<http://ltc.health.ok.gov>

Authority

63 O.S., §§ 1-870 et seq.
OAC 310:605

Funding Source

State Funds

This program was established in 1992 to support and regulate a community-based system of quality adult day care. Participants do not stay in the center overnight and continue to live in their own homes, usually with the aid of family caregivers. Adult day care centers prevent premature or inappropriate institutionalization of functionally impaired elderly or disabled adults, provide periods of relief for caregivers, and enable family caregivers to continue gainful employment.

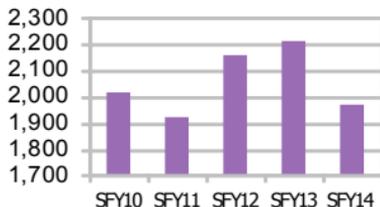
Long Term Care (LTC) staff develop minimum licensure requirements and monitor the center's compliance with the rules. Each center is required to submit an application for licensure.

LTC teams of health professionals investigate complaints and perform on-site surveys prior to licensure approval. Periodic inspections are performed during the licensure period.

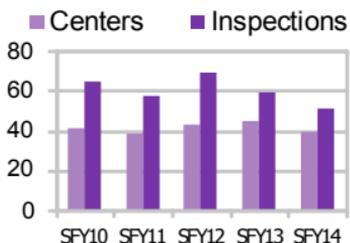
	SFY10	SFY11	SFY12	SFY13	SFY14
INSPECTIONS & INVESTIGATIONS					
ADULT DAY CARE CENTERS					
Number of centers	41	38	43	45	39
Capacity for participants	2,013	1,923	2,158	2,212	1,969
Average capacity per center	49	51	50	49	52
Participants served by largest center	150	150	150	150	150
Participants served by smallest center	10	12	12	12	16
Inspections conducted*	64	57	69	59	51
Centers closed	4	1	2	5	0
State enforcement actions	0	0	0	0	0

*Includes licensure surveys, follow-up visits and other inspections

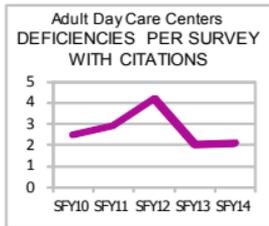
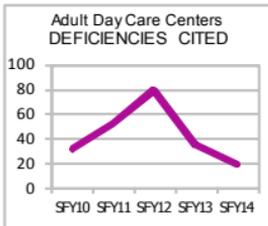
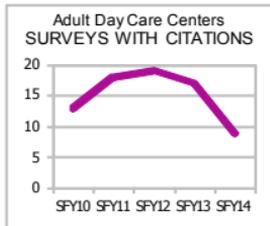
ADULT DAY CARE CENTERS
CAPACITY FOR
PARTICIPANTS



ADULT DAY
CARE CENTERS



	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	13	18	19	17	9
Deficiencies cited	32	52	79	35	19
Deficiencies cited per survey with citations	2.46	2.89	4.16	2.06	2.11



Adult Day Care Centers Top Violations—State Licensure

- Admission.** Written plan of care developed within 10 days.
- General Safety.** Hot water provided adequately at a temperature not to exceed 115 degrees F.
- Criminal Arrest Checks.** Criminal arrest check to be made prior to offer to employ nurses aide or other person to provide nursing care, health-related services, or supportive assistance.
- Staffing Requirements.** Adequate staffing in number and appropriately qualified and trained to provide essential services.
- Fire Safety.** All smoking is supervised and smoking regulations established and conspicuously posted.
- Required Services.** Emergency phone numbers for ambulance, hospital, fire and police to be conspicuously posted.
- Staffing Requirements.** Employment examination within 72 hours of employment.
- Staffing Requirements.** Facility must have an activity director.
- Admission.** A current medical report and medical assessment by the participant's physician; within five days of participant's entry.

ASSISTED LIVING CENTERS INSPECTIONS & INVESTIGATIONS

This program was created in 1997 to establish a system of licensure of assisted living centers. Long Term Care (LTC) staff evaluate compliance of centers with the licensure regulation and endeavor to ensure individuals receive services to meet their needs.

LTC staff investigate complaints, perform annual licensure surveys, conduct revisits when necessary, monitor compliance with licensure rules, implement and interpret rules, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against centers when appropriate.

Clients Served

Residents, their families, friends and advocates, facility staff and operators. Assisted living centers provide services to those who, by choice or functional impairments, need assistance with personal care or nursing supervision, may need intermittent or unscheduled nursing care, may need medication assistance, and may need assistance with transfer and/or ambulation.

Contact

(Vacant)

405 • 271 • 6868

Fax: 405 • 271 • 2206

<http://ltc.health.ok.gov>

Authority

63 O.S., §§ 1-890.1 et seq.

OAC 310:663

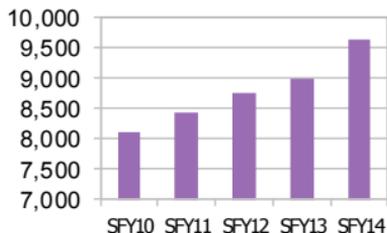
Funding Source

State Funds

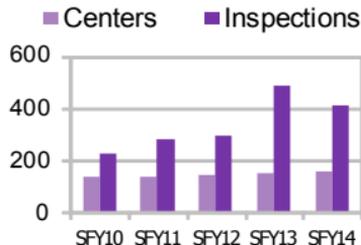
	SFY10	SFY11	SFY12	SFY13	SFY14
INSPECTIONS & INVESTIGATIONS					
ASSISTED LIVING CENTERS					
Number of centers	135	140	144	149	160
Licensed beds	8,130	8,439	8,764	8,985	9,633
Average bed capacity	60	60	61	60	61
Largest assisted living center	166	166	166	166	166
Smallest assisted living center	5	5	5	5	5
Inspections conducted*	223	281	291	489	409
Centers closed	0	3	3	0	1
State enforcement actions	50	28	40	48	31

*Includes licensure surveys, complaint investigations, follow-up visits and other inspections

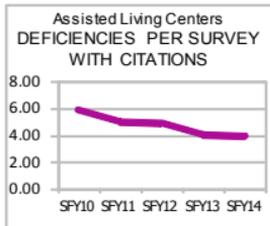
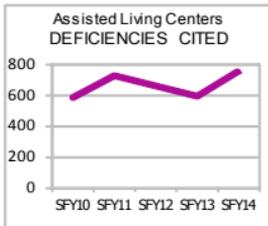
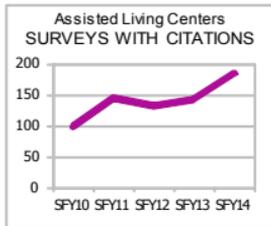
ASSISTED LIVING CENTERS LICENSED BEDS



ASSISTED LIVING CENTERS



	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	99	146	133	144	186
Deficiencies cited	580	727	659	590	748
Deficiencies cited per survey with citations	5.86	4.98	4.95	4.10	4.00



Assisted Living Centers Top Violations—State Licensure

- Resident Rights.** Residents shall be free from mental and physical abuse, neglect, involuntary seclusion, physical/chemical restraints.
- Resident Rights.** Resident's rights to receive adequate and appropriate medical care; be fully informed; participate in planning of care and treatment; right to refuse medication and treatment.
- Use of Assessment.** Results of the resident's assessment shall be used to develop a care plan for the resident, in consultation with the resident.
- Food Storage Preparation and Service.** Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments).
- Incident Report Timelines.** Incident report timelines are met.
- Conduct of Assessment.** Each comprehensive assessment includes a personal interview between the resident and the person completing the form.
- Care and Services.** Residents may receive home care services through a home care agency or hospice services through a licensed hospice provider.
- Nurse.** Nurse staffing shall be provided or arranged.
- Quality Assurance Committee.** Each assisted living Center shall establish and maintain an internal quality assurance committee that meets at least quarterly.
- Medication Administration.** Medications administered only on a physician's order.

CONTINUUM OF CARE FACILITIES INSPECTIONS & INVESTIGATIONS

Clients Served

Residents of continuum of care facilities, their families, friends and advocates, facility staff and operators.

Contact

(Vacant)

405 • 271 • 6868

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<http://ltc.health.ok.gov>

Authority

63 O.S., §§ 1-890.1 et seq.
OAC 310:663

Funding Source

State and Federal Funds

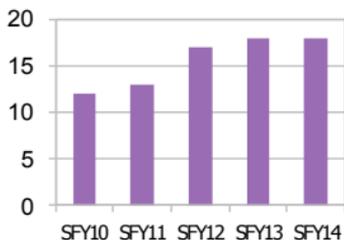
This program was created in 1997 to establish a system of licensure of continuum of care facilities. Continuum of care facilities provides a range of long term care services. A continuum of care facility may provide nursing facility services, assisted living services, and adult day care services under one license. Each facility type has separate licensure surveys, complaint investigations, follow-up visits, and other inspections consistent with the applicable administrative code.

Long Term Care (LTC) staff evaluate services provided in these facilities to ensure the needs of residents are met. LTC staff investigate complaints, perform

annual licensure, certification surveys, conduct revisits when necessary, monitor compliance with State and Federal regulations, provide technical assistance as necessary, participate in provider training programs, and take enforcement action against facilities when appropriate.

	SFY10	SFY11	SFY12	SFY13	SFY14
INSPECTIONS & INVESTIGATIONS					
CONTINUUM OF CARE FACILITIES					
Number of facilities	12	13	17	18	18
Number of facilities with nursing facility services	12	13	17	18	18
Nursing facility beds	1,134	1,201	1,560	1,606	1,606
Number of facilities with assisted living services	12	13	17	18	18
Assisted living beds	654	764	1,077	1,109	1,189
Facilities closed	0	0	0	0	0
State enforcement actions	8	5	4	1	2

CONTINUUM OF CARE FACILITIES



CONTINUUM OF CARE FACILITIES LICENSED BEDS



INTAKES , INCIDENTS & ENFORCEMENT

Clients Served

Individuals who reside in long term care facilities, family members, friends, and advocates. Long term care facilities consist of nursing facilities and specialized nursing facilities including intermediate care facilities for the mentally retarded, assisted living centers, residential care homes, and adult day care centers.

Contact

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<http://ltc.health.ok.gov>

Authority

63 O.S., §§ 1-821, 1-830, 1-875,
1-1909, 1-1939, 1-1940, 1-1941
OAC 310:663-25-2
OAC 310:675-7-6.1
OAC 310:680-3-9

Funding Source

State and Federal Funds

The purpose of this program is to receive complaints alleging violations of Federal and/or State rules and laws. In addition, qualified staff review facility reported incidents that are mandated by federal and state rules and laws.

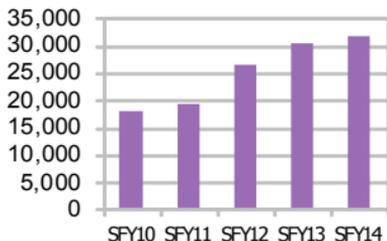
Long Term Care staff strive to ensure practices that protect residents and clients and promote quality of care and quality of life for long term care residents/clients. To this end, expressed concerns by interested parties are investigated by qualified survey staff. Any individual with personal knowledge or substantial specific information who believes that state or federal laws or regulations have been violated may request an investigation.

Intakes and incidents are prioritized based on the Centers for Medicare and Medicaid Services' triage guidelines that take into consideration the seriousness of the allegation. Investigation findings may

provide a basis for imposing remedies against providers. In some cases, the results of investigations have led to closing poorly operated facilities.

	SFY10	SFY11	SFY12	SFY13	SFY14
INTAKES AND INCIDENTS					
Complaint intakes investigated in nursing/specialized facilities	1,140	1,119	1,245	1,095	1,261
Complaint intakes investigated in assisted living centers	139	126	147	128	165
Complaint intakes investigated in residential care homes	41	49	60	44	42
Complaint intakes investigated in adult day care centers	6	1	3	1	3
Total investigated	1,326	1,295	1,455	1,268	1,471
Facility reported incidents received	17,884	19,264	26,455	30,299	31,512

FACILITY REPORTED INCIDENTS

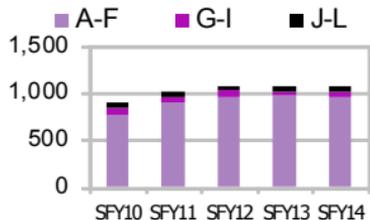


COMPLAINTS INVESTIGATED



	SFY10	SFY11	SFY12	SFY13	SFY14
DEFICIENCIES CITED ON FEDERAL NURSING FACILITY COMPLAINTS					
Scope/Severity A - F	769	900	951	968	956
Scope/Severity G - I	74	60	75	50	59
Scope/Severity J - L	44	42	48	45	50
Total deficiencies cited	887	1,002	1,074	1,063	1,065

SCOPE/SEVERITY CITED ON FEDERAL NURSING HOME COMPLAINTS



INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES INSPECTIONS & INVESTIGATIONS

This program was created to establish a system of licensure for the purpose of protecting the health, welfare, and safety of residents in intermediate care facilities for individuals with intellectual disabilities (ICF/IID). The additional responsibility of the program is to implement a federally mandated survey and certification system for facilities to participate in the Medicaid reimbursement program.

The ICF/IID Program was established in 1971 when legislation was enacted which provided for Federal Financial Participation (FFP) for ICF/IID facilities as an optional Medicaid service. Congressional authorization for ICF/IID services as a State plan option under Medicaid allowed states to receive Federal matching funds for institutional services that had been funded with state or local government money.

Long Term Care (LTC) staff endeavor to promote and evaluate compliance of ICF/IID facilities with the regulations by assuring individual needs are aggressively met to insure a higher quality of life for all. LTC staff investi-

Clients Served

Residents with intellectual disabilities, their families, friends and advocates, facility staff and operators.

Contact

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maryf@health.ok.gov

<http://ltc.health.ok.gov>

Authority

63 O.S., §§ 1-1901 et seq.
Title 42, US Code, §1396- 1396v,
Subchapter XIX, Chapter 7
42 CFR 440.150
42 CFR 483.400 through
483.480
OAC 310:675

Funding Source

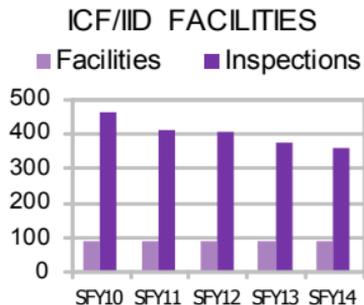
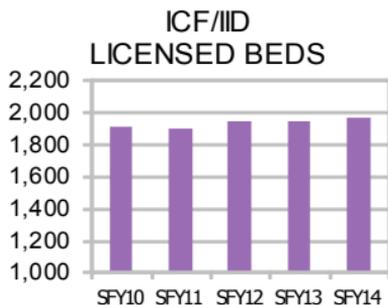
State and Federal Funds

gate complaints, perform annual licensure and certification surveys, and conduct revisits when necessary. Facilities are licensed and certified based on the survey outcomes.

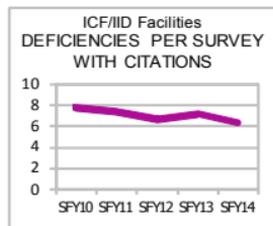
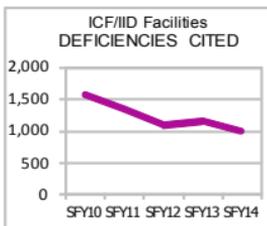
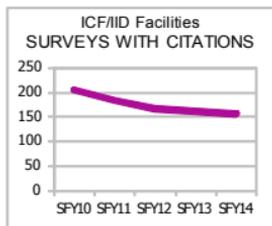
LTC staff also develop and interpret licensure rules, monitor compliance with Medicaid certification requirements, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against facilities when appropriate.

	SFY10	SFY11	SFY12	SFY13	SFY14
INSPECTIONS & INVESTIGATIONS					
ICF/IID FACILITIES					
Number of facilities	87	86	88	88	88
Licensed beds	1,906	1,900	1,944	1,944	1963
Average bed capacity	22	22	22	22	22
Largest ICF/IID facility	160	160	160	160	160
Smallest ICF/IID facility	3	3	3	3	4
Inspections conducted*	461	409	405	370	354
Facilities closed	1	0	0	1	0
State enforcement actions	6	1	0	0	2

*Includes surveys for licensure/recertification, life safety code, complaints, follow-up visits and other inspections



	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	203	183	166	161	157
Deficiencies cited	1,565	1,344	1,101	1,149	989
Condition tags cited	0	0	0	36	19
Deficiencies cited per survey with citations	7.71	7.34	6.63	7.14	6.30



ICF/IID Facilities
Top Violations—Federal Certification

01. **Governing Body.** Exercise general policy, budget, and operating direction over the facility.
02. **Physician Services.** Provide or obtain preventive and general medical care.
03. **Infection Control.** Active program for prevention, control, and investigation of infection and communicable diseases.
04. **Physician Services.** Provide or obtain an annual physical examination of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.
05. **Staff Training Program.** Provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.
06. **Client Bedrooms.** Must provide each client with functional furniture, appropriate to the client's needs.
07. **Floors.** Exposed floor surfaces and floor coverings that promote maintenance of sanitary conditions.
08. **Food and Nutrition Services.** Client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.
09. **Space and Equipment.** Furnish, maintain in good repair and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices.
10. **Dining Areas and Service.** Equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.

