

Oklahoma State
Department of Health**LONG-TERM CARE FACILITY ADVISORY BOARD**
Regular Meeting**November 8, 2006 at 1:30 p.m. in Room 1102**

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

MINUTES**1) Call to Order**

Diane Hambric called the meeting to order at 1:45 p.m. Wednesday, November 8, 2006. The 2006 Long-Term Care Facility Advisory Board meeting notices were filed and posted with the Secretary of State's office website on November 18, 2005. They were filed November 18, 2005 and posted on the Oklahoma State Department of Health (OSDH) website. The November 8, 2006 meeting agenda was posted November 3, 2006 on the OSDH website and at the OSDH building's front entrance on November 2, 2006.

2) Roll Call

Leslie Roberts called roll. The following members were present: Donna Bowers; Jane Carlson; Alice Cash; Theo Crawley; Clara Haas; Diane Hambric, Chair; Ann Hays; Esther Houser; Chris Kincaid; Cassell Lawson; Mich Magness, Vice-Chair; Juana Meadows; Dawn Mendenhall; Winston Neal; Kay Parsons; Ginny Rahme; Dr. Jean Root; Dewey Sherbon, Secretary-Treasurer; Wendell Short; H.F. Timmons; Margaret Wallace; and Dr. Peter Winn.

The following members were absent: Gayla Campbell, Tracy DeForest, and Jane Mershon.

There are currently two vacancies.

Identified OSDH staff present were: James Joslin, Assistant Chief of LTC; Mary Womack, Office of General Counsel, OSDH; Dorya Huser, Chief of LTC; Mary Fleming, Director of LTC Survey; Lisa McAlister, Director of Nurse Aide Registry; Darlene Simmons, Director of Health Facilities Division; Louis A. Smith, LTC; Regina M. Glen, Life Safety Code Coordinator, LTC; Dr. Henry Hartsell Jr., Chief of Health Resources Development Service (HRDS); and Leslie Roberts, LTC.

Identified guests present were: Norma Noles, Silver Oak; Penny Ridenour, OKALA; Tammy Crawford, OKALA; Kristi Allison, ORALA; Sharral Tye, ORALA; Scott Brasier, Norman Senior Care; L. Louise Drake, Oklahoma Board of Nursing; Rita Cook, Angel House; Holly Mattingly, Norman Senior Care; Dirk O'Hara, Norman Senior Care; Greg Frogge, McAfee Taft; Greg Guymon, OKALA; Belinda

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Arguello, Silver Oak; Lisa Croston, OSU Wellness Center; Shelba Murray, MN Tech Center; Macy Tooke, Family; and Sue Looney, Arbors-Tulsa.

New LTC Facility Advisory Board (LTCFAB) members Winston Neal, representative for the Fire Marshall's Office and Dr. Jean Root, OU faculty in Tulsa were introduced and welcomed. Introduction of LTCFAB members and attendees proceeded.

3) Review and Action to Approve/Amend the August 9, 2006 Regular Meeting Minutes

Approval/Amendment of minutes for August 9, 2006 regular meeting.

After brief discussion, Mich Magness made a motion to approve the August 9, 2006 regular meeting minutes.

Seconded by Dewey Sherbon. Motion carried.

Aye: 15 Abstain: 7 Nay: 0 Absent: 3

Donna Bowers	Aye	Vacant	
Gayla Campbell	Absent	Juana Meadows	Aye
Jane Carlson	Aye	Dawn Mendenhall	Abstain
Alice Cash	Aye	Jane Mershon	Absent
Vacant		Winston Neal	Abstain
Theo Crawley	Abstain	Kay Parsons	Aye
Tracy DeForest	Absent	Ginny Rahme	Aye
Clara Haas	Aye	Dr. Jean Root	Abstain
Diane Hambric	Aye	Dewey Sherbon	Aye
Ann Hays	Abstain	Wendell Short	Aye
Esther Houser	Aye	H.F. Timmons	Aye
Chris Kincaid	Aye	Margaret Wallace	Aye
Cassell Lawson	Aye	Dr. Peter Winn	Abstain
Mich Magness	Abstain		

4) Distribution of Member Appointment Certificates

Mr. Sherbon, LTCFAB Secretary-Treasurer, will distribute the Governor of Oklahoma LTCFAB Member Appointment Certificates.

