1) **Call to Order**
Kay Parsons called the special meeting to order at 1:30 p.m. Monday, September 18, 2006. The agenda was posted on the OSDH website August 30, 2006 and at the front entrance of OSDH on September 14, 2006.

Identified attendees were: Kay Parsons, Committee Chair and Long-Term Care Facility Advisory Board (LTCFAB) member; Esther Houser, State Long-Term Care (LTC) Ombudsman and LTCFAB member; Dawn Ann Mendenhall, Nursing Home Administrator and LTCFAB member; Wendell Short, Baptist Village Retirement Center (BVRC), RC Administrator and LTCFAB member; Mary Brinkley, Oklahoma Association for Homes and Services for the Aging (OKAHSA); Rebecca ‘Becky’ Moore, Executive Director, Oklahoma Association of Health Care Providers (OAHCP); Dorya Huser, Chief, LTC, OSDH; James Joslin, Assistant Chief, LTC, OSDH; Mary Fleming, Director, LTC, OSDH; Karen Gray, LTC Training Programs Manager, OSDH; Marietta Lynch, OAHCP; Nicholas Kliewer, BVRC and Administrator in Training; Debbie Holmes, Sojoin Care; Dr. Jon Tillinghast, OSDH; Dr. Charles Harvey, OSDH; Theresa Crisp, OSDH; and Leslie Roberts, LTC, OSDH.

2) **Review of the July 17, 2006 Amended Special Meeting Minutes**
*Amendments to the July 17, 2006 special meeting minutes from the Committee’s discussions at the August 28, 2006 meeting are included in the meeting packet for review.*

After a brief review of the amendments to the July 17, 2006 minutes, consensus was reached.

3) **Review of the August 28, 2006 Special Meeting Minutes**
After a brief review of the August 28, 2006 minutes, consensus was reached.

4) **Discussion of the Tuberculin Skin Testing**
*Discussion of current rules for tuberculin skin testing versus current guidance from the Centers for Disease Control.*
James Joslin provided an overview of the handouts along with a background of tuberculin skin testing. The overview included the need to update and expand the 1994 guidelines. OSHA initially tried to provide their own guidelines but decided to go with CDC’s (Centers for Disease Control) guidelines. Primary changes would be a 2-step testing for residents entering into a nursing home and categorizing each as low risk, medium risk, and potential ongoing transmission.

Dr. Tillinghast provided information from the CDC's December 30, 2005 Morbidity and Mortality Weekly Report (MMWR) which included a section on page 27 regarding long-term care facilities needing to have adequate administrative and environmental controls. On page 29 of the report, a table provided indications for two-step tuberculin skin tests. Page 128 provided a tuberculosis (TB) risk assessment worksheet and page 134, Appendix C provided risk classifications for health-care settings including recommended frequency of screening among health-care workers. The TB Division of OSDH recommends the 2-step test be administered for new staff and residents, then follow-up with a risk assessment annually unless there is a case at the facility.

The 2-step test is administered 1-3 weeks apart. It is important to establish any previous infection of TB prior to employment or admission. The facilities would do their own assessments or whoever is responsible for infection control. Mr. Joslin and Mary Fleming stated there is a federal requirement (tag F-441) to identify disease, which includes TB assessments.

Dr. Tillinghast recommendations included:
   a) 2-step test as a baseline on new residents
   b) 2-step test as a baseline on all new employees
   c) Future testing based on exposure to actual TB case / assessment

Mr. Joslin commented that this would result in cost savings. Dr. Tillinghast estimated a $25.00 cost per test. Ms. Houser asked if Medicare or Medicaid covers TB testing for residents. Mr. Joslin said he would ask the Health Care Authority. Ms. Houser asked about testing existing residents. Dr. Tillinghast stated he would be happy just to implement now. Clarification regarding the admission of residents infected with TB was the facility can admit unless the disease is active or contagious and treatment is needed, but a test can identify.

Discussion included the capability of the facility and how to discern between positive test results versus active disease. Language suggested was if the facility has a resident with active TB, the resident will transfer to an appropriate facility in accordance with CDC guidelines. Dr. Tillinghast stated Manorcare is the only facility to his knowledge that has isolated rooms. It is important to document the skin test results. Dr. Tillinghast informed the group that a facility can have a contract with a county health department to administer TB tests at a set dollar amount. Appendix C (on page 134 of the December 30, 2005 MMWR helps with the risk assessment. Refusal of the test and offering a chest x-ray was mentioned.
Ms. Parsons thanked Dr. Tillinghast, Dr. Harvey, and Ms. Crisp for speaking to the Committee regarding TB. Mr. Joslin will bring a revised risk assessment and rules to the next meeting for review.

5) Review of the August 28, 2006 Changes to the Food Code, Chapter 257

Brief review of Chapter 257 changes resulting from the Committee’s discussions at the August 28, 2006 meeting.

Mr. Joslin provided an overview of the changes to section 310:675-9-13.1 Food service training was discussed. CNA training does not include in depth training to assist with feeding. In section 310:675-13-6(b), the language reads, “The registered/licensed dietician or qualified nutritionist shall supervise and direct the residents' nutritional care, advise and consult with appropriate staff, and provide inservice training for food service personnel and direct care staff.” Obtaining a food handling permit or using an approved dietician for training was included in discussion. There is a possibility of an interim course, Serve Safe Class. This is an 8-hour class with original certification costing $95.00 and $45.00 for certification renewal.

After further discussion, the Committee reached consensus on the following changes:

- 310:675-13-7. Food service staff – Section (a)(2) – Insert criteria to complete dietary management course ‘within 3 years’.
- 310:675-13-7. Food service staff – Add (3) to section (a): “The food service supervisor shall complete a Serve Safe Class and receive certification within 90 days of employment.”
- 310:675-13-7. Food service staff – Section (b)(2) – Add provision for sanitary food handling training.
- 310:675-13-7. Food service staff – Section (b)(3) – Add 'All food service staff shall have and maintain a current record of successful completion of a food service training program offered or approved by the Department within 90 days of employment.'

6) Review of the August 28, 2006 Changes to Incident Reporting

Brief review of the rule changes resulting from the Committee's discussions at the August 28, 2006 meeting.

Mr. Joslin reviewed the proposed changes as discussed at the last meeting.

After a brief discussion, the Committee reached consensus on 375:675-7-5.1. Reports to state and federal agencies.

Items left for discussion include ICF/MR staffing, occupational/physical therapy, nontechnical registry, life safety code update, and rule updates from Dr. Hartsell.

Ms. Houser added emergency preparedness of facilities.
The next meeting is scheduled for October 16, 2006 at 1:30 p.m.

7) **Adjournment**
The special meeting was adjourned at 4:40 p.m.

For reference, the link to the current and complete Continuum of Care and Assisted Living Rules is [http://www.health.ok.gov/PROGRAM/condiv/663ccast.pdf](http://www.health.ok.gov/PROGRAM/condiv/663ccast.pdf).