ICF/IID Facilities
Top Violations—State Licensure

01. **Facility Maintenance.** Have a maintenance program that ensures continuing maintenance of the facility and equipment; promotes good housekeeping and sanitary practices throughout the facility.
02. **Food Storage, Supply and Sanitation.** Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments).
03. **Active Treatment.** Requires the individual's regular participation, in accordance with an individual plan of care, in professionally developed and supervised activities, experience or therapies.
04. **Resident Pain Assessment.** Residents are screened for the presence of pain at least once every 30 days and whenever vital signs are taken.
05. **Diet-Meals.** Provide a nourishing, palatable, well-balanced diet that meets the resident's daily nutritional and special dietary needs.
06. **Sex or Violent Offender Status.** Prior to admission or employment determine whether the prospective employee or accepted resident or participant is registered or qualifies for registration on the Sex Offender or Mary Rippy Violent Crime Offender registries.
07. **Basic Nursing and Personal Care.** Basic nursing and personal care shall be provided for residents as needed
08. **Clinical Laboratory.** Provide or obtain clinical laboratory services to meet the resident's needs.
09. **Personnel Records, Health Examination on Hire.** Record of health examination conducted within thirty days of employment.
10. **Assist Resident in Securing Services.** Assist each resident desiring or needing medical related services.

NURSING FACILITIES

INSPECTIONS & INVESTIGATIONS

Clients Served

Residents, in nursing facilities, their families, friends and advocates, facility staff and operators.

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Authority

63 O.S.. §§1-1901 et seq.
Title 42, US Code, §1395 et seq.,
Subchapter XVIII, Chapter 7
Title 42, US Code, §1396-1396v,
Subchapter XIX, Chapter 7
42 CFR Part 483
42 CFR Part 488
OAC 310:675

Funding Source

State and Federal Funds

This program was created in the mid 1950's to establish a system of licensure for the purpose of protecting the health, welfare, and safety of residents in nursing facilities. The additional responsibility of the program is to implement a federally mandated survey and certification system for facilities to participate in the Medicare and Medicaid reimbursement programs.

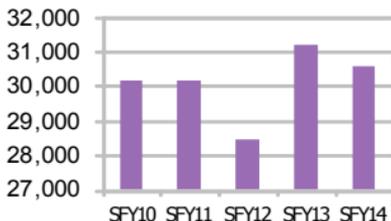
Long Term Care (LTC) staff evaluate compliance with the regulations to assure individual needs of the residents are met, and to promote a care delivery system to enhance the quality of life for each resident. LTC staff investigate complaints, perform annual licensure and certification surveys, and conduct revisits when necessary. Facilities are licensed and certified based on the survey findings. Remedies are imposed when facilities fail to comply with the Federal and State requirements.

LTC staff also develop and interpret licensure rules, monitor compliance with Medicaid and Medicare certification requirements, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against facilities when appropriate.

	SFY10	SFY11	SFY12	SFY13	SFY14
INSPECTIONS & INVESTIGATIONS					
NURSING FACILITIES					
Number of facilities	332	327	324	328	322
Hospital-based skilled nursing units	8	7	7	7	6
Private-pay only facilities	6	5	5	2	1
Number of residents	19,623	18,512	18,813	19,304	19,006
Licensed beds	30,161	30,167	28,470	31,195	30,553
Average number of beds	91	93	93	95	95
Largest nursing facility	375	375	375	375	375
Smallest nursing facility	8	8	8	8	8
Inspections conducted*	2,178	1,998	1,982	2,226	2,492
Facilities closed	6	7	7	5	4
State enforcement actions	115	104	120	114	145

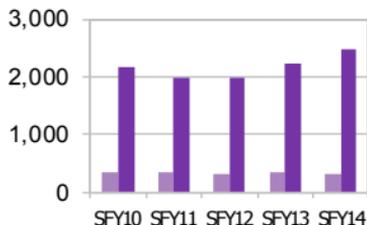
*Includes surveys for licensure/recertification, life safety code, complaints, follow-up visits and other inspections

NURSING FACILITY LICENSED BEDS

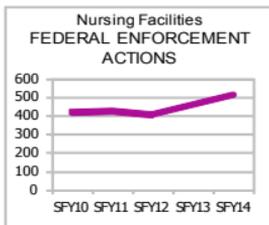
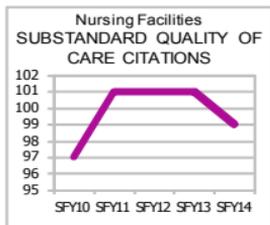
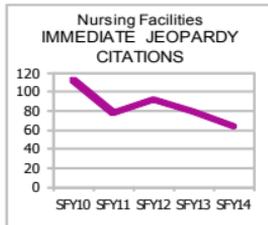
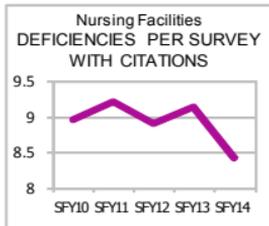
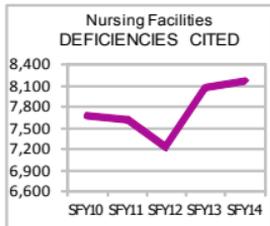
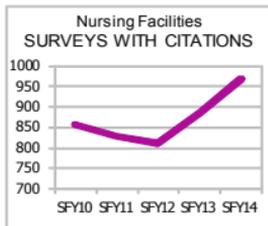


NURSING FACILITIES

■ Facilities ■ Inspections



	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	855	827	810	883	967
Deficiencies cited	7,669	7,623	7,221	8,074	8,160
Immediate jeopardy tags	112	77	91	79	64
Substandard quality of care tags	97	101	101	101	99
Deficiencies cited per survey with citations	8.97	9.22	8.91	9.14	8.43



	SFY10	SFY11	SFY12	SFY13	SFY14
FEDERAL ENFORCEMENT ACTIONS					
Opportunity to correct	345	360	344	401	439
No opportunity to correct	77	62	60	54	68
Past non-compliance	0	6	2	2	4
Total federal enforcement actions	422	428	406	457	511

Nursing Facilities FEDERAL ENFORCEMENT ACTIONS



Nursing Facilities

Top Violations—Federal Certification

01. **Provide Care/Services for Highest Well Being.** Resident must receive and facility must provide necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with comprehensive assessment and care plan.
02. **Infection Control.** Establish and maintain an infection control program designed to provide a safe, sanitary, comfortable environment and to help prevent development and transmission of disease and infection.
03. **Resident Records.** Maintain clinical records on each resident in accordance with accepted professional standards; complete; accurately documented; readily accessible; systematically organized.
04. **Right to Participate in Care Planning.** Resident has the right to participate in planning care and treatment or changes in care and treatment; care plan developed within 7 days after comprehensive assessment.
05. **Food—Procure/Store/Prepare/Serve-Sanitary.** Procure food from approved sources; store, prepare, distribute, and serve under sanitary conditions.
06. **Free of Accident Hazards/Supervision/Devices.** Resident environment remains as free of accident hazards as possible; each resident receives adequate supervision and assistance devices to prevent accidents.
07. **Assessment—Accuracy/Coordination/Certified.** Assessment accurately reflects the resident's status; registered nurse must conduct or coordinate; RN must sign and certify; individuals certify accuracy of portion.
08. **Drug Regimen is Free from Unnecessary Drugs.** Resident's drug regimen must be free from unnecessary drugs.
09. **Develop Comprehensive Care Plans.** Facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.
10. **Notify of Changes—Injury/Decline/Room.** Notify resident's physician, legal representative or family member when there is an accident involving the resident which results in injury; significant change in resident's status, change in room or roommate assignment.

Nursing Facilities

Top Violations—State Licensure

01. **Basic Nursing and Personal Care.** Basic nursing and personal care shall be provided for residents as needed.
02. **Infection Control.** Policy that addresses prevention and transmission of disease and infection; practice universal precautions identified by the CDC; personnel must demonstrate knowledge of universal precautions.
03. **Resident's Clinical Record.** Organized; accurate; typewritten or legibly written with pen and ink; document all nursing services provided.
04. **Food Storage, Supply and Sanitation.** Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments).
05. **Written Resident Assessment.** Assessment and care plan reviewed and updated, at least quarterly, and as needed when the resident's condition indicates.
06. **Assessment and Care Plans.** A resident assessment and an individual care plan shall be completed and implemented for each resident.
07. **Resident Assessment.** Conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment for each resident's function and capacity,
08. **Nursing and Personal Care Services.** The facility shall ensure that resident rights are respected in the provision of care.
09. **Medication Accountability.** Medications shall be administered only on a physician's order; person administering shall prepare, observe and record; medications prepared within one hour of administration; accurate written record; adverse reactions or results; medication error incident reports; report adverse reactions to resident's attending physician.
10. **Diet-Meals.** The facility shall provide a nourishing palatable, well-balanced diet that meets the resident's daily nutritional and special dietary needs.

RESIDENTIAL CARE HOMES INSPECTIONS & INVESTIGATIONS

This program was created in 1991 to establish standards for licensure of Residential Care Homes. Long Term Care (LTC) staff evaluate compliance with the regulations to assure individual needs of the residents are met to optimize the quality of life in the homes.

LTC staff investigate complaints, perform annual licensure surveys, conduct revisits when necessary, monitor compliance with licensure standards, implement and interpret rules, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against homes when appropriate.

Clients Served

Residents living in residential care homes, their families, friends and advocates, facility staff and operators.

Contact

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<http://ltc.health.ok.gov>

Authority

63 O.S., §§ 1-819 et seq.
OAC 310:680

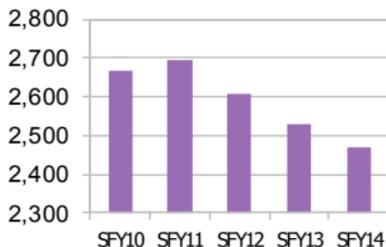
Funding Source

State Funds

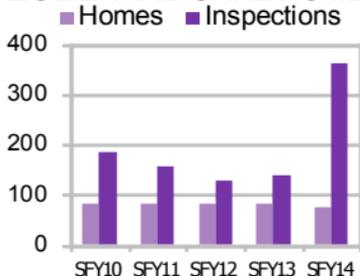
	SFY10	SFY11	SFY12	SFY13	SFY14
INSPECTIONS & INVESTIGATIONS					
RESIDENTIAL CARE HOMES					
Number of homes	83	83	81	80	75
Licensed beds	2,669	2,694	2,608	2,528	2,471
Average number of licensed beds	32	32	32	32	33
Largest residential care home	100	100	98	98	98
Smallest residential care home	4	4	4	4	4
Inspections conducted*	183	157	128	138	362
Homes closed	2	4	2	6	10
State enforcement actions	17	13	8	2	20

*Includes licensure surveys, complaint investigations, follow-up visits and other inspections

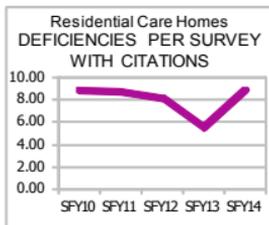
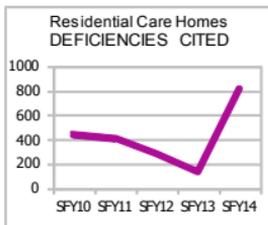
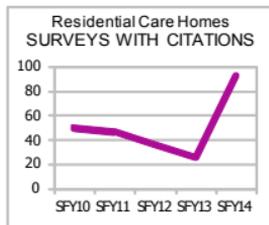
RESIDENTIAL CARE HOMES LICENSED BEDS



RESIDENTIAL CARE HOMES



	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	50	47	36	26	92
Deficiencies cited	443	409	291	143	814
Deficiencies cited per survey with citations	8.86	8.70	8.08	5.50	8.85



Residential Care Homes
Top Violations—State Licensure

01. **Food Service.** Comply with Chapter 257 of this Title regarding storage, preparation and serving of food; may use residential equipment provided the equipment maintains hot and cold temperatures as required.
02. **Staff Training-First Aid/CPR.** All employees are currently certified in first aid and cardiopulmonary resuscitation; certification kept current in file; First-Aid and CPR certificates renewed annually or as required.
03. **Statement Provisions.** Residents receive adequate and appropriate medical care; fully informed of medical condition and proposed treatment; right to refuse medication and treatment after being fully informed of consequences.
04. **Building Elements-Water Temp.** Hot water temperatures accessible to residents shall be maintained within a range of 100 to 120 degrees F.
05. **Appropriate occupancy.** Shall not admit or provide services to a resident who is not ambulatory and essentially capable of participating in their own activities of daily living; residents shall not routinely require nursing services.
06. **Tobacco Use Policy.** Tobacco use policy shall be clearly posted near the main entrance, and the prospective residents or their legal representatives shall be notified of the policy prior to the residents' acceptance for admission.
07. **Administration of Medications.** Person administering the medication shall maintain an accurate written record of medications administered.
08. **Medications.** Correct medication and pharmacy techniques and principles used when medications are administered; storage and maintenance.
09. **Food Service.** Menus shall be planned, dated, and posted at least one week in advance. Menus are to be retained in the home for one year.
10. **Administration of Medications.** Resident who has been determined by his physician as capable of self-administering medication may retain the medications in a safe location in the resident's room; facility shall develop and follow policies of accountability; scheduled medications shall not be authorized for self-administration.

VETERAN'S CENTERS INSPECTIONS & INVESTIGATIONS

Clients Served

Residents who are veterans of the United States Armed Forces, friends and advocates, facility staff and operators.

Contact

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Authority

63 O.S., §§ 1-1901 et seq.
OAC 310:675

Funding Source

State Funds

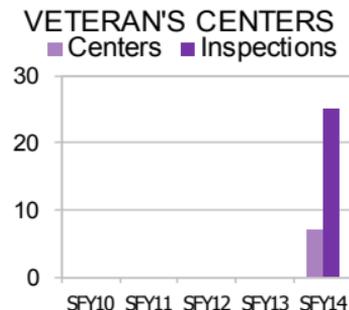
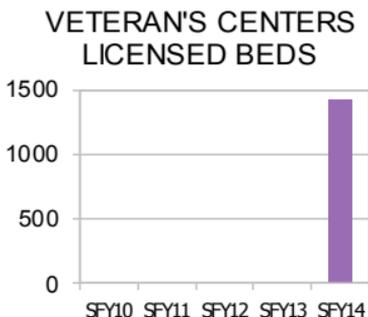
This program was created in 2013 to establish a system of licensure for the purpose of protecting the health, welfare, and safety of residents in state veteran's centers.

LTC Staff investigate complaints, perform annual licensure surveys, and conduct revisits when necessary. When facilities fail to comply with State requirements, a list of deficiencies in the condition or operation of the facility and recommendations for corrective measures is sent to the person immediately responsible for the administration of the facility inspected, the Oklahoma Department of Veterans Affairs, the

Governor, the Speaker of the House of Representatives, and the President Pro Tempore of the Senate.

	SFY10	SFY11	SFY12	SFY13	SFY14
VETERAN'S CENTERS					
Number of centers	-----	-----	-----	-----	7
Licensed beds	-----	-----	-----	-----	1423
Average number of licensed beds	-----	-----	-----	-----	203
Largest veterana's center	-----	-----	-----	-----	302
Smallest veterana's center	-----	-----	-----	-----	122
Inspections conducted*	-----	-----	-----	-----	25
Centers closed	-----	-----	-----	-----	0

*Includes licensure surveys, complaint investigations, follow-up visits and other inspections



	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	-----	-----	-----	-----	14
Deficiencies cited	-----	-----	-----	-----	65
Deficiencies cited per survey with citations	-----	-----	-----	-----	4.6

Veteran's Centers
Top Violations—State Licensure

01. **Infection control.** The facility has an infection control policy and procedures to provide a safe and sanitary environment.
02. **Allowed nonprescription drugs.** Bulk nonprescription drugs. Facilities may have only oral analgesics, antacids, and laxatives for bulk dispensing.
03. **Nursing and personal care services.** The facility shall ensure that resident rights are respected in the provision of care.
04. **Basic nursing and personal care.** Basic nursing and personal care shall be provided for residents as needed.
05. **Resident assessment.** The facility conducts a comprehensive, accurate, standardized, reproducible assessment for each resident's functional capacity.
06. **Food storage, supply and sanitation.** Food is stored, prepared, and served in accordance with Chapter 257 relating to food service establishments.
07. **Medication labels and handling.** Prescribed medications shall be clearly labeled with resident's full name, physician's name, prescription number, name and strength of medication, dosage, directions for use, date of issue and expiration, and name, address and telephone number of pharmacy or physician issuing the medication, and quantity.
08. **Medication accountability.** Medications administered only on a physician's order. Person administering medications personally prepares the dose within one hour of administration; observes the swallowing of oral medication. Medication record includes identity and signature of person administering medication; medication administered within one hour of the scheduled time; adverse reactions or results; injection sites; medication error incident reports. Report adverse reactions to attending physician.
09. **Medication services, storage.** Medications stored in a medication room a locked cabinet, or a locked medication cart, used exclusively for medication storage.
10. **Infection control.** Facility must maintain a sanitary environment and prevent the development and transmission of infection.

MEDICAL FACILITIES SERVICE

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Brandon Bowen

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Dale Adkerson, Emergency Medical Services

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Bill Culver, Health Facilities Plan Review

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Terri Cook, Facility Services

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LaTrina Frazier, Home Services

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Y. Vonnie Meritt, Quality, Enforcement, & Review

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Grace Pelley, Trauma and Systems Development

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AMBULATORY SURGICAL CENTERS

Clients Served

Ambulatory surgery patients and facilities.