Mr. Sherbon distributed certificates. He sincerely appreciates everything the Advisory Board does. He expressed his heartfelt gratitude of the hard work that is done. Mr. Sherbon further stated it is a privilege and honor to serve on this Advisory Board and thanked everyone.

5) Nomination and Election of 2007 LTCFAB Officers

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The Nominating Committee will announce the nominations for 2007 Officers and the LTCFAB will elect officers for Chair, Vice-Chair, and Secretary-Treasurer.

Mr. Sherbon made the following outstanding comments:

I'd like to thank Esther Houser, Chris Kincaid, and Ginny Rahme for their counsel and guidance [on the Nominating Committee].

I'd like to thank the Board members who responded to the survey in regard to potential nominees. Out of 27 Board members, 17 responded to the survey (63%). Your [Advisory Board] comments were very well made and our [Nominating Committee] thanks to you for sharing your thoughts!

I'm finishing my second year. I never cease to be amazed at the talent, character and abilities of the members of this Board. You all are a fantastic group from my perspective and deserving of all the bonuses associated with membership. Unfortunately, you will have to accept an "atta boy" or two as a bonus, we're a bit short on funds!

I do want to especially thank Leslie Roberts for sending out the survey and tabulating the results. Leslie is a tireless worker and is not only professionally, but also personally outstanding in every way. She is so kind and answers my questions (which often times are probably not at the highest level of wisdom). She's terrific! And I hope, James [Joslin], you're able to keep her.

And now for the Board Chair, we [Nominating Committee] nominate Diane Hambric to serve another term.

We [Nominating Committee] nominate Wendell Short as Vice-Chair.

And we [Nominating Committee] nominate Kay Parsons as Secretary-Treasurer.

These individuals have all agreed to serve in the stated capacities if elected by the Board. We [Nominating Committee] believe they are all very talented and will contribute to the ongoing success of this Board!

After brief discussion, Dewey Sherbon made a motion to elect Diane Hambric as Chair, Wendell Short as Vice-Chair, and Kay Parsons as Secretary-Treasurer for the 2007 LTCFAB Officers.

Seconded by Mich Magness. Motion carried.

Aye: 21 Abstain: 1 Nay: 0 Absent: 3

Donna Bowers	Aye	Vacant	
Gayla Campbell	Absent	Juana Meadows	Aye
Jane Carlson	Aye	Dawn Mendenhall	Aye
Alice Cash	Aye	Jane Mershon	Absent
Vacant		Winston Neal	Aye
Theo Crawley	Aye	Kay Parsons	Aye
Tracy DeForest	Absent	Ginny Rahme	Aye
Clara Haas	Aye	Dr. Jean Root	Aye
Diane Hambric	Aye	Dewey Sherbon	Aye
Ann Hays	Aye	Wendell Short	Abstain
Esther Huser	Aye	H.F. Timmons	Aye
Chris Kincaid	Aye	Margaret Wallace	Aye
Cassell Lawson	Aye	Dr. Peter Winn	Aye
Mich Magness	Aye		

6) Announcement of the 2007 Regular Meeting Schedule

The 2007 regular meetings will be held at 1:30 p.m. in room 1102 of the OSDH building on February 14, May 9, August 8, and November 14.

Ms. Hambric announced the 2007 regular meeting schedule.

7) Update from Long-Term Care

Ms. Huser reported the ICFs/MR (Intermediate Care Facilities for the Mentally Retarded) provider training was well attended. She announced the nursing facility provider training is next week. Ms. Huser informed members and guests that the brochure for the nursing facility provider training was submitted to the National Public Health Information Coalition for an award. The Agency (OSDH) received five awards including a Silver Award in which James Joslin received for his innovative participation in the design idea and language of the "Road to Excellence" provider training brochure.

The next provider training is scheduled for November 14-15, 2006. The Department is currently holding three trainings for nursing facilities and one training for ICFs/MR per year. The trainings are posted on the Department's website. Ms. Huser added the Department's goal is to have two ICFs/MR provider trainings per year.