Contact

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terrid@health.ok.gov

<http://mfs.health.ok.gov>

Authority

63 O.S., §§ 2657 et seq.
OAC 310:615
The Social Security Act
42 CFR Part 416

Funding Source

Federal contract allocation and
State Licensure Fees

This program was created to require standards of care for surgery performed in freestanding ambulatory surgical centers. The quality of medical care in ambulatory surgical centers is to be the same as that required in hospitals licensed in the State of Oklahoma.

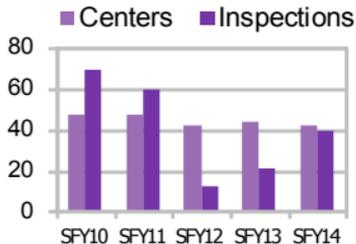
Facility Services Division (FSD) staff strive to ensure compliance with minimum standards and the provision of quality care. FSD staff review initial and final construction, perform on-site surveys to assure compliance with standards, issue licenses, monitor compliance, investigate complaints, and sanction facilities that fail to comply.

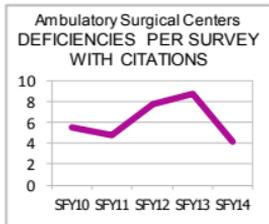
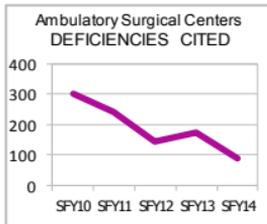
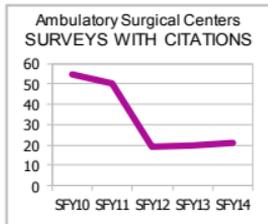
Program Fees

Initial license	\$2,000.00
Annual renewal.....	\$500.00

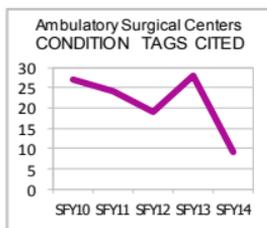
	SFY10	SFY11	SFY12	SFY13	SFY14
AMBULATORY SURGICAL CENTERS					
Number of centers	47	47	42	44	42
Centers surveyed	30	19	6	10	17
Licensure surveys & follow-ups	21	14	0	2	13
Recertification surveys & follow-ups	28	27	7	11	14
Life safety code surveys & follow-ups	20	18	5	8	11
Total inspections	69	59	12	21	39
Complaint investigations	2	1	0	0	1
Fees collected	\$5,500	\$22,500	\$20,150	\$20,300	\$28,000

AMBULATORY SURGICAL CENTERS





	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	55	50	19	20	21
Deficiencies cited	302	240	146	174	89
Condition tags cited	27	24	19	28	9
Deficiencies cited per survey with citations	5.5	4.8	7.7	8.7	4.2



Ambulatory Surgical Centers Top Violations—Federal Certification

01. **Sanitary environment.** Functional and sanitary environment; adhering to professionally acceptable standards of practice.
02. **Form and content of record.** Accurate, legible, promptly completed. Required content.
03. **Life Safety Code Standard.** Heating, ventilating, and air-conditioning comply with the manufacturer's specifications and section 9.2.20.5.2.1, 21.5.2.1.
04. **Infection control program.** Maintain an ongoing program to prevent, control, and investigate infections and communicable diseases.
05. **Surgical services.** Surgical procedures performed in a safe manner by qualified physicians in accordance with approved policies and procedures of the ASC.
06. **Life Safety Code Standard.** Manual fire alarm system is provided to automatically warn the building occupants. Fire alarm system has initiation notification and control function. Automatically transmits an alarm to summon fire department.
07. **Organization and staffing.** Patient care responsibilities delineated for all nursing personnel; provided in accordance with recognized standards of practice; registered nurse available for emergency treatment whenever there is a patient in the ASC.
08. **Life Safety Code Standard.** Anesthetizing locations are protected in accordance with NFPA 99 and 101. Shutoff valves are located outside each anesthetizing location. Relative humidity is maintained equal to or greater than 35%.
09. **Life Safety Code Standard.** Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1.
10. **Administration of Drugs.** Drugs prepared and administered according to established policies and acceptable standards of practice.

BIRTHING CENTERS

Clients Served

Birthing centers and consumers who utilize the services of such centers.

Contact

Terri Cook
405 • 271 • 6576
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terrid@health.ok.gov

<http://mfs.health.ok.gov>

Authority

63 O.S., § 1-701
OAC 310:616

Funding Source

State Licensure Fees

This program was established to allow certified nurse midwives to operate birthing facilities and to receive a license if certain criteria are met. A license is not compulsory for this program, however, if a facility is licensed, compliance with minimum standards is determined by the Facility Services Division (FSD).

FSD staff perform on-site inspections, issue licenses, and investigate complaints.

Program Fees

Per bed per year \$10.00

	SFY10	SFY11	SFY12	SFY13	SFY14
BIRTHING CENTERS					
Number of centers	0	0	0	0	0
Licensure surveys & follow-ups	0	0	0	0	0
Complaint investigations	0	0	0	0	0
Fees collected	\$0	\$0	\$0	\$0	\$0

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)

Federal law (CLIA-67) was amended in 1998 to regulate all clinical laboratory testing regardless of location. The Department agreed to contract with the Centers for Medicare & Medicaid Services (CMS) to implement the program. Facility Services Division (FSD) staff strive to ensure quality laboratory testing.

FSD staff conduct on-site surveys and certify laboratories every two years, conduct complaint investigations, monitor proficiency testing, train providers, and sanction non-compliant laboratories as necessary.

Clients Served

Clinical laboratories and consumers who utilize the services provided by clinical laboratories.

Contact

Terri Cook
405 • 271 • 6576
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terrid@health.ok.gov

<http://mfs.health.ok.gov>

Authority

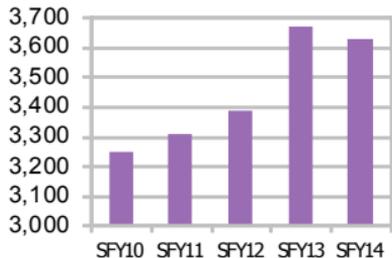
Public Law 100-578 (CLIA-88)
42 CFR Part 493

Funding Source

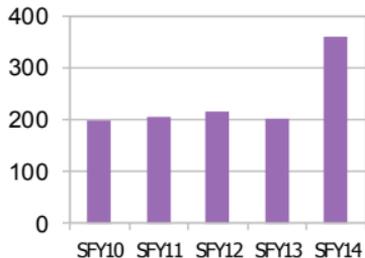
Federal Contract Allocation

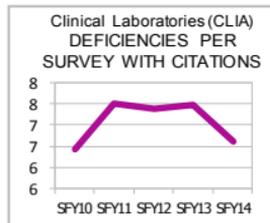
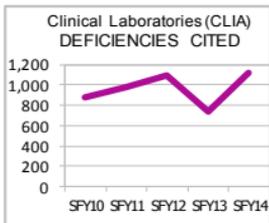
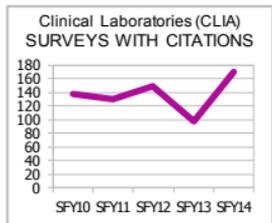
	SFY10	SFY11	SFY12	SFY13	SFY14
CLINICAL LABORATORIES					
Certificate of Compliance Labs	294	306	297	326	271
Certificate of Waiver Labs	2,183	2,236	2,330	2,544	2,568
Certificate of Provider Performed Microscopy Procedures Labs	533	533	513	523	495
Certificate of Accreditation Labs	237	230	245	273	293
Total Clinical Laboratories	3,247	3,305	3,385	3,666	3,627
INSPECTIONS					
Initial surveys for new labs	23	13	19	3	16
Recertification surveys for Certificate of Compliance Labs	114	123	132	64	180
Validation surveys of Certificate of Accreditation Labs	7	6	5	3	0
Recertification surveys for Certificate of Waiver Labs	41	43	34	47	2
Follow-up surveys	14	18	19	80	163
Complaint investigations	1	2	7	5	0
Total inspections conducted	200	205	216	202	361

CLINICAL LABORATORIES

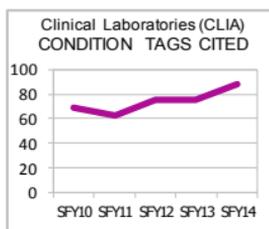


CLIA INSPECTIONS





	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	137	130	148	98	170
Deficiencies cited	880	978	1,094	734	1,114
Condition tags cited	69	63	75	75	88
Deficiencies cited per survey with citations	6.42	7.52	7.39	7.49	6.6



Clinical Laboratory (CLIA) Top Violations—Federal Certification

01. **Test systems, equipment, instruments, reagent.** Selected by the laboratory; performed following manufacturer's instructions; within the laboratory's stated performance specifications for each test system.
02. **Director's responsibilities.** Ensure that laboratory personnel are performing the test methods as required for accurate and reliable tests.
03. **Certificate of waiver tests.** Follow manufacturer's instructions for performing the test; and meet the requirements in Subpart B, Certificate of Waiver.
04. **Test systems, equipment, instruments, reagent.** Test systems must be selected by the laboratory. Testing performed following manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under §493.1253.
05. **Technical consultant responsibilities.** Responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year.
06. **Control procedures.** Control procedures that monitor the accuracy and precision of the complete analytic process for each test system. Document all control procedures performed.
07. **Establishment and verification of performance.** Laboratory that introduces an FDA-cleared or approved test system must check the accuracy, precision and reportable range of test results; verify manufacturer's reference intervals are appropriate for patient population; document all activities specified.
08. **Calibration and calibration verification.** Laboratory must perform and document calibration verification procedures in specified manner for each applicable test system.
09. **Testing of proficiency samples.** Document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. Maintain copy of all records.
10. **Control procedures.** For reagent, media and supply checks, the laboratory must follow the manufacturer's specifications for using reagents, media, and supplies and be responsible for results. Document all control procedures performed.

EMERGENCY SYSTEMS

EMERGENCY MEDICAL SERVICES

The Emergency Medical Services (EMS) program was created to: (1) implement a national standard of care for the provision of emergency medical services; (2) implement statewide coordination of EMS; (3) monitor compliance with minimum standards; and (4) collect data on emergency medical services responses statewide.

EMS staff draft, implement, and interpret rules; issue licenses to appropriate entities consistent with statute and rule; collect statistical data; inspect and approve training programs; coordinate testing of EMT candidates; inspect and approve ambulance services, vehicles, equipment, and documentation; investigate complaints against regulated entities; provide technical assistance as necessary; and take enforcement actions against regulated entities for noncompliance.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Emergency Response Systems Development Advisory Council (OERSDAC) and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of

Clients Served

Ambulance services, emergency medical technicians, training programs, emergency medical responders, emergency medical response agencies, and consumers who utilize these services.

Contact

Dale Adkerson
405 • 271 • 4027
Fax: 405 • 271 • 4240
dalea@health.ok.gov

www.ok.gov/health/Protective_Health/Emergency_Medical_Services/

Authority

63 O.S., §§ 1-2501 et seq.
OAC 310:641

Funding Source

State Licensure Fees and State Appropriated Funds

Health, the Act placed Emergency Medical Services under the jurisdiction of the Trauma and Emergency Response Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Program Fees

Fees for Agencies:

(Licenses are issued for a two year period.)

Ambulance Services:

Initial	\$600.00, plus \$20.00 for each vehicle in excess of two, and \$150.00 for each substation
Renewal	\$100.00, plus \$20.00 for each vehicle in excess of two, and \$50.00 for each substation

Emergency Medical Response Agency:

Initial	\$50.00
Renewal	\$20.00

Fees for individual Emergency Medical Technicians (EMTs):

(Licenses are issued for a two year period.)

Initial EMT Licensure, including practical skills testing:

Basic.....	\$75.00 + \$10.00 DBA*
Intermediate	\$150.00 + \$10.00 DBA*
Paramedic	\$200.00 + \$10.00 DBA*

EMT Re-licensure:

Basic.....	\$20.00 + \$2.50 DBA*
Intermediate.....	\$25.00 + \$2.50 DBA*
Paramedic	\$30.00 + \$2.50 DBA*

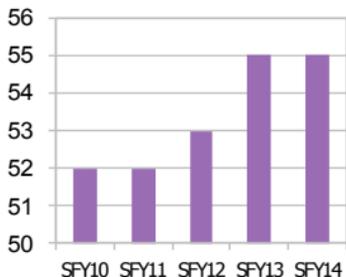
Skills re-testing fees (Intermediate and Paramedic only):

Partial (up to 2 skills for Intermediate; up to 5 skills for Paramedic)	\$50.00
Full test, all skills.....	\$100.00

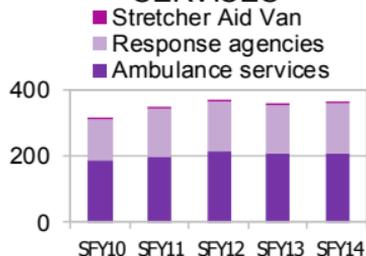
*Death Benefit Assessment

	SFY10	SFY11	SFY12	SFY13	SFY14
EMERGENCY MEDICAL SERVICES					
EMS Districts	52	52	53	55	55
Ambulance Services	189	198	212	209	207
Emergency Medical Response Agencies	121	142	150	142	149
Stretcher Aid Van Services	4	5	7	7	6

EMS DISTRICTS



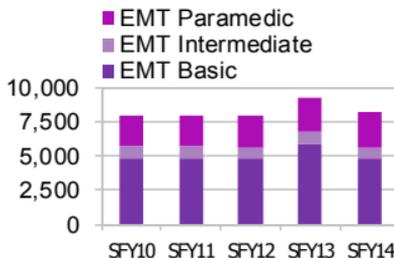
EMERGENCY MEDICAL SERVICES



	SFY10	SFY11	SFY12	SFY13	SFY14
TRAINING					
EMS training institutions	41	40	41	45	41
EMT training courses	1,026	795	908	1,004	856
ALS exams administered	12	12	12	13	15
Candidates tested	340	283	310	313	5

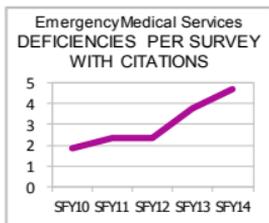
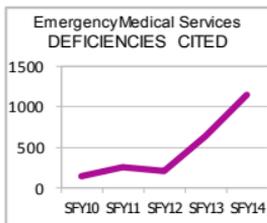
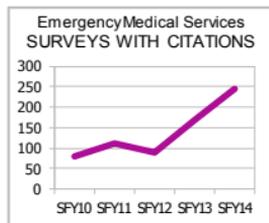
	SFY10	SFY11	SFY12	SFY13	SFY14
EMERGENCY MEDICAL TECHNICIANS					
EMT Basic	4,878	4,884	4,796	5,904	4,883
EMT Intermediate	894	856	853	875	753
EMT Paramedic	2,229	2,305	2,336	2,593	2,631
Total EMTs	8,001	8,045	7,985	9,372	8,267

EMERGENCY MEDICAL TECHNICIANS



	SFY10	SFY11	SFY12	SFY13	SFY14
PROGRAM ACTIVITIES					
Ambulance service surveys	193	116	141	270	260
Complaints investigated	43	56	56	53	73
Training program site visits	27	14	15	4	36
EMT new licenses	514	803	1,182	1,273	1018
EMT renewal licenses	3,466	3,130	2,651	3,134	3226
EMS new licenses	4	8	5	10	3
EMS renewal licenses	83	138	128	127	108
Total licenses issued	4,067	4,079	3,966	4,544	4,355
Fees collected	\$271,028	\$222,869	\$252,537	\$213,112	\$275,180

	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	80	110	88	170	244
Deficiencies cited	146	258	204	640	1,147
Deficiencies cited per survey with citations	1.83	2.35	2.32	3.76	4.70



Emergency Medical Services Providers Top Violations—State Licensure

01. **Sanitation requirements.** Implements inserted into patient's nose or mouth are single service wrapped, properly stored and handled.
02. **Equipment for ground transport vehicles.** Each ambulance vehicle (except stretcher aid vans) will carry fire extinguishers, mounted with quick release in cab and patient compartment (each dry powder, ABC, five (#5) pound).
03. **Requirement.** Physician director knowledgeable and actively involved in quality assurance and educational activities of the EMT; supervise a quality assurance program.
04. **Equipment for ground transport vehicles.** Equipment clean, in good working condition, and appropriately secured.
05. **Ground ambulance service-personnel staffing.** Drivers who are certified as Emergency Medical Responder; successfully complete an emergency vehicle operator course within 120 days of employment; refresher course every two years.
06. **Sanitation requirements.** Medications and equipment with expiration dates current; expired medications /equipment discarded appropriately.
07. **Ambulance service, emergency medical response.** Maintain files about operation, maintenance, and such other required documents; maintain copies of licenses, certificates.
08. **Requirements.** Physician director shall list all medications with quantities to be carried on each emergency vehicle.
09. **Equipment for ground transport vehicles.** In addition to basic and intermediate equipment, ambulance carries cardiac monitor/defibrillator with printout, defibrillator pads, quick-look paddles, EKG leads, chest attachment pads; monitor recalibrated every 12 months.
10. **Correction orders.** Acceptable plan of correction received within 30 days and/or deficiency corrected within 120 days or action for remedy against the service may be undertaken by administrative procedure.