Other discussion included who is responsible for the oversight of persons that come into facilities to provide services. Ms. Huser stressed she does not want people to feel ambushed. LTC is moving forward to meet with Hospice and Home Health. She wants people to understand regarding the oversight of outside services being provided to the facility's residents. Ms. Huser stated to call or email her regarding clarification of this topic and wanted to provide a 'heads up' on the issue. Facilities need to be aware of the services provided by an aide in the building. Ms. Huser reminded all aides cannot treat pressure sores. Ms. Hambric requested Ms. Huser report back to the Advisory Board regarding this issue at the February meeting.

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8) Update and/or Findings of the Ad Hoc Nursing Facilities Rule Review Committee, Review and Action to Approve/Amend the Proposed Nursing Facility Rules

Update on the progress and/or findings of the Ad Hoc Nursing Facilities Rule Review Committee. The LTCFAB may review, make recommendations regarding, and act to approve in its advisory capacity the proposed amendments.

Ms. Parsons thanked Norma Noles, Wendell Short, Dawn Ann Mendenhall, Esther Houser, Mary Brinkley, James Joslin, Leslie Roberts, and Becky Moore for the work done on this Committee. The Committee covered eight items in which four were statutory requirements. Ms. Parsons provided an overview of the topics.

1. 310:675-7-5.1. Reports to state and federal agencies
2. 310:675-7-21 Sex or violent offender status
3. APPENDIX B. REFERENCE LIST FOR STANDARDS OF PRACTICE [NEW]
(Referring to OAC 310:675-1-2. Definitions: Standards of care)
4. 310:675-7-12.1. Incident reports
5. Chapter 257, Food Code
 - a. 310:675-9-13.1. Food storage, supply and sanitation
 - b. 310:675-13-7. Food service staff
6. Tuberculin skin testing: specifications for tuberculin skin testing of facility employees and residents.
7. The Committee agreed further discussion on the Sex Offender Law: to incorporate new law at 63 O.S. 1-1946 was needed.
8. The Committee discussed of changes in 310:675-3 regarding Federal tax waiver forms that is currently in effect as emergency rules. These need to be adopted as permanent rules.

There was no consensus regarding sex offenders; there are unresolved issues with the Department of Corrections. Mr. Joslin expanded on this item regarding the issues of receiving validation from law enforcement and that there is not a way to validate a sex offender search has been conducted. Discussion continued and review of the proposed rules commenced.

After discussion, Mich Magness made a motion to approve proposed amendments from the Ad Hoc Nursing Facilities Rule Review Committee to OAC 310:675 including the amendments and comments discussed.

(Agenda Item 8 handout)

- Page 11, line 6: capitalize 'c' in the word 'centers'
- Page 11, line 22: strike 'break' and insert 'prevent'
- Page 12, line 13: strike 'health professional' and insert 'nurse or physician'
- Page 12, line 17: insert 'tuberculin' after 'positive' and before 'skin'
- Page 12, line 20: change capital 'T' in Tuberculin to lowercase 't'
- Page 13, line 17: insert 'tuberculin' after 'positive' and before 'skin'

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- Page 13, lines 18-19: strike 'health care professional' and insert 'nurse or physician'
- Page 13, line 20: change capital 'T' in Tuberculin to lowercase 't'
- Page 18, line16: insert 'or equivalent Department approved program' after 'certification' and before 'within'
- Page 18, line 28-20: strike
- Page 20: include publication dates

Seconded by Alice Cash. Motion carried.

Aye: 22 Abstain: 0 Nay: 0 Absent: 3

Donna Bowers	Aye	Vacant	
Gayla Campbell	Absent	Juana Meadows	Aye
Jane Carlson	Aye	Dawn Mendenhall	Aye
Alice Cash	Aye	Jane Mershon	Absent
Vacant		Winston Neal	Aye
Theo Crawley	Aye	Kay Parsons	Aye
Tracy DeForest	Absent	Ginny Rahme	Aye
Clara Haas	Aye	Dr. Jean Root	Aye
Diane Hambric	Aye	Dewey Sherbon	Aye
Ann Hays	Aye	Wendell Short	Aye
Esther Houser	Aye	H.F. Timmons	Aye
Chris Kincaid	Aye	Margaret Wallace	Aye
Cassell Lawson	Aye	Dr. Peter Winn	Aye
Mich Magness	Aye		

Ms. Hambric absolved the Ad Hoc Nursing Facilities Rule Review Committee.