First Response Agencies
Top Violations—State Licensure

01. **Ambulance service, emergency medical response.** Maintain files about operation, maintenance, at business office; files available for review by OSDH during normal work hours; files include copies of licenses and certificates of personnel employed.
02. **Requirement.** Physician director knowledgeable and actively involved in quality assurance and educational activities of the EMT; supervise a quality assurance program; submitted with treatment protocols for approval by OSDH.
03. **Ambulance service, emergency medical response.** Maintain files including copies of all Occupational, Safety and Health Agency requirements.
04. **Ambulance service, emergency medical response.** Maintain files on maintenance and regular inspections of each vehicle; inspected and checklist completed after each call or on a daily basis.
05. **Ambulance service, emergency medical response.** Maintain files including copies of ambulance service operational and medical protocols.
06. **Sanitation requirements.** Implements inserted into patient's nose or mouth are single service wrapped, properly stored and handled. Local health care facilities consulted for instructions on sanitation and handling when multi-use items are used.
07. **Ambulance service, emergency medical response.** Department representatives have prompt access to files, records and property as necessary to appropriately survey the provider; refusal to allow access may result in summary suspension of licensure.

EMERGENCY SYSTEMS TRAUMA & SYSTEMS DEVELOPMENT

The charge of the Trauma Service is to create a statewide system of optimal care for all trauma patients to ensure the right patient goes to the right facility and receives the right treatment in the right amount of time.

Trauma Service initiatives in FY 2011 included development, planning and implementation of Regional Trauma Plans in each of the eight geographic Trauma Regions, disbursement of the Trauma Care Assistance Revolving Fund to qualified entities for reimbursement for uncompensated major trauma care, quality improvement activities, oversight of the Trauma Referral Centers (TReC), administration and management of EMResource.

Clients Served

All Oklahomans and the public requiring trauma care.

Contact

Grace Pelley
405 • 271 • 4027
Fax: 405 • 271 • 4240
gracep@health.ok.gov

<http://td.health.ok.gov>

Authority

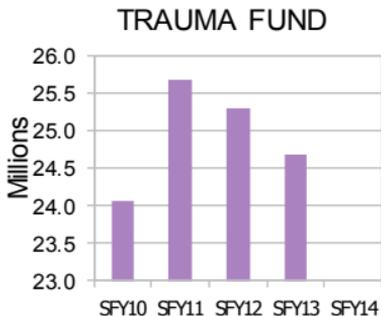
63 O.S., §§ 1-2530 et seq.
OAC 310:669

Funding Source

State Tobacco Taxes, Fines,
and Special Assessments

Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma State Trauma Systems Improvement & Development Advisory Council (OTSIDAC) and the Medical Audit Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed the Trauma Service under the jurisdiction of the Trauma and Emergency Response Advisory Council. For more information see the “Advisory Councils” section of this booklet.

	SFY10	SFY11	SFY12	SFY13	SFY14
TRAUMA FUND					
Distributed to physicians, hospitals and EMS agencies for reimbursement of eligible uncompensated major trauma care claims	\$24,076,837	\$25,680,066	\$25,307,779	\$24,697,176	\$24,337,379



HEALTH FACILITIES PLAN REVIEW

This program was created to ensure compliance with minimum construction standards and life safety standards. A plan review fee for hospitals was instituted on July 13, 2000, for long term care facilities on June 4, 2004, for inpatient hospice facilities on May 27, 2004, and for ASC's on July 25, 2010.

Health Facilities Plan Review (HFPR) staff perform on-site, phased construction inspections to assure compliance with minimum standards, and to monitor construction compliance. HFPR staff also provide consultation to providers, owners, architects, and others associated with medical related facilities, long term care facilities, and public bathing places.

Clients Served

Licensed and certified hospitals and other medical facilities, long term care facilities, and consumers who utilize the services of those facilities.

Contact

William H. (Bill) Culver
405 • 271 • 6785
Fax: 405 • 271 • 1738
williamc@health.ok.gov

<http://mfs.health.ok.gov>

Authority

OAC 310:667; OAC 310:615;
OAC 310:663; OAC 310:680;
OAC 310:675; OAC 310-675;
OAC 310-616; OAC 310:605;
and OAC 310:315
63 O.S., §§ 1-701 et seq.
63 O.S., §§ 1-860.1 et seq.
The Social Security Act, Sections 1861(f) and (e).

Funding Source

State and Federal Funds and
Fees

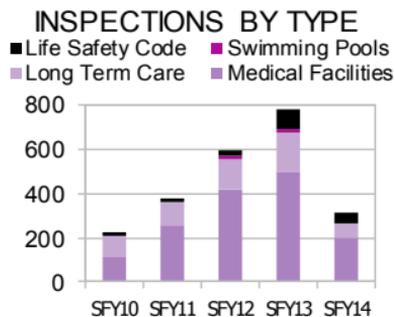
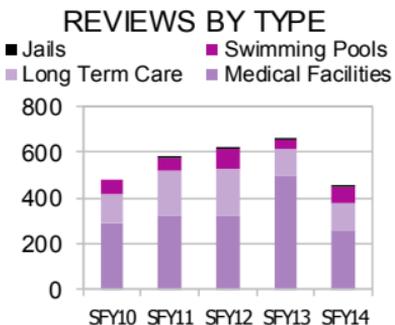
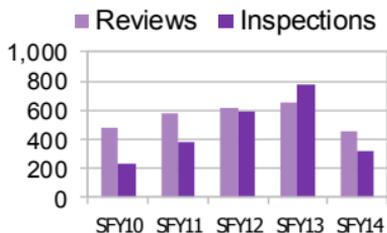
Program Fees

\$250.00 up to and including \$2,000.00 (dependent upon construction cost) for plan reviews for ASC, hospital and inpatient hospice construction.

Fees are assessed for plan reviews of Long Term Care Nursing and ICF/ IID Facilities construction plans showing an increase in beds in an amount not more than two one-hundredths percent (0.02%) or one thousand dollars (\$1,000.00), whichever is least, per project of total construction.

	SFY10	SFY11	SFY12	SFY13	SFY14
PLAN REVIEWS					
Ambulatory Surgical Centers	15	16	22	79	25
Hospitals	278	306	298	416	233
Inpatient Hospice Facilities	0	1	0	0	0
Total Medical Facilities	293	323	320	495	258
Jails	0	5	2	1	7
Long Term Care Facilities	121	196	204	120	123
Swimming Pools	68	56	89	41	66
Total plan reviews	482	580	615	657	454
PLAN REVIEW INSPECTIONS					
ESRD Life Safety Code	0	0	0	7	0
Other Life Safety Code	16	18	24	81	50
Total Life Safety Code	16	18	24	88	50
Inpatient Hospice	0	2	0	0	0
Long Term Care	97	102	136	181	66
Medical Facilities	115	261	421	496	201
Swimming Pools	0	0	14	16	0
Total inspections	228	383	595	781	317
Fees collected	\$109,830	\$179,000	\$182,750	\$173,440	\$169,766

HEALTH FACILITIES PLAN REVIEW



HOME HEALTH PROVIDERS

Clients Served

Home health agencies and individuals that utilize the services of home health agencies.

Contact

LaTrina Frazier
405 • 271 • 6576
Fax: 405 • 271 • 1141
latrinaf@health.ok.gov

<http://mfs.health.ok.gov>

Complaint Hotline

1 • 800 • 234 • 7258

Authority

63 O.S., §§ 1-1960 et seq.
OAC 310:662
The Social Security Act, Sections
1861(o) and 1891(a)
42 CFR Part 484

Funding Source

Federal Contract Allocation and
State Licensure Fees

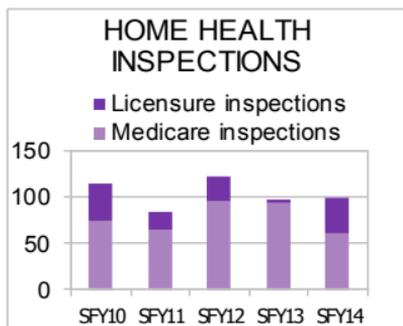
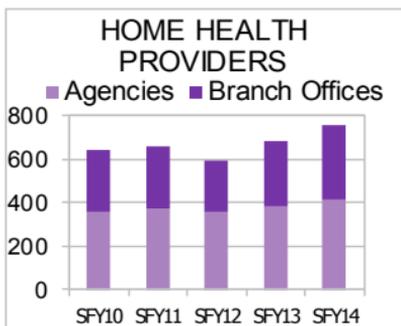
Home Services Division (HSD) staff strive to ensure compliance with minimum standards and the provision of quality care. HSD staff perform on-site surveys to ensure compliance with standards, issue licenses, monitor compliance, conduct home visits to clients receiving services, investigate complaints, and sanction facilities that fail to comply. Every person, corporation, partnership, association, or other legal entity desiring to obtain a license to establish, or to obtain a renewal license to operate a home care agency in this State must make application to the Department in such form and accompanied by such information as the State Commissioner of Health prescribes.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Home Health Advisory Board and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed Home Health Providers under the jurisdiction of the Home Care and Hospice Advisory Council. For more information see the “Advisory Councils” section of this booklet.

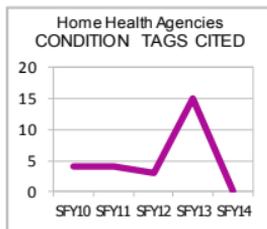
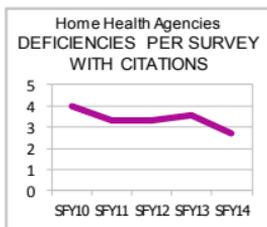
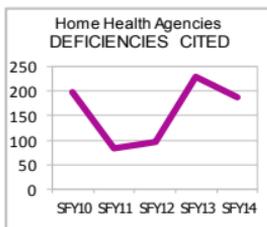
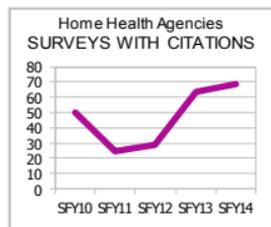
Program Fees

Initial license fee.....	\$1,000.00
Annual renewal fee.....	\$500.00

	SFY10	SFY11	SFY12	SFY13	SFY14
HOME HEALTH AGENCIES					
Licensed only HHAs	122	135	135	131	141
Licensed & medicare HHAs	240	243	222	251	274
Total licensed HHAs	362	378	357	382	415
Additional branch offices	283	280	235	299	345
Medicare surveys	57	48	88	71	51
Medicare follow-up visits	4	5	1	7	0
Medicare complaints	13	11	7	16	11
Total Medicare inspections	74	64	96	94	62
Licensure surveys	34	17	25	1	35
Licensure follow-up visits	0	0	0	0	0
Licensure complaints	7	3	1	2	2
Total licensure inspections	41	20	26	3	37
Fees collected	\$192,950	\$165,788	\$265,831	\$242,868	\$229,968



	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	50	25	29	64	69
Deficiencies cited	198	82	95	229	187
Condition tags cited	4	4	3	15	0
Deficiencies cited per survey with citations	3.96	3.28	3.28	3.58	2.7



Home Health Providers

Top Violations—State Licensure

01. **Personnel policies.** Policies include employment procedures, orientation to agency policies and objectives, job descriptions, periodic evaluations, provision for disciplinary actions, and health screening requirements, influenza vaccination information.
02. **Services provided.** Personnel furnishing services shall maintain liaison to ensure their efforts are coordinated effectively, documented and support the objectives in the plan of care.
03. **Personnel records.** Include qualifications, employment history, records of orientation and in-service, verification of health screening, performance evaluations, disciplinary actions, verification of current licensure/certification.
04. **Plan of Care.** Orders for therapy services shall include the specific procedures and modalities to be used. Services delivered shall be consistent with the plan of care.
05. **Federal, state and local laws.** The agency and its staff shall operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations.
06. **Quality assessment and improvement.** Home care agency shall have an ongoing program which assesses all services provided and requires quality improvements when indicated.
07. **Organization.** The home care agency shall have an organized governing body which is legally responsible for the conduct of the agency.
08. **Contracted services.** Written agreement defining the nature and scope of services provided; agreement includes services to be provided, manner in which services are coordinated, evaluated, and supervised; process for development, review, revision of plan of care; process for scheduling visits or hours; procedures for submitting clinical/progress notes.
09. **Organization.** The governing body shall be responsible for periodic administrative and professional evaluations of the agency.
10. **Organization.** The administrator shall ensure the accuracy of public information materials and activities, and that agency practices are consistent with written agency policies.

Home Health Providers Top Violations—Federal Certification

01. **Skilled nursing services.** HHA furnishes skilled nursing services in accordance with the plan of care.
02. **Coordination of patient services.** All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.
03. **Governing body.** A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the operation of the agency.
04. **Drug regimen review.** The comprehensive assessment must include a review of all medications the patient is currently using to identify any potential adverse effects and drug reactions.
05. **Group of professional personnel.** A group of professional personnel establishes and annually reviews the agency's governing policies. One member of the group is neither an owner nor an employee of the agency.
06. **Initial assessment visit.** The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date.
07. **Advisory and evaluation function.** The group of professional personnel's meetings are documented by dated minutes.
08. **Supervision.** The registered nurse must make an on site visit to the patient's home no less frequently than every 2 weeks.
09. **Acceptance of patients, POC, Med Super.** Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.
10. **Advisory and evaluation function.** A group of professional personnel meets frequently to advise the agency on professional issues; participate in the evaluation of the agency's program; and assist in maintaining liaison with other community health care providers.

HOSPICE PROVIDERS

The Hospice program provides supportive and palliative care to terminally ill patients. It is medically directed and nurse-coordinated. The physical setting may be a home, an institution, or a health facility.

Home Services Division (HSD) staff strive to ensure compliance with minimum standards and the provision of quality care for terminally ill patients. HSD staff perform on-site surveys to ensure compliance with standards, issue licenses, monitor compliance, investigate complaints, and sanction facilities that fail to comply. A license issued for the operation of a hospice program, unless sooner suspended or revoked, must be renewed annually.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Hospice Advisory Board and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed Hospice Providers under the jurisdiction of the Home Care and Hospice Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Clients Served

Terminally ill patients and hospice programs.

Contact

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Authority

63 O.S., §§ 1-860.1 et seq.
OAC 310:661
The Social Security Act, Sections
1861(o) and 1891(a)
42 CFR Part 418

Funding Source

Federal Contract Allocation and
State Licensure Fees

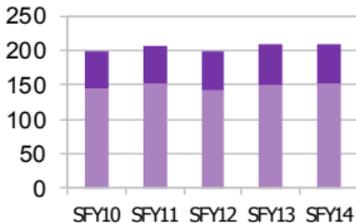
Program Fees

Initial application fee.....	\$500.00
Initial license fee.....	\$1500.00
Permanent license fee	\$2000.00
Renewal fee (annual renewal)	\$2000.00
Alternate Administrative Office	\$500.00

	SFY10	SFY11	SFY12	SFY13	SFY14
HOSPICE					
Licensed hospice programs	144	152	141	150	152
Alternate administrative offices	56	55	57	58	58
Medicare surveys	5	0	6	39	34
Medicare follow-ups	4	0	0	4	11
Medicare complaints	14	0	2	21	8
Total Medicare inspections	23	0	8	64	83
Licensure surveys	24	5	6	36	45
Licensure follow-ups	0	0	0	0	0
Licensure complaints	2	3	0	3	0
Total Licensure inspections	26	8	6	39	45
Fees collected	\$293,000	\$273,000	\$288,075	\$288,529	\$286,000

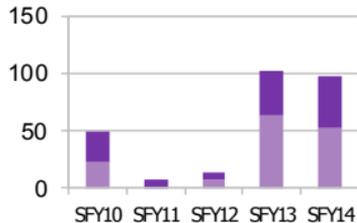
HOSPICE PROVIDERS

■ Licensed ■ Alternate Offices

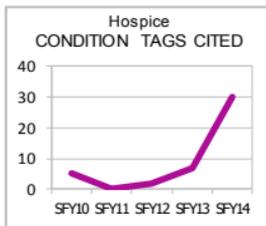
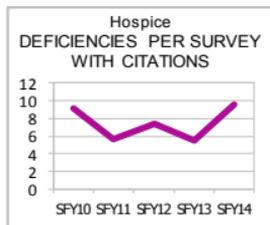
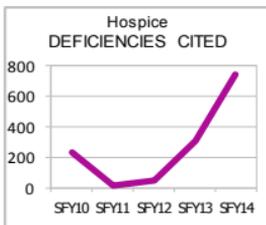
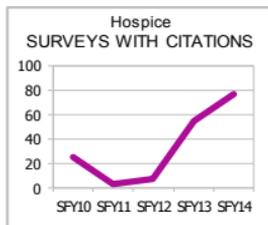


HOSPICE INSPECTIONS

■ Medicare ■ Licensure



	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	25	3	7	55	77
Deficiencies cited	230	17	52	305	742
Condition tags cited	5	0	2	7	30
Deficiencies cited per survey with citations	9.2	5.67	7.43	5.55	9.6



Hospice Providers

Top Violations - Federal Certification

01. **Update of comprehensive assessment.** The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days. Must include patient's progress toward desired outcomes and patient's response to care.
02. **Level of activity.** Volunteers must provide day to day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff; maintain records on the use of volunteers.
03. **Cost saving.** Hospice must document cost savings achieved through use of volunteers including identification of each volunteer position, work time spent by volunteers, estimates of dollar costs hospice would have incurred if paid employees occupied volunteer positions.
04. **Patient outcome measures.** The data elements must be an integral part of the comprehensive assessment and must be documented in a systematic and retrievable way for each patient.; data elements for each patient must be used in individual patient care planning and in the coordination of services, and must be used in the aggregate for the hospice's quality assessment and performance improvement program.
05. **Performance improvement projects.** The number and scope of distinct performance improvement projects conducted annually must reflect the scope, complexity, and past performance of services and operations.
06. **Patient outcome measures.** The comprehensive assessment must include data elements that allow for measurement of outcomes; measure and document data in the same way for all patients; data elements take into consideration aspects of care related to hospice and palliation.
07. **Coordination of services.** Provide for and ensure the ongoing sharing of information between disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement.
08. **Performance improvement projects.** Hospices must develop, implement and evaluate performance improvement projects.
09. **Program scope.** The program must at least be capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services.
10. **Program scope.** The hospice must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations.