Attendees thanked Mr. Sherbon for bringing a new clock. Ms. Hambric thanked all for attending Paul Klaasan's meeting.

9) Update and/or Findings of the Ad Hoc Assisted Living Regulation Review Committee, Review and Action to Approve/Amend the Proposed Assisted Living Rules

Update on the progress and/or findings of the Ad Hoc Assisted Living Regulation Review Committee regarding the review of proposed amendments to OAC 310:663, Continuum of Care and Assisted Living rules, which were presented at the February 8, 2006 Long-Term Care Facility Advisory Board meeting. The LTCFAB may review, make recommendations regarding, and act to approve in its advisory capacity the proposed amendments.

Esther Houser stated meeting attendance was excellent. Attendance varied from 40-80 people with an average of 50. There was good participation from the Associations (OKALA & OKAHSAs), AARP, and the Alzheimer's Association. Ms. Houser provided an overview of the consensus and non-consensus items. Ms. Houser thanked the group and noted they made astonishing progress.

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Esther Houser made a motion to approve the proposed amendments to OAC 310:663 from the Ad Hoc Assisted Living Regulation Review Committee as presented.

Seconded by Dewey Sherbon.

Discussion commenced in controversy over the proposed rules. Penny Ridenour proposed a timeline regarding 310:663-25-4(c) Right to Hearing which would require the Department to hold a hearing within 10 days. Mary Womack, General Counsel for the Department stated 10 days is not realistic. As discussion continued, it was noted that Ms. Houser did not withdraw her motion.

Ms. Ridenour stated the Department should have limited days to hold a hearing. Margaret Wallace asked why we cannot have the same level of trust as we had on the nursing facility rules? Dirk O'Hara proclaimed to vote down the motion. Discussion was tense.

Theo Crawley made a motion to call the question. Seconded by Clara Haas. Motion carried.

Aye: 17 Abstain: 0 Nay: 4 Absent: 4

Donna Bowers	Aye	Vacant	
Gayla Campbell	Absent	Juana Meadows	Aye
Jane Carlson	Aye	Dawn Mendenhall	Nay
Alice Cash	Aye	Jane Mershon	Absent
Vacant		Winston Neal	Aye
Theo Crawley	Aye	Kay Parsons	Aye
Tracy DeForest	Absent	Ginny Rahme	Nay
Clara Haas	Aye	Dr. Jean Root	Aye
Diane Hambric	Nay	Dewey Sherbon	Aye
Ann Hays	Nay	Wendell Short	Aye
Esther Houser	Aye	H.F. Timmons	Aye
Chris Kincaid	Aye	Margaret Wallace	Aye
Cassell Lawson	Aye	Dr. Peter Winn	Aye
Mich Magness	Absent		

Ms. Houser stated there is still ample opportunity for input on the proposed rules before they go the State Board of Health during the public comment period. Ms. Huser added that the State Board of Health can consider all comments. Ms. Womack reported no one is losing anything by passing the rules today. Ms. Parsons inquired when the deadline is for notice of rulemaking intent. Mr. Joslin replied the notice must be submitted by December 13.

Esther Houser's motion was to approve the proposed amendments to OAC 310:663 from the Ad Hoc Assisted Living Regulation Review Committee as proposed by the OSDH and was seconded by Dewey Sherbon. Roll was called. Motion carried.

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Aye: 17 Abstain: 0 Nay: 4 Absent: 4

Donna Bowers	Aye	Vacant	
Gayla Campbell	Absent	Juana Meadows	Aye
Jane Carlson	Aye	Dawn Mendenhall	Aye
Alice Cash	Aye	Jane Mershon	Absent
Vacant		Winston Neal	Aye
Theo Crawley	Aye	Kay Parsons	Nay
Tracy DeForest	Absent	Ginny Rahme	Nay
Clara Haas	Aye	Dr. Jean Root	Aye
Diane Hambric	Nay	Dewey Sherbon	Aye
Ann Hays	Nay	Wendell Short	Aye
Esther Houser	Aye	H.F. Timmons	Aye
Chris Kincaid	Aye	Margaret Wallace	Aye
Cassell Lawson	Aye	Dr. Peter Winn	Aye
Mich Magness	Absent		

Mr. Sherbon expressed his appreciation to Leslie Roberts for her hard work.