HOSPITALS

This program was created to protect the public and to ensure a minimum standard of care. Medicare certification was established in 1966 while the hospital licensure program was established in 1947. Hospitals may also be accredited by a third party accreditation organization.

Facility Services Division (FSD) staff strive to ensure compliance with minimum standards and the provision of quality care. FSD staff perform on-site surveys to ensure compliance with standards, monitor compliance, investigate complaints, and sanction facilities that fail to comply. Limited funding for this program has reduced the number of on-site surveys performed annually from 100% to approximately 10% to 15%.

Clients Served

Licensed and certified hospitals and consumers who utilize the services of those hospitals.

Contact

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Authority

63 O.S., §§ 1-701 et seq.
OAC 310:667
The Social Security Act, Sections
1861(f) and (e)
42 CFR Part 482
42 CFR Part 489

Funding Source

Federal Contract Allocation and
State Licensure Fees

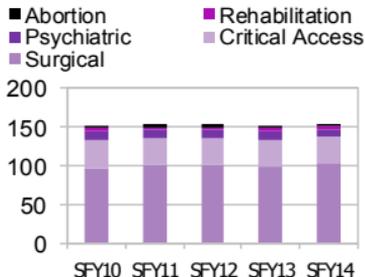
Program Fees

Initial and renewal fees..... \$10. 00 per bed per year

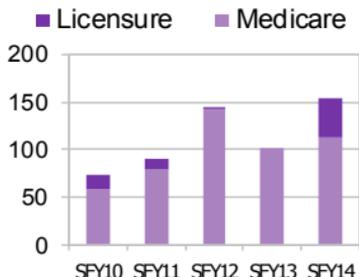
	SFY10	SFY11	SFY12	SFY13	SFY14
HOSPITALS					
General medical surgical	97	101	101	99	104
Critical access	36	34	34	34	34
Specialized, psychiatric	11	11	11	11	10
Specialized, rehabilitation	5	4	4	5	3
Specialized, abortion	3	3	3	3	3
Total licensed hospitals	152	153	153	152	154
Fees collected	\$164,635	\$191,480	\$186,515	\$175,171	\$165,530

	SFY10	SFY11	SFY12	SFY13	SFY14
MEDICARE SURVEYS					
Initial surveys	0	0	0	0	0
Recertification surveys	10	9	33	12	30
Validation surveys	2	2	2	4	2
Life Safety Code surveys	12	13	33	18	30
Survey follow-ups	1	12	21	19	17
Complaint investigations	34	43	53	49	33
Total Medicare inspections	59	79	142	102	112
LICENSURE SURVEYS					
Initial surveys	0	0	1	0	0
Re-licensure surveys	12	9	0	0	37
Survey follow-ups	0	2	0	0	3
Complaint investigations	2	0	0	0	2
Total Licensure inspections	14	11	1	0	42
TOTAL SURVEYS					
Surveys	36	33	69	34	99
Survey follow-ups	1	14	21	19	20
Complaint investigations	36	43	53	49	35
Total inspections	73	90	143	102	154

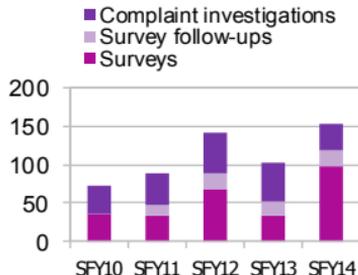
HOSPITALS



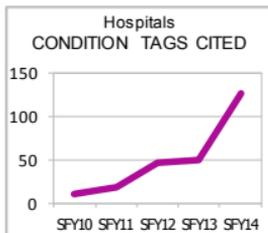
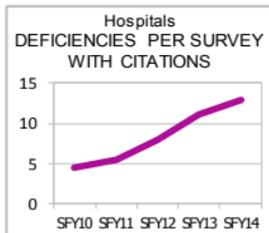
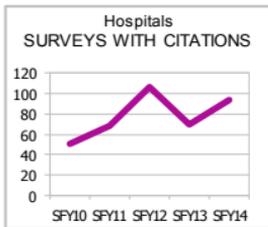
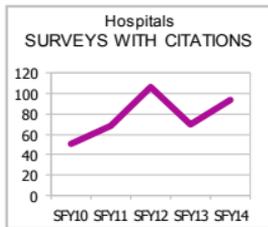
HOSPITAL INSPECTIONS



SURVEY ACTIVITIES



	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	50	68	106	70	94
Deficiencies cited	229	376	842	778	1,210
Condition tags cited	11	19	46	50	127
Deficiencies cited per survey with citations	4.58	5.53	7.94	11.11	12.9



Hospitals

Top Violations—Federal Certification

01. **Life Safety Code Standard.** Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2.
02. **Life Safety Code Standard.** Heating, ventilation, air conditioning comply with section 9.2 and are installed in accordance with manufacturer's specifications.
03. **Infection control program.** The infection control officer must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.
04. **Patient rights: grievances.** The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.
05. **Miscellaneous.** Other Life Safety Code deficiency not on 2786.
06. **Life Safety Code Standard.** Anesthetizing locations are protected in accordance with NFPA 99, Standard for Health Care Facilities.
07. **Life Safety Code Standard.** A fire alarm system required for safety is installed, tested, and maintained according to NFPA 70, National Electrical Code, and NFPA 72.
08. **Life Safety Code Standard.** Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted.
09. **Patient care policies.** Patient care policies include a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.
10. **Operating room policies.** Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.

MEDICARE CERTIFICATION & STATE PERMITS

Clients Served

Medicare certified entities and consumers who utilize services provided by the entities.

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Authority

State Permit Citations
63 O.S., § 2209.1
63 O.S., § 2210
OAC 310:505

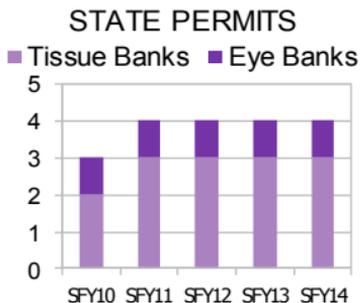
The Social Security Act and various Related Code of Federal Regulations

Funding Source

Federal Contract Allocation and State Licensure Fees

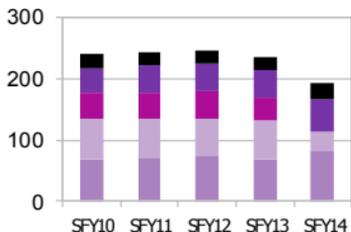
These Medicare-certified programs were implemented to assure quality care for beneficiaries. Medical Facilities Service staff strive to ensure that services provided by these facilities meet the minimum standards for certification. These programs do not have statutory requirements for annual surveys and therefore, no funding to perform annual surveys. Staff perform on-site surveys for initial certification, periodic surveys for continued certification, and complaint investigations.

	SFY10	SFY11	SFY12	SFY13	SFY14
MEDICARE CERTIFICATION					
End Stage Renal Disease Centers (ESRD)	70	71	73	70	81
Swing Bed Hospital Units (SB)	64	63	63	63	33
Rehabilitation Agencies (RA)	43	43	45	36	36
Rural Health Clinics (RHC)	40	46	45	46	52
PPS Excluded Psychiatric Units (PPS-PU)	23	21	21	21	26
PPS Excluded Rehabilitation Units (PPS-RU)	21	21	21	21	18
Portable X-Ray Units (PX-R)	13	16	16	16	16
Community Mental Health Centers (CMHC)	8	8	8	8	8
Comprehensive Outpatient Rehabilitation Facilities (CORF)	3	3	3	2	2
CORF recertifications	1	0	1	0	0
RA recertifications	2	2	3	3	7
PX-R recertifications	0	0	1	0	0
RHC recertifications	1	7	4	3	13
Tissue Banks (TB)	2	3	3	3	3
Eye Banks (EB)	1	1	1	1	1



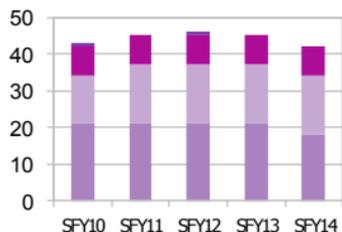
MEDICARE CERTIFICATION

■ ESRD ■ SB ■ RA ■ RHC ■ PPS-PU

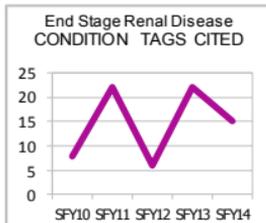
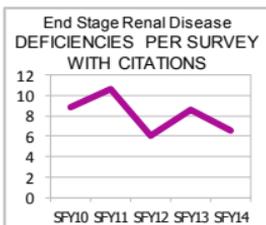
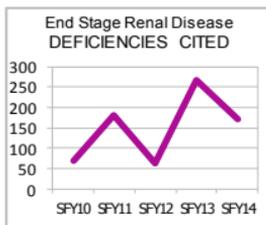
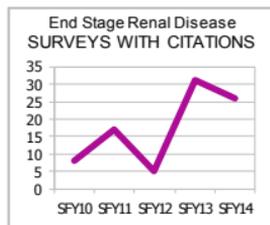


MEDICARE CERTIFICATION

■ PPS-RU ■ PX-R ■ CMHC ■ CORF



	SFY10	SFY11	SFY12	SFY13	SFY14
END STAGE RENAL DISEASE					
Surveys with citations	8	17	5	31	26
Deficiencies cited	71	181	64	268	170
Condition tags cited	8	22	6	22	15
Deficiencies cited per survey with citations	8.88	10.65	6	8.65	6.5



End Stage Renal Disease Centers Top Violations—Federal Certification

01. **MD Resp-Ensure all adhere to P&P.** Medical Director must ensure polices and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and non-physician providers.
02. **IC-Wear gloves/hand hygiene.** Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station; staff remove gloves and wash hands between each patient or station.
03. **IC-Staff education-catheters/catheter care.** Recommendations for placement of intravascular catheters in adults and children including health care worker education and training; surveillance; and catheter and catheter-site care.
04. **IC-Disinfect surfaces/equip/written protocols.** Facility must demonstrate standard infection control precautions by implementing and maintaining procedures for the cleaning and disinfection of contaminated surfaces, medical devices, and equipment.
05. **PE-Equipment Maintenance—Manufacturer's DFU.** Facility must implement and maintain program to ensure equipment (emergency equipment, dialysis machines and equipment, and the water treatment system) are maintained and operated in accordance with the manufacturer's recommendations.
06. **POC-Manage volume status.** Plan of care must address the dose of dialysis; interdisciplinary team must provide necessary care and services to manage the patient's volume status.
07. **MR-Complete, accurate, accessible.** Facility must maintain complete, accurate and accessible records on all patients.
08. **QAPI-Measure/Analyze/Tract Qual Indicators.** The facility must measure, analyze, and track quality indicators or other aspects of performance that the facility adopts or develops that reflect processes of care and facility operations. These performance components must influence or relate to the desired outcomes or be the outcomes themselves.
09. **CFC-Patient plan of care.** The interdisciplinary team must use a comprehensive assessment to develop a plan of care.
10. **CFC-Responsibilities of the medical director.** The facility must have a medical director who meets the qualifications of §494.140(a) to be responsible for the delivery of patient care and outcomes in the facility.

QUALITY, ENFORCEMENT & REVIEW

Clients Served

Licensed and certified providers of acute care health services and consumers who utilize the services of those providers.

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[http://www.ok.gov/health/
Protective_Health/Medical_
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Initiatives/index.html](http://www.ok.gov/health/Protective_Health/Medical_Facilities_Service/Quality_Initiatives/index.html)

Authority

63 O.S., § 1-707

Funding Source

State Appropriation

The Quality Initiatives Unit has a broad directive to identify opportunities to improve the quality and effectiveness of acute health care services provided by licensed and certified entities in Oklahoma and to implement strategies to address those opportunities.

In addition to improving the care provided by licensed and certified entities, this unit is also charged with generating quality and performance data related to acute health care organizations and providing this information to consumers and the public to help guide them in choosing a health care provider. Ongoing activities of this Unit build on systems created and validated by both the Agency for Healthcare Research and Quality (AHRQ)

through the Patient Safety Indicator data analysis tools, and the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network designed to collect and analyze data related to a broad range of Healthcare Associated Infections (HAI). This quality and performance data is designed to promote the implementation of best practices known to improve outcomes and to drive the quality of care associated with certain clinical events.

The Quality Initiatives group is also responsible for compiling and publishing the Hospital Annual Report.

WORKPLACE DRUG AND ALCOHOL TESTING FACILITIES

This program was created to ensure employers and testing facilities comply with minimum standards if they choose to test employees for drugs or alcohol.

Facility Services Division (FSD) staff regulate employers and testing facilities through licensure. FSD staff also perform on-site surveys to ensure compliance with standards, investigate complaints, and sanction facilities that fail to comply.

Clients Served

Drug and alcohol testing facilities and consumers (employees and employers) who utilize the services of such facilities.

Contact

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Authority

40 O.S., §§ 551 et seq.
OAC 310:638

Funding Source

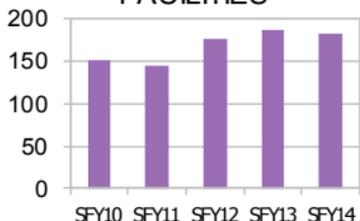
Fees Collected

Program Fees

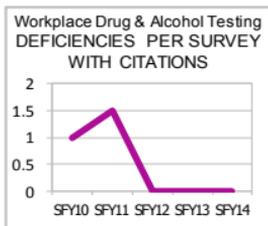
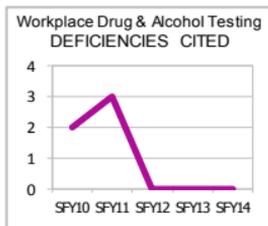
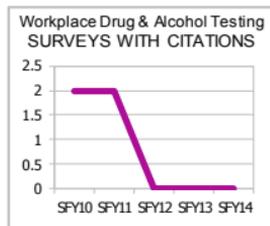
Initial	\$150.00
Annual renewal.....	\$150.00

	SFY10	SFY11	SFY12	SFY13	SFY14
WORKPLACE DRUG AND ALCOHOL TESTING					
Number of facilities	151	145	175	187	182
Surveys conducted	6	0	0	0	0
Follow-ups conducted	0	0	0	0	0
Complaint investigations	0	0	0	0	0
Fees collected	\$20,550	\$19,650	\$22,800	\$24,000	\$26,975

WORKPLACE DRUG & ALCOHOL TESTING FACILITIES



	SFY10	SFY11	SFY12	SFY13	SFY14
CITATIONS					
Surveys with citations	2	2	0	0	0
Deficiencies cited	2	3	0	0	0
Deficiencies cited per survey with citations	1	1.5	0	0	0



QUALITY IMPROVEMENT & EVALUATION SERVICE

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MINIMUM DATA SET (MDS)

Clients Served

Nursing facilities and staff; Swing bed hospital providers; Centers for Medicare and Medicaid Services (CMS); privately owned software vendors; State Medicare and Medicaid surveyors; miscellaneous other State and Federal Agencies; and clients of Medicare and Medicaid facilities and swing bed hospitals.

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QIES Help Desk

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Authority

63 O.S., § 1-1925.2(I)(1)

63 O.S., § 1-890.3(A)(1)

OAC 310:675-9-5.1

42 CFR 483.20

42 CFR 483.315

42 CFR 485.645

Funding Source

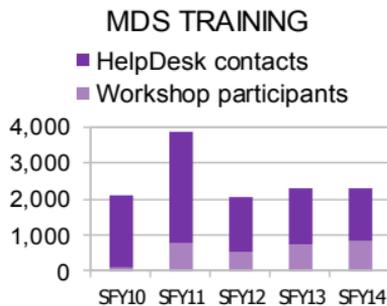
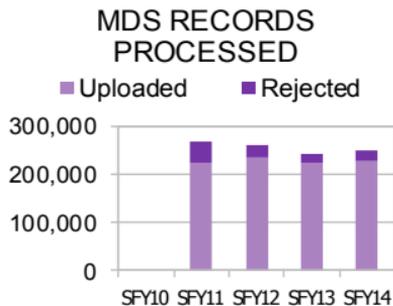
State and Federal Funds

Nursing facilities, skilled nursing facility units, and swing bed hospital providers are required to conduct accurate, standardized, reproducible assessments of each resident's/patient's functional capacity using the Minimum Data Set (MDS). The automated MDS system, known as the Quality Improvement Evaluation System Assessment Submission and Processing System (QIES ASAP), is a critical component of the State Agency and CMS operations, and provides the means for transmission of assessment data to CMS for validating payments under the Medicare Skilled Nursing Facility Prospective Payment System for nursing homes and swing bed hospital providers.

Personnel in the MDS program develop and provide health care information and consultative assistance to nursing facilities. Responsibilities include educating providers in the clinical methodology and completion of MDS forms; receipting and validating MDS records; assisting nursing facilities and swing bed hospital providers in understanding and interpreting validation reports and the error correction pro-

cess; providing routine and intermittent training to nursing facility staff,

swing bed hospital staff, and surveyors; furnishing support to software vendors; and, supplying support services to surveyors to assist with MDS issues in the survey process. The QIES Help Desk is open from 8:00AM to 5:00 PM, Monday through Friday, and is available to anyone who needs assistance with the MDS process.



	SFY10	SFY11	SFY12	SFY13	SFY14
MDS ASSESSMENTS FOR NURSING FACILITIES (NF)					
NFs transmitting MDS data	322	343	316	319	312
NF software vendors	23	28	21	21	23
NF resident count	19,044	Not Available	19,338	19,340	18,989
NF batches submitted	21,727	36,569	32,498	31,105	33,977
NF records processed	226,202	265,553	255,738	239,889	245,342
NF records rejected	19,769	43,217	22,430	20,831	20,638
NF-MDS records uploaded to the National Repository	206,433	222,336	233,308	219,058	224,704
MDS ASSESSMENTS FOR SWING BED HOSPITALS (SB)					
SBs transmitting MDS data	-----	24	26	28	27
SB software vendors	-----	2	3	3	3
SB batches submitted	-----	1,160	1,328	1,560	1,786
SB records processed	-----	2,002	3,207	3,907	4,288
SB records rejected	-----	558	688	653	652
SB-MDS records uploaded to the National Repository	-----	1,444	2,519	3,254	3,636
TOTALS FOR NFs AND SBs					
Transmitting MDS data	-----	367	342	347	339
Software vendors	-----	30	24	24	26
Batches submitted	-----	37,729	33,826	32,665	35,763
Records processed	-----	267,555	258,945	243,796	249,630
Records rejected	-----	43,775	23,118	21,484	21,290
Records uploaded to the National Repository	-----	223,780	235,827	222,312	228,340
MDS training sessions	1	2	4	7	16
Facilities/Hospitals with staff attending workshops	34	309	282	348	411
Workshop participants	91	760	541	709	804
HelpDesk Contacts	1,991	3,113	1,531	1,604	1,513

NATIONAL PRACTITIONER DATA BANK REPORTING

State licensing and certification entities are required to report to the National Practitioner Data Bank (NPDB) certain adverse actions taken as the result of formal proceedings against health care practitioners, health care entities, health care providers, or health care suppliers. Actions to be reported include revocation, suspension, reprimand, censure, probation, loss of license/certificate, loss of the right to apply for or renew a license/certificate, voluntary surrender of a license/certificate pending an investigation, administrative fines, civil monetary penalties, and any other negative action or finding that is publicly available information. The types of actions to be reported include initial action, correction to action, revision to action (e.g., change in settlement agreement or terms, modification of agreement, completion of settlement agreement, terms of agreement met, dismissal), action was reversed or overturned, and notice of intent to appeal. To be in compliance with NPDB requirements, reports must be submitted electronically within 30 days of the date the action was taken.

QIES staff are responsible for reporting adverse actions to the National Practitioner Data Bank which have been taken against entities and individuals licensed or certified through Protective Health Services programs.

Clients Served

The National Practitioner Data Bank, individuals who are reported, and those who use the system to conduct queries.

Contact

Nancy Atkinson
405 • 271 • 5278
Fax: 405 • 271 • 1402
nancyh@health.ok.gov

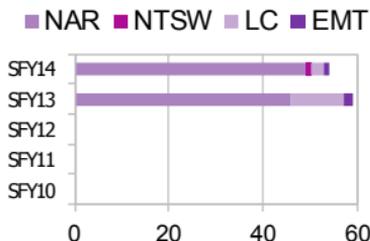
<http://www.npdb.hrsa.gov>

Authority

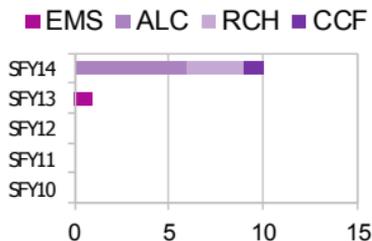
45 CFR Part 60

	SFY10	SFY11	SFY12	SFY13	SFY14
DATA BANK REPORTING					
Nurse Aide Registry (NAR)	-----	-----	-----	46	49
Non-Technical Service Worker (NTSW)				0	1
Licensed Counselors (LC)	-----	-----	-----	11	3
Emergency Medical Technicians (EMT)	-----	-----	-----	2	1
Emergency Medical Services (EMS)	-----	-----	-----	1	0
Assisted Living Centers (ALC)	-----	-----	-----	0	6
Residential Care Homes (RCH)	-----	-----	-----	0	3
Continuum of Care Facilities (CCF)	-----	-----	-----	0	1
Total reports submitted	-----	-----	-----	60	64

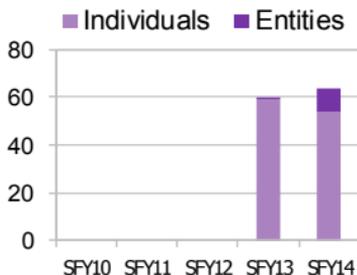
REPORTS SUBMITTED ON INDIVIDUALS



REPORTS SUBMITTED ON ENTITIES



TOTAL NPDB REPORTS



OUTCOME ASSESSMENT AND INFORMATION SET (OASIS)

Home health agencies are required to conduct comprehensive, accurate, standardized, and reproducible assessments of each resident's functional capacity using the Outcome and Assessment Information Set (OASIS). The automated OASIS system is a critical component of the State Agency and CMS operations, and provides the means for transmission of assessment data to CMS for validating payments under the Medicare Skilled Nursing Facility Prospective Payment System for home health agencies.

Personnel in the OASIS program develop and provide health care information and consultative assistance to home health agencies and maintain the OASIS State Repository for upload to CMS. Responsibilities include educating providers in the clinical methodology and completion of OASIS forms; receipting and validating OASIS records; assisting home health agencies in understanding and interpreting validation reports and the error correction process; providing routine and intermittent training to home health agency staff and home health agency surveyors; furnishing support to software vendors; and supplying support services to home health agency surveyors to assist with OASIS issues in the survey process. The QIES Help Desk is open from 8:00AM to 5:00 PM,

Clients Served

Medicare certified home health agencies and staff; Centers for Medicare and Medicaid Services (CMS); privately owned software vendors; State Medicare surveyors; miscellaneous other State and Federal agencies; and clients of Medicare agencies.

Contact

Diane Henry
405 • 271 • 5278
Fax: 405 • 271 • 1402
dianeh@health.ok.gov

<http://oasis.health.ok.gov>

QIES Help Desk

405 • 271 • 5278

Authority

42 CFR 484.20
42 CFR 484.55
42 CFR 488.68

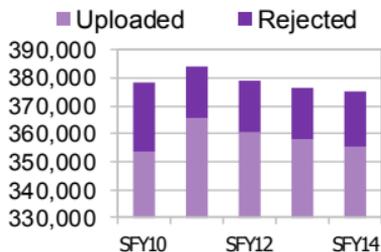
Funding Source

Federal Funds

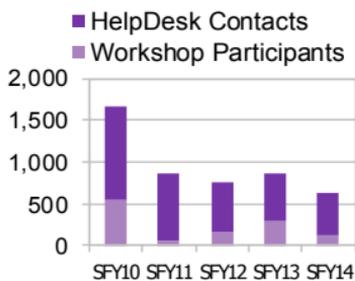
Monday through Friday, and is available to anyone who needs assistance with the OASIS process.

	SFY10	SFY11	SFY12	SFY13	SFY14
OASIS ASSESSMENTS FOR HOME HEALTH AGENCIES					
HHAs transmitting OASIS data	240	244	250	276	262
Software vendors	32	33	34	35	28
Batches submitted	18,606	18,234	19,558	20,647	21,675
Records processed	378,344	383,837	379,209	376,256	375,488
Records rejected	24,889	17,895	18,431	17,967	19,855
OASIS records uploaded to the National Repository	353,455	365,942	360,778	358,289	355,633
OASIS training sessions	4	1	2	4	2
Number of agencies with staff attending workshops	98	28	80	128	60
Workshop participants	550	61	174	285	133
HelpDesk contacts	1,115	794	580	585	490

OASIS RECORDS PROCESSED



OASIS TRAINING



QUALITY ASSURANCE & DATA SYSTEMS

The Quality Assurance area is responsible for coordinating and facilitating quality assessment and improvement programs for service areas within Protective Health Services. Tasks include assisting Protective Health Services' Divisions to increase the quality and consistency of services provided to the Divisions' clients through the development and implementation of individual quality improvement plans. Data collected about quality improvement efforts may then be analyzed to assess the reliability of the data and to provide feedback to staff and management to ultimately support management decisions.

The Data Systems area is responsible for maintaining optimal performance of CMSNet and the Quality Improvement and Evaluation Data System (QIES) which is a major component of the statewide survey and certification program. Data Systems staff configure the Centers for Medicare and Medicaid Services (CMS) federal suite of software application modules used to process survey, certification, complaint, licensure, assessment, enforcement, and quality assurance activities for 53 types of health care facilities statewide in accordance with state and federal regulations. They coordinate the business and system aspects of CMSNet and the QIES data system between the CMS, the

Clients Served

PHS Service Areas and staff, CMS project managers, software vendors and other public and private entities that use CMSNet and the QIES Data System.

Contact

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Fax: 405 • 271 • 1402
debaray@health.ok.gov

<http://www.qies.health.ok.gov>

QIES Help Desk

405 • 271 • 5278

Authority

OAC 310:675-17-1

Funding Source

State and Federal Funds

four Protective Health service areas that utilize the system, and Office of Management and Enterprise Services Information Services Division (OMES-ISD) staff in an environment composed of strategic cross-system dependencies.

Projects

- Facilitated Nurse Aide Registry review of current processes for improvement opportunities.
- Facilitated the ARM Steering Committee meetings. This project is ongoing.
- Assisted the Long Term Care Committee on Standards, Practices and Procedures of the Oklahoma State Department of Health Relating to Nurse Aides. This project is ongoing.
- Collected data from Cleveland County for the Animal Bites project. This project is ongoing.

CMSNet & QIES Data System Upgrades

- July 27, 2013. ASPEN 10.1.5.
Addition of new module for ePOC. Certification updates for CMS-672 (nursing Homes), CMS-29 (rural health clinics), and CMS-377 (ambulatory surgical centers). Sybase Database Upgrade for ASE-Q. Web-based Live Updates for ASE-Q. PIV Authentication for CMS RO ASE-Q users. 64 bit compatibility and 150 other enhancements. ASPEN STAR Lite 3.4.2 for end stage renal disease. Implements new Core Survey. Integration with ASE-Q Sybase Database to improve data management and transfer.

- September 23, 2013. ASPEN 10.1.5.5.
MDS Maintenance Support. ACO and ASE-Q for MDS Viewer and QIS changes. Also supports changes to the Nursing Home MDS 3.0 Clinical Assessment Item Set that are effective October 1, 2013.
- November 19, 2013
QIES State Server was upgraded to Oracle 11g.
- April 27, 2014. ASPEN 10.1.5.6.
The main focus of this release is the addition of HHA and CLIA in the ASPEN Enforcement Module (AEM) and CLIA PT management in ASPEN Web. CLIA and HHA enforcement cases will now be managed through AEM. This affects the ACO and ACTS executables. HHA Enforcement is very similar to nursing homes, with only a few minor changes. CLIA has many similarities with nursing homes and HHAs; however, CLIA collects additional data, and there are a few extra tabs on the enforcement case that display the additional CLIA information. Additional security options have been implemented for CLIA and HHA enforcement. Security areas for Modify and New Enforcement Case menus can be set up in AEM.

ADVISORY COUNCILS TO PHS SERVICE AREAS

Consumer Health Service

Consumer Protection Licensing Advisory Council
Infant and Children's Health Advisory Council
Oklahoma Food Service Advisory Council
Sanitarian & Environmental Specialist Registration Advisory Council

Long Term Care Service

Long Term Care Advisory Board

Medical Facilities Service

Home Care and Hospice Advisory Council
Hospital Advisory Council
Trauma and Emergency Response Advisory Council

CONSUMER PROTECTION LICENSING ADVISORY COUNCIL

63 O.S. Section 1-103a.1

Consumer Protection Licensing Advisory Council Members

Craig Myers, Chair

Bryan Alexander, Vice-Chair

Michael Grim, Secretary

Bradley Lamprich

Erin Meier

Vacant—Licensed Radiologist Asst.

Vacant—Hearing Impaired Public
Member

Effective November 1, 2013, House Bill 1467 repealed language relating to the Hearing Aid Advisory Council, the Medical Micropigmentation Advisory Committee, and the Radiation Advisory Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Consumer Protection Licensing Advisory Council.

The jurisdictional areas of the Consumer Protection Licensing Advisory Council includes the Hearing Aid Fitting Industry, the Medical Micropigmentation Industry, the Radiation Industry and such other areas as designated by the State Board of Health.

The Consumer Protection Licensing Advisory Council consists of seven members. Two members are appointed by the Governor, two members are appointed by the President Pro Tempore of the Senate, two members are appointed by the Speaker of the House of Representatives, and one member is appointed by the State Board of Health.

Appointments are for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the appointing authority. Members continue to serve until their successors are appointed. Vacancies are filled in the same manner as the original appointments. Four members of the Advisory Council constitute a quorum.

The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health concerning matters brought before the Advisory Council. Special meetings may be called by the Chair or by the concurrence of any three members.

All members of the Consumer Protection Licensing Advisory Council must be knowledgeable of certain consumer issues as specified below. The Consumer Protection Licensing Advisory Council is composed as follows.

The Governor shall appoint:

- One member who is a licensed radiologist assistant, and
- One member who is a licensed audiologist.

The President Pro Tempore of the Senate shall appoint:

- One member who is a licensed radiologist, and
- One member representing the hearing aid fitting industry.

The Speaker of the House of Representatives shall appoint:

- One member representing the medical micropigmentation industry, and
- One member representing the hearing impaired public.

The State Board of Health shall appoint:

- One member representing a diagnostic x-ray facility.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State

Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.

The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.

The Consumer Protection Licensing Advisory Council is encouraged to cooperate with other advisory councils, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdictional areas and to achieve maximum efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.

INFANT AND CHILDREN'S HEALTH ADVISORY COUNCIL

63 O.S. Section 1-103a.1

Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Genetic Counseling Licensing Advisory Board and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Infant and Children's Health Advisory Council.

The jurisdictional areas of the Infant and Children's Health Advisory Council includes all issues that arise in the area of health care for infants and children, and such other areas as designated by the State Board of Health.

The Infant and Children's Health Advisory Council consists of seven members. Two members are appointed by the Governor, two members are appointed by the President Pro Tempore of the Senate, two members are appointed by the Speaker of the House of Representatives, and one member is appointed by the State Board of Health.

Appointments are for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the appointing authority. Members continue to serve until their successors are appointed. Vacancies are filled in the same manner as the original appointments. Four members of the Advisory Council constitute a quorum.

Infant and Children's Health Advisory Council Members

Amanda L. Bogie, M.D.

Jeff Elliott, O.D.

Stanley Grogg, D.O.

Jacqueline Shipp, M.S.W.

Vacant—Licensed Pediatrician

Vacant—Licensed Genetic Counselor

Vacant—Licensed Ophthalmologist

Vacant—Member knowledgeable
about newborn screening

The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health meetings may be called by the Chair or by the concurrence of any three members.

All members of the Infant and Children's Health Advisory Council must be knowledgeable of issues that arise in the area of infant and children's health care. The Infant and Children's Health Advisory Council is composed as follows.

The Governor shall appoint:

- One member who works for the state or for a political subdivision on child abuse issues, and
- One member who is knowledgeable about childhood immunizations.

The President Pro Tempore of the Senate shall appoint:

- One member who is knowledgeable about newborn screening issues, and
- One member licensed by the state as an optometrist who has knowledge of vision screening for children.

The Speaker of the House of Representatives shall appoint:

- One member who is licensed by the state as a physician and works as a pediatrician, and
- One member who is licensed by the state as a genetic counselor.

The State Board of Health shall appoint:

- One member who is a physician licensed by the state who specializes in the diagnosis and treatment of childhood injuries in a trauma setting.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.

The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.

The Infant and Children's Health Advisory Council is encouraged to cooperate with other advisory councils, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdictional areas and to achieve maximum

efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.

OKLAHOMA FOOD SERVICE ADVISORY COUNCIL

63 O.S. Section 1-106.3

The purpose of the Council is to advise the State Board of Health, the Commissioner of Health, and the Department regarding food service establishments and recommend actions to improve sanitation and consumer protection. Meetings of the Council are held on a quarterly basis.

The Advisory Council has the duty and authority to: (1) Review and approve in an advisory capacity only rules and standards for food service establishments operating in this state; (2) Evaluate, review and make recommendations regarding Department inspection activities; and (3) Recommend and approve quality indicators and data submission requirements for food service establishments which shall be used by the Department to monitor compliance with licensure requirements and to publish an annual report of food service establishment performance.

The Advisory Board consists of thirteen (13) members. Eight (8) members are appointed by the Commissioner of Health with the advice and consent of the State Board of Health, from a list of three names for each position provided by an association representing the majority of the restaurant owners in the State. These eight appointments to the Council include the following:

Oklahoma Food Service Advisory Council Members

John Kelly
Michael Echelle
Jim Hopper
Harold Kelly
Park Ribble
Bill Ryan, Ed.D., RD,LD
John Williams
Phil Maytubby
J. Roy Escoubas, Ph.D.
Pat Fowler
Elizabeth Nutt
Bill Ricks
Stan Stromberg

- One member represents the Oklahoma Restaurant Association;
- One member represents the Oklahoma Hotel and Motel Association;
- One member represents the Oklahoma Grocers Association;
- One member represents Food Service Education;
- One member represents Food Processing Education;
- One member must be an Independent Food Service Operator;
- One member must be a Food Processor; and
- One member must be a citizen representing the public who is not a food service establishment operator or employee and is not a member of a food service governing board.

The remaining five appointments consist of:

- The Director of the Oklahoma City-County Health Department, or a designee;
- The Director of the Tulsa City-County Health Department, or a designee;
- Two Directors from other County Health Departments in this State, or a designee, appointed by the Commissioner; and
- The Director of the State Department of Agriculture, or a designee.

Members of the Advisory Council serve three year terms.

SANITARIAN & ENVIRONMENTAL SPECIALIST REGISTRATION ADVISORY COUNCIL

59 O.S. Section 1150.5

This Council is mandated by statute to assist and advise the State Board of Health in licensing and otherwise regulating sanitarians and environmental specialists.

The Council consists of the following nine members:

- The Commissioner of Health or designee;
- The Executive Director of the Department of Environmental Quality or designee;
- The Administrator of the Office of Personnel Management or designee;
- One member must be appointed by the Director of the Oklahoma City-County Health Department;
- One member must be appointed by the Director of the Tulsa City-County Health Department;
- Two members must be employed by state government and be appointed by the Commissioner of Health; and
- Two members must be appointed by the Executive Director of the Department of Environmental Quality (one who is employed by private industry and one who is employed by the Indian Health Service of the Public Health Service or by a tribal government with an office in the State of Oklahoma).

Sanitarian & Environmental Specialist Registration Advisory Council Members

Gary Collins, Chair
Troy Skow, Vice-Chair
Alisa Mankins, Secretary
Jimmy Echelle
Patty Nelson
Chad Newton
John Vaught
Danny Walters

With the exception of the Administrator of the Office of Personnel Management or his designee, the appointed members must have at least five years of experience as registered sanitarians or environmental specialists.

Members are appointed for a three year term or until a successor is appointed. Sixty days prior to the expiration of the term to be filled or whenever a vacancy occurs, any statewide organization whose membership represents more than 20% of the registered sanitarians and environmental specialists in the state may recommend three persons for such position or vacancy to the appointing authority.

The Council must meet at such times, as it deems necessary to implement the Oklahoma Sanitarian Registration Act.

A majority of Council members constitutes a quorum.

LONG TERM CARE ADVISORY BOARD

63 O.S. Section 1-1923

The Long-Term Care Facility Advisory Board is mandated to serve as an advisory body to the Commissioner of Health. The Board consists of twenty-seven members who are appointed by the Governor. Members of the Board are comprised of the following persons:

- One representative from the Office of the State Fire Marshal, designated by the State Fire Marshal;
- One representative from the Oklahoma Health Care Authority, designated by the Administrator;
- One representative from the Department of Mental Health and Substance Abuse Services, designated by the Commissioner of Mental Health and Substance Abuse Services;
- One representative from the Department of Human Services, designated by the Director of Human Services;
- One member who is a li-

Long Term Care Advisory Board Members

Dewey Sherbon, Chair
Donna Bowers, Vice-Chair
Linda Brannon, Sec-Treas.
Christean Bolding
Willie Burkhart
Joyce Clark
James Colgan
Dustin Cox
Theo Crawley
Andrew Dentino
Carrie DuRoy
Terry Ferrel
Ivoria Holt
Pamela Humphreys
Adam Jordan
Joanna Martin
Alan Mason
Randy McKinney
Jimmy McWhirter
Kay Parsons
Robert Quatro
Wendell Short
Diana Sturdevant
William Whited
Eileen Wilson
Monica Woodall

- censed general practitioner of the medical profession;
- One member who is a general practitioner of the osteopathic profession;
- One member who is a registered pharmacist;
- One member who is a licensed registered nurse;
- One member who is a licensed practical nurse;
- Three members who are of reputable and responsible character and sound physical and mental health and are operator-administrators of nursing homes which have current licenses issued pursuant to the Nursing Home Care Act and who have had five years experience in the nursing home profession as operator-administrators;
- Three members who are residential care home operator-administrators licensed pursuant to the Residential Care Act;
- Three members who are adult day care facility owner-operators licensed pursuant to the Adult Day Care Act;
- Three members who are continuum of care facility or assisted living center owner-operators licensed pursuant to the Continuum of Care and Assisted Living Act; and
- Six members who are over the age of sixty-five who represent the general public.

After the initial designations or appointments (that began in 1980), the designated representatives from the Office of the State Fire Marshal, Oklahoma Health Care Authority, the Department of Human Services, and the Department of Mental Health and Substance Abuse Services serve at the pleasure of their designators. All other terms are for a three-year period. In case of a vacancy, the Governor appoints individuals to fill the remainder of the term.

The Department provides clerical support to perform designated duties of the Advisory Board. The Department also provides space for meetings of the Advisory Board. The Board must meet at least quarterly, and may hold such special meetings as may be necessary.

HOME CARE AND HOSPICE ADVISORY COUNCIL

63 O.S. Section 1-103a.1

Effective November 1, 2013, House Bill 1467 repealed language relating to the Home Health Advisory Board and the Hospice Advisory Board and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Home Care and Hospice Advisory Council.

Home Care and Hospice Advisory Council Members

Rayetta Dominguez
Michelle Fox
David Gibson
Karmaria Kuehn
Greg McCortney
Tamra Moore
Lavane Vowell

The jurisdictional areas of the Home Care and Hospice Advisory Council includes all issues that arise in the areas of home care or hospice services, and such other areas as designated by the State Board of Health.

The Home Care and Hospice Advisory Council consists of seven members. Two members are appointed by the Governor, two members are appointed by the President Pro Tempore of the Senate, two members are appointed by the Speaker of the House of Representatives, and one member is appointed by the State Board of Health.

Appointments are for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the appointing authority. Members continue to serve until their successors are appointed. Vacancies are filled in the same manner as the original appointments. Four members of the Advisory Council constitute a quorum.

The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health concerning matters brought before the Advisory Council. Special meetings may be called by the Chair or by the concurrence of any three members.

All members of the Home Care and Hospice Advisory Council must be knowledgeable of issues that arise in the administration and practice of home care and hospice services. The Home Care and Hospice Advisory Council is composed as follows.

The Governor shall appoint:

- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Hospice Licensing Act, and
- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Home Care Act.

The President Pro Tempore of the Senate shall appoint:

- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Hospice Licensing Act, and
- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Home Care Act.

The Speaker of the House of Representatives shall appoint:

- One member representing the public who is or was a legal guardian of a recipient of hospice services, and
- One member representing the public who is a recipient or

legal guardian of a recipient of services from a home health agency.

The State Board of Health shall appoint:

- One member representing an association which advocates on behalf of home care or hospice issues.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.

The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.

The Home Care and Hospice Advisory Council is encouraged to cooperate with other advisory councils, the public, the State Board of Health

and the Commissioner of Health in order to coordinate the rules within their respective jurisdictional areas and to achieve maximum efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.

HOSPITAL ADVISORY COUNCIL

63 O.S. Section 1-707

The Hospital Advisory Council is authorized by statute to serve as an advisory body to the Board, the Commissioner, and the Department regarding hospital operations and to recommend actions to improve patient care. The Advisory Council is composed of nine members appointed by the Commissioner with the advice and consent of the Board of Health. The membership of the Advisory Council is as follows: Two members are hospital administrators of licensed hospitals; two members are licensed physicians or practitioners who have current privileges to provide services in hospitals; two members are hospital employees; and three members are citizens representing the public who: are not hospital employees, do not hold hospital staff appointments, and are not members of hospital governing boards.

Hospital Advisory Council Members

Dale Bratzler, D.O.
Darin Smith, PharmD, BCPS,
FASHP
Dave Wallace, FACHE
Darrel Morris, MBA
Heather Bell, DO, BS, RTCT
(3 Vacancies)

Members are appointed for a three year term. The Board must meet at least quarterly, and may hold such special meetings as may be necessary.

The Advisory Council has the duty and authority to: (1) review and approve in its advisory capacity rules and standards for hospital licensure; (2) evaluate, review and make recommendations regarding Department licensure activities, provided however, the Advisory Council shall not make recommendations regarding scope of practice for any health care providers or practitioners regulated pursuant to Title 59 of the Oklahoma Statutes, and (3) recommend and approve: quality indicators and data submission require-

ments for hospitals to include (a) Agency for Healthcare Research & Quality (AHRQ) Patient Safety Indicators available as part of the standard inpatient discharge data set, and (b) for acute care intensive care patients, ventilator-associated pneumonia and device related blood stream infections, and the indicators and data to be used by the Department to monitor compliance with licensure requirements, and to publish an annual report of hospital performance.

TRAUMA AND EMERGENCY RESPONSE ADVISORY COUNCIL

63 O.S. Section 1-103a.1

Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Emergency Response Systems Development Advisory Council, the Oklahoma State Trauma Systems Improvement & Development Advisory Council, and the Medical Audit Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Trauma and Emergency Response Advisory Council.

Trauma and Emergency Response Advisory Council Members

David Teague, M.D., Chair
Eddie Sims, Vice-Chair
Greg Reid, Secretary
Angela Selmon, M.D.
Michael Thomas, M.D.
Bob Swietek
Vacant—Critical Care Nurse

The jurisdictional areas of the Trauma and Emergency Response Advisory Council includes emergency response systems development, injury prevention, catastrophic health emergency, trauma systems improvement and development, and such other areas as designated by the State Board of Health.

The Trauma and Emergency Response Advisory Council consists of seven members. Two members are appointed by the Governor, two members are appointed by the President Pro Tempore of the Senate, two members are appointed by the Speaker of the House of Representatives, and one member is appointed by the State Board of Health.

Appointments are for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the appointing authority. Members continue to serve until their successors

are appointed. Vacancies are filled in the same manner as the original appointments. Four members of the Advisory Council constitute a quorum.

The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health meetings may be called by the Chair or by the concurrence of any three members.

All members of the Trauma and Emergency Response Advisory Council must be knowledgeable of issues that arise in a hospital setting and issues that arise concerning emergency response. The Trauma and Emergency Response Advisory Council is composed as follows.

The Governor shall appoint:

- One member who is an administrative director of a licensed ambulance service, and
- One member who is a Board Certified Emergency Physician.

The President Pro Tempore of the Senate shall appoint:

- One member who is a representative from a hospital with trauma and emergency services, and
- One member who is a trauma surgeon with privileges at a hospital with trauma and emergency operative services.

The Speaker of the House of Representatives shall appoint:

- One member representing the trauma registrar of a licensed hospital that is classified as providing trauma and emergency operative services, and

- One member who is an Emergency Medical Technician.

The State Board of Health shall appoint:

- One member who is a critical care nurse.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.

The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.

The Trauma and Emergency Response Advisory Council is encouraged to cooperate with other advisory councils, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdictional areas and to achieve maximum

efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.

ISSUES, TRENDS, OPPORTUNITIES

“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.”

- Will A. Foster

(In his address to the Twenty-Fourth Annual Convention of the International Association of Milk Dealers, held in 1930 or 1931.)

Protective Health Services is committed to increasing the quality and consistency of services provided to citizens of Oklahoma. Quality improvement projects highlighted this year include:

- Mandates Strategic Targeted Action Team
- Oklahoma Partnership to Improve Dementia Care in Nursing Homes

MANDATES STRATEGIC TARGETED ACTION TEAM QUALITY IMPROVEMENT STORYBOARD

Ensuring Compliance with Inspection Frequency Mandates (IFMs)
Population Served: All Oklahoma Citizens and Visitors

PLAN

1. Getting Started

- Oklahoma laws and rules and some contracts require the Department to inspect health care and consumer service establishments within certain time intervals and deadlines.
- In 2008 the Department identified gaps in its compliance with mandated time frames for inspections and investigations.
- In 2009 the Department and the State Board of Health established compliance with mandates as a strategic priority.
- Public Health Accreditation Board Standards call for public health law enforcement programs to conduct and monitor inspections and investigations in accordance with mandated frequencies and procedures.

2. Assemble the Team

The Deputy Commissioner, Service Chiefs, Program Directors and designated support personnel for Protective Health Services (PHS), responsible for licensure and certification activities with IFMs; general counsel, auditor, and human resource and finance liaisons.

3. Examine the Current Approach

- The team identified 186 state and federal laws rules and contracts that mandate or require OSDH to perform licensure, certification, or inspection duties.
- The team narrowed the focus to “Inspection Frequency Mandates” (IFMs) which relate to events where inspectors are engaged in the field directly protecting public health.
- Contract mandates come from other agencies, including the federal Centers for Medicare & Medicaid Services.

Discussion of Helping and Hindering Forces in Complying With IFMs



Helping Forces

- Vacant Nurse Aide Training Program (NATP) inspector position filled in Fall of 2011
- NAR staff have committed to the goal of all NATPs having an inspection within the last two years by June 30, 2012.
- Limited volume of 226 NATPs, with many co-located
- No competing NATP complaint/incident workload
- Some long-term experienced staffing
- Limited volume of jail facilities
- Competing complaint/incident workload does not have IFM in jails program
- Dispersed jail inspectors
- Large pool of sanitarians, some of which are caught up on workload



Hindering Forces

- Staffing*
 - + Time to refill Positions*
 - + Lack of experienced staff *
 - + Specialized training required*
 - + Availability of training (frequency)*
 - + Only county Administrator can refill classified positions
 - + County Administrator limits time for training (chain of command)
- Scheduling Policies and Priorities
 - + Competing Priorities: dog bite investigation; all hazards preparedness resource; priority complaints*
 - + No policy for scheduling inspections*
- Accountability for IFMs
 - + Spread of responsibility for IFM*
 - + IFMs not clear to staff*
 - + PMP does not reflect IFM*
- Geography*
- Performance: Employee issues*
- Data: accuracy of databases: miss-coded; delay in data entry; and data not correct*
- Calendar year PMP time-frames versus fiscal year*
- Can't un-ring the bell (once the inspection is missed, it's missed)

* Indicates an issued shared by multiple program areas

- The following formula measures compliance with an IFM:

$$\frac{\text{\# Facilities inspected consistent with IFM}}{\text{\# Facilities subject to IFM}}$$

- For most IFMs 100% compliance is required. Federal mandates sometimes allow 95% compliance.
- Fifty-three IFMs were identified for FY2011, of which 29 were met. (IFMs declined to 52 in FY2012.)

4. Identify Potential Solutions

- Establish weekly facilitated working meetings of the team for reinforcement, barrier identification and problem solving.
- Identify volume of unmet workload and average hours required per inspection to forecast staffing needs.
- Increase staff hours of production to meet workload demands.
- Create an Incident Command Structure (ICS) to facilitate resource mobilization.
- Develop, test, and refine a multi-criteria weighting tool using judgment criteria to prioritize action on unmet IFMs.

5. Develop an Improvement Theory

If the Department makes a concerted effort to identify, measure, and track compliance with IFMs, mobilizes needed resources, and applies quality improvement principles to address obstacles, then the Department will move to 100% compliance in FY2014.

AIM: OSDH will comply with IFMs, beginning with 55% compliance in FY2011, moving through 80% compliance in FY2013 and ending with full compliance in FY2014.

DO

6. Test the Theory

- Initiated weekly facilitated IFM team meetings.
- Developed detailed projections of staff hours of production required to meet IFMs.
- Developed a short-term approach to quickly increase staff hours through reassignments, special duty details, paid overtime, part-time staff, and contract staff from other states.
- Initiated ICS for resource mobilization.
- Developed policies to track paid overtime applied to IFMs.
- Initiated ongoing recruitment through multiple media outlets to reach prospective surveyors to build long-term capacity.
- Standardized spreadsheets to record and report on inspections.
- Instituted periodic IFM reporting.

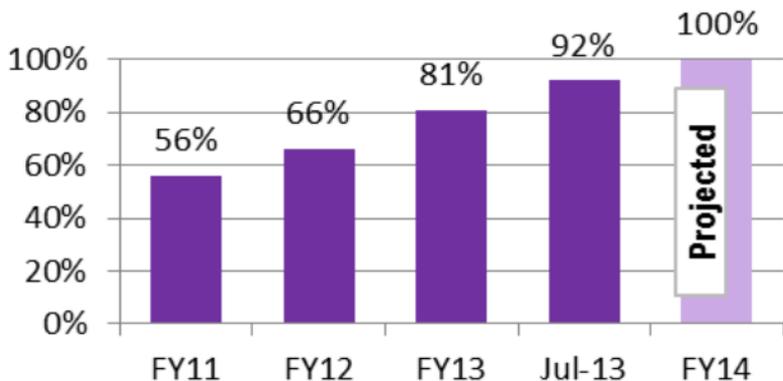
A	F	G	H	I
FACILITY	PRIOR PREVIOUS FULL INSPECTION	PREVIOUS FULL INSPECTION	LAST FULL INSPECTION	DAYS SINCE LAST INSPECTION
Adair	6/16/2010	4/6/11	3/12/12	127
Alfalfa	8/14/2010	6/30/11	5/3/12	75
Apache PD	5/10/2010	5/11/11	4/5/12	102

CHECK

7. Study the Results

- An improvement in excess of 20% was reported in FY2013. Starting July 1, 2013, 48 of 52 IFMs were in compliance, with 100% compliance projected for FY2014.
- Overtime was used to conduct 149 (12.5%) of 1,202 long term care complaint investigations in FY2013.
- Numbers of qualified long-term care surveyors increased from 59 to 72 (+22%) in FY2013.

Inspection Frequency Mandate Compliance



ACT

8. Standardize the Improvement or Develop New Theory

- Sustain the focus on continuous recruitment and hiring.

- Develop staff surge capacity through alternative methods.
- Perform QI on staff retention to reduce turnover.
- Develop and train on standards and procedures for automated reporting on all program subject to IFMs.
- Incorporate inspection scheduling and tracking functions in licensure information system.

9. Establish Future Plans

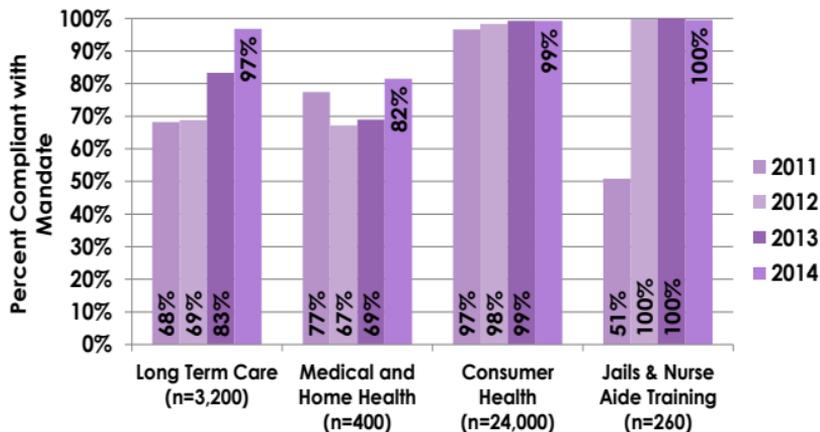
- Regularly monitor performance and institute audit protocols.

INSPECTION FREQUENCY MANDATES (IFMs)

	SFY10	SFY11	SFY12	SFY13	SFY14
CONSUMER HEALTH SERVICE IFMs					
Number of inspection mandates	-----	8	8	8	8
Inspections required	-----	24,444	24,596	24,277	23,914
Inspections meeting mandates	-----	23,603	24,179	24,100	23,744
Percent of inspections met	-----	96.6%	98.3%	99.3%	99.3%
HEALTH RESOURCE DEVELOPMENT SERVICE IFMs					
Number of inspection mandates	-----	3	3	3	3
Inspections required	-----	325	353	247	267
Inspections meeting mandates	-----	165	352	247	266
Percent of inspections met	-----	50.8%	99.7%	100.0%	99.6%
LONG TERM CARE SERVICE IFMs					
Number of inspection mandates	-----	24	24	24	24
Inspections required	-----	3,270	3,414	3,273	3,126
Inspections meeting mandates	-----	2,231	2,348	2,728	3,025
Percent of inspections met	-----	68.2%	68.8%	83.3%	96.8%
MEDICAL FACILITIES SERVICE IFMs					
Number of inspection mandates	-----	14	14	14	14
Inspections required	-----	465	472	342	422
Inspections meeting mandates	-----	360	317	236	344
Percent of inspections met	-----	77.4%	67.2%	69.0%	81.5%
ALL PROTECTIVE HEALTH SERVICES IFMs					
Number of inspection mandates	-----	49	49	49	49
Inspections required	-----	28,504	28,835	28,139	27,729
Inspections meeting mandates	-----	26,359	27,196	27,311	27,379
Percent of inspections met	-----	92.5%	94.3%	97.1%	98.7%

	SFY10	SFY11	SFY12	SFY13	SFY14
COMPLAINT IFMs					
Number of complaint IFMs	-----	-----	-----	-----	17
Complaint IFMs met	-----	-----	-----	-----	10
Complaint IFMs not met	-----	-----	-----	-----	7
Inspections required					1,463
Inspections meeting mandates					1,362
Percent of inspections met	-----	-----	-----	-----	93.0%
NON-COMPLAINT IFMs					
Number of non-complaint IFMs	-----	-----	-----	-----	32
Non-complaint IFMs met					28
Non-complaint IFMs not met					4
Inspections required	-----	-----	-----	-----	26,266
Inspections meeting mandates	-----	-----	-----	-----	26,017
Percent of inspections met	-----	-----	-----	-----	99.0%

INSPECTIONS AND INVESTIGATIONS COMPLETED IN COMPLIANCE WITH FREQUENCY MANDATES BY PROGRAM AREAS, 2011 TO 2014



ACCOMPLISHMENTS UNDER MANDATES STRATEGIC TARGETED ACTION TEAM

- Collaborated with Indian Health Service, Citizen Potawatomi Nation to approve 200 tattoo artists for convention on tribal land—1st such collaboration among a state, HIS & tribe.
- Implemented National Fingerprint Based Background Check program; 125-150 fingerprinted/day.
- Improved high priority nursing home complaints investigated within 10 days, from 37% (2011) to 97% (2014).
- Completed mandated Medicare surveys on medical facilities in 3rd quarter FFY2014, enabling OSDH to turn to Medicare quality performance standards and initial surveys in 4th quarter.
- Decreased staff vacancy rate from 24% (2013) to 10% (2014), improved effectiveness by increasing staffing from 80% of authorized budget to 99% of budget.

OKLAHOMA PARTNERSHIP TO IMPROVE DEMENTIA CARE IN NURSING HOMES QUALITY IMPROVEMENT STORYBOARD

OF NOTE: This quality improvement project earned multiple awards during 2014. Two awards were received at the *Quality Oklahoma* Team Day—the Governor’s Commendation and the Quality Crown Award. The Quality Crown is the top award of *Quality Oklahoma* Team Day. It is presented to the project that best documents its use of problem solving processes or continuous improvement processes and performance excellence. In addition, the Association of State and Territorial Health Officials (ASTHO) presented the Dementia Care Project with the Vision Award at the association’s national conference. The Vision Award recognizes outstanding state and territorial health department programs and initiatives that use a creative approach to address public health needs or problems.

PLAN

1. Getting Started

- Antipsychotic drugs, when administered to residents with dementia, can cause over-sedation, make them more prone to falls, compromise overall well-being, and increase risk of death. In 2012, the Centers for Medicare & Medicaid Services (CMS) challenged states to reduce unnecessary antipsychotic drugs in nursing home residents by 15% before June 2013.
- 5,100 of 19,300 residents in nursing homes, or 27%, were being administered antipsychotic drugs. The national average was

20%. Oklahoma ranked 48th highest in use of antipsychotic drugs. More than 100 Oklahoma homes had over 30% of residents on antipsychotic drugs.

2. Assemble the Team

The Oklahoma State Department of Health (OSDH) initiated the *Oklahoma Partnership to Improve Dementia Care in Nursing Homes*. The partnership included: OSDH Long Term Care Service; Oklahoma Foundation for Medical Quality; Alzheimer's Association, Oklahoma Chapter; Oklahoma Culture Change Coalition; OU College of Pharmacy; OUHSC Department of Geriatric Medicine; Richard Taylor, Ph.D., author of *Alzheimer's From the Inside Out*.

3. Examine the Current Approach

- Unnecessary antipsychotics were cited on 6% of Oklahoma nursing home surveys in 2012.
- Compliance efforts were not significantly reducing use of unneeded antipsychotic use.

4. Identify Potential Solutions

- June 2012: OSDH recruited the Oklahoma Foundation for Medical Quality (OFMQ) as co-champion, identified partners to develop an improvement theory to include providing outreach, education, data, monitoring and follow-up for nursing homes, to help safety and effectively substitute non-pharmacologic approaches through working with nurse managers, pharmacists and prescribers.

- OSDH and OFMQ had common goals to communicate guidance for reducing unnecessary antipsychotic medications for residents with dementia.
- July 2012: Brainstorming and decision making conference call was conducted with stakeholders. The call reached consensus on cost feasibility and dynamic activities to educate prescribing physicians, pharmacists and nurse managers.

5. Develop an Improvement Theory

Equipped with best practice standards, nursing facility leaders (administrators, nurses, pharmacists, and physicians) can reduce unnecessary antipsychotic medications for residents with dementia.

AIM: By June 2013, Oklahoma nursing facilities will reduce the prevalence of unnecessary antipsychotic medications used to treat behaviors for residents with dementia by 15%.

DO

6. Test the Theory

- Sept 2013: OSDH introduced the project at a resident assessment seminar for 300 nurses. Recognizing and documenting psychiatric diagnoses on resident assessments was emphasized.
- Oct 2012: OSDH visited 101 homes with antipsychotic drug use >30%. Nursing managers, pharmacists and prescribers were invited to attend. Facility-specific folders were assembled with toolkits for leadership, assessments, analysis, clinical indicators,

drug types and drug reduction guidelines, dementia related behavior plans, data on percent of residents with dementia on antipsychotics, and comparisons to state/nation data for questionable use of antipsychotics. Resident-specific data was discussed to assist care planning.

- Nov 2012: OSDH surveyors trained “Hand in Hand” approach to dementia care, a national multimedia toolkit for non-pharmacological interventions for residents with dementia.
- Mar–Aug 2013: OSDH in conjunction with OFMQ, OK Alzheimer’s Association and the Oklahoma Culture Change Coalition, presented 20 half day “Journey to Quality” workshops in 10 career centers. Quality assurance monitoring program was developed so each home could measure progress on dementia training and antipsychotic reduction and compare to other enrolled providers. Eighty-nine homes and 240 participants attended. 127 homes re-enrolled for Journey to Quality workshops in 2014.
- Apr–Aug 2013: OFMQ and OSDH held webinars on successes and challenges of dementia care and antipsychotic drug reductions.
- Jun-Jul 2013: The Partnership provided two seminars with educators from the Alzheimer’s Association and the OUHSC Department of Geriatric Medicine.
- Jul 2013: OSDH and OFMQ created a 68 minute You Tube training video detailing guidance for determining unnecessary use of antipsychotic drugs. See “OSDH/OFMQ You Tube.” The video received 230 hits within six months. OFMQ produced a video success story about a resident who benefitted from the project. See <http://youtube.com/RTOut3NQiPU>.

- Aug–Sep 2013: CMS issued a press release identifying Oklahoma as having better-than-expected improvement in reducing unnecessary antipsychotic drugs. That was followed by a positive story in the “Oklahoman” September 14, 2013.
- Feb 2014: OSDH and OFMQ are strategizing 10 provider workshops; seminars and community outreach programs, modeling future programs on lessons learned. OSDH started onsite visits with the next tier of homes with antipsychotic drug use >25%.

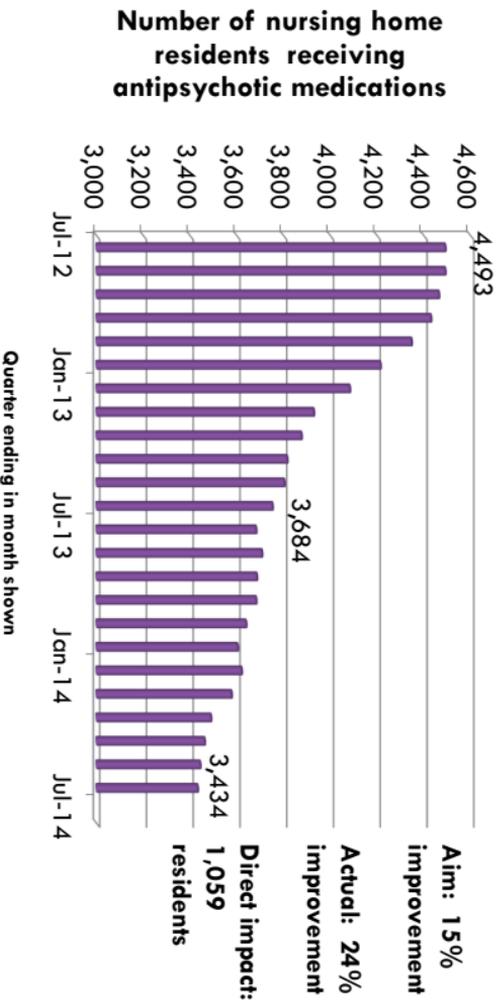
CHECK

7. Study the Results

- CMS reports have been analyzed to determine successes and challenges and where continued or enhanced training and outreach is needed.
- Results were better than the targeted 15% reduction; actual improvement was 18% from March 2012 to June 2013. This was one of the top ten results in the U.S., improving Oklahoma’s ranking on antipsychotic drug use from 48th to 39th.
- Cost savings are estimated at \$4.8 million annually based on reduced use of medications. This is based on 944 fewer residents receiving antipsychotic drugs and uses estimated drug costs from the U. S. Agency for Healthcare Research and Quality. The cost savings are in addition to savings experienced by homes and the health care system as a result of greater functionality of residents and reduced adverse effects. The project involved no cost or staffing increases for the OSDH. Existing OSDH staff whose regular duties included educating health care providers and administering nursing facility survey and certification processes were involved in the project.

Oklahoma Partnership to Improve Dementia Care in Nursing Homes

Reduction of unneeded antipsychotic medications



Source: Oklahoma State Department of Health Long Term Care Service, October 2014

8. Standardize the Improvement

The OSDH continues to collaborate with OFMQ, other members of the partnership and nursing homes on the dementia care improvement project.

9. Establish Future Plans

Based on the demonstrated value of a structured quality improvement approach, the OSDH and OFMQ are collaborating to replicate this model in 2014 to address another important opportunity for improvement—enhancing resident mobility and reducing prevalence of pain in nursing homes.



PROTECTIVE HEALTH SERVICES · OKLAHOMA STATE DEPARTMENT OF HEALTH

State Regulated Individuals & Entities

	SFY10	SFY11	SFY12	SFY13	SFY14
Consumer Health Service					
Bedding Permits	1,631	2,289	2,224	2,218	2,192
Drugs, Cosmetics, Medical Devices	9	10	7	7	6
Hearing Aid Dealers and Fitters	157	178	189	160	160
Hotels-Motels	1,149	1,126	1,131	1,159	1,185
Licensed Genetic Counselors	16	21	24	12	20
Medical Micropigmentologists	129	128	129	129	119
Public Bathing Places	3,073	3,172	4,966	3,135	3,175
Retail Food Establishments	24,369	22,127	22,276	22,008	23,276
Sanitarians & Environmental	554	538	656	516	510
Tattoo Artists	485	363	344	528	377
Tattoo Establishments	108	97	130	120	128
Body Piercing Artists	55	84	108	68	74
Body Piercing Establishments	50	48	62	48	53
Food Manufacturers	924	1,093	1,064	1,147	1,132
Correctional Facilities	95	95	96	101	100
X-Ray Facility Permits	2,980	2,980	2,985	3,030	3,008
Health Resources					
Development Service					
Adult Day Care Centers	38	25	44	40	41
Certified Workplace Medical Plans	6	6	5	5	5
Continuum of Care Facilities & Assisted Living Centers	138	141	143	151	161
Health Maintenance Organizations	7	7	7	7	7
Home Care Administrators	788	791	799	805	809
Jails	171	167	164	163	160
Nurse Aides	Not Available	Not Available	71,329	70,913	67,678
Registered Feeding Assistants	Not Available	Not Available	Not Available	Not Available	512
Nurse Aide Training Programs	386	424	376	357	321
Nursing & Specialized Facilities	414	391	393	381	388
Residential Care Homes	80	81	82	71	66
Medical Facilities Service					
Ambulatory Surgical Centers	47	47	42	44	42
Birthing Centers	0	0	0	0	0
Emergency Medical Services	314	345	369	358	362
Emergency Medical Technicians	8,001	8,045	7,985	9,372	8,267
EMS Training Institutions	41	40	41	45	41
Home Health Agencies	362	378	357	382	415
Home Health Agency Branch Offices	283	280	235	299	345
Hospice Providers	144	152	141	150	152
Hospice Alternate Administrative	56	55	57	58	58
Hospitals	152	153	153	152	154
Tissue and Eye Banks	3	4	4	4	4
Workplace Drug and Alcohol Testing Facilities	151	145	175	187	182
STATE TOTAL:	47,366	46,026	119,292	118,330	115,685

Federal Certifications Issued

	SFY10	SFY11	SFY12	SFY13	SFY14
Long Term Care Service					
Intermediate Care Facilities for Individuals With Intellectual Disabilities	96	87	89	92	86
Nursing Facilities	329	305	291	309	302
Medical Facilities Service					
Ambulatory Surgical Centers	19	21	7	12	8
CLIA Laboratories	152	129	162	75	201
Comprehensive Out-patient Rehabilitation Facilities	1	0	0	1	0
End Stage Renal Disease (Dialysis Centers)	10	12	4	31	24
Home Health Agencies	71	60	59	143	67
Hospice Providers	11	5	9	45	46
Hospitals	19	15	42	37	49
Organ Procurement Organization	1	0	0	0	1
Outpatient Phys Therapy/Speech Portable X-Ray Units	3	2	2	6	1
	0	1	1	0	0
Psychiatric Residential Treatment	13	0	0	0	0
Rehabilitation Agencies	0	0	0	0	0
Rural Health Clinics	4	10	1	9	17
FEDERAL TOTAL:	729	647	667	760	802

QUICK REFERENCE TELEPHONE DIRECTORY

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Cathey, Timothy, M.D.	405 • 271 • 5288
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Kirtley, Vicki	405 • 271 • 4085
Simmons, Darlene.....	405 • 271 • 6868

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Scott, Patty	405 • 271 • 6868

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Frazier, LaTrina.....	405 • 271 • 6576
Martin, Lee	405 • 271 • 6576
Meritt, Y. Vonnie	405 • 271 • 6576
Pelley, Grace.....	405 • 271 • 4027

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