10) New Business

Not reasonably anticipated 24 hours in advance of meeting.

None.

11) Public Comment

Please limit comments to three (3) minutes.

Public comments were made throughout the meeting.

12) Adjournment

The meeting was adjourned at 4:05 p.m.

**CHAPTER 2. PROCEDURES OF THE
STATE DEPARTMENT OF HEALTH**

SUBCHAPTER 15. APPLICATION FORMS

310:2-15-3. Uniform Employment Application for Nurse Aide Staff

(a) The application described in OAC 310:2-15-3 is required for use pursuant to Title 63 O.S. ~~Supp. 2000~~, Section 1-1950.4.

(b) The uniform employment application shall be used in the hiring of nurse aide staff by a nursing facility or a specialized facility as such terms are defined in the Nursing Home Care Act, a residential care home, as such term is defined by the Residential Care Act, an assisted living center as such term is defined by the Continuum of Care and Assisted Living Act, a continuum of care facility as defined by the Continuum of Care and Assisted Living Act, a freestanding hospice or program providing hospice services as such terms are defined by the Hospice Licensing Act, an adult day care center as such term is defined by the Adult Day Care Act, and a home care agency as defined by the Home Care Act. Such uniform application shall be used as the only application for employment of nurse aides in such facilities on and after January 1, 2001. [63:1-1950.4]

(c) The uniform employment application for nurse aide staff requires the following:

- (1) personal information;
- (2) employment desired;
- (3) U.S. military record;
- (4) prior work history;
- (5) educational background;
- (6) certification;
- (7) references;
- (8) background information;
- (9) applicant's employment application certification and agreement;
- (10) ~~nurse aide registry tracking section that includes:~~
 - ~~(A) personal information;~~
 - ~~(B) (11) previous certified nurse aide training;~~
 - ~~(C) (12) applicant's signature certifying no previous conviction and authorizing criminal history record checks;~~
 - and
 - ~~(11) (13) Any additional information needed to answer all questions fully.~~

~~(d) An employer or contractor that is subject to the provisions of 63:1-1950.3 shall file with the Department a completed nurse aide registry tracking section of the application for each newly employed nurse aide not later than 30 days after that individual is first used as a nurse aide.~~

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 677. NURSE AIDE TRAINING AND CERTIFICATION
SUBCHAPTER 1. GENERAL PROVISIONS**

310:677-1-3. Applicability

(a) This Chapter shall apply to specified employers ~~and persons who are employed by such employers, as nurse aides, certified medication aides and other unlicensed employees providing health related services, and training and competency evaluation programs.~~

~~(b) An employer shall not use on a full-time, temporary, per diem, or other basis persons as nurse aides for more than 120 cumulative days unless the individual has completed a training and competency examination program approved by the Department and placed on the Nurse Aide Registry.~~

~~(c) An employer shall not use on a temporary, per diem, leased, or for any other basis other than a permanent employee, any individual who has not successfully completed the training and competency examination requirements and who is not listed in the nurse aide registry.~~

~~(d)~~(b) An employer shall not use an individual as a nurse aide unless the employer has consulted the ~~State~~ Oklahoma Nurse Aide Registry to determine whether the individual is listed ~~in good standing in on~~ the nurse aide registry, ~~or and whether the individual has had no confirmed findings regarding allegations of~~ abuse, neglect or misappropriation of patient/resident/client property.

~~(e)~~(c) The Department shall grant an exception to the nurse aide training requirements in 310:677-9-4 for home health aides, 310:677-11-4 for long term care aides, 310:677-13-4 for certified medication aides, 310:677-15-3 for developmentally disabled direct care aides, 310:677-17-3 for residential care aides and 310:677-19-3 for adult day care aides, and allow an individual to sit for the competency examination if the individual submits all information specified on the Department's training exception request form, which requires the following:

(1) Individual's full name and personal identifying information;

(2) Telephone number and address to include street, city, state, and zip code;

~~(3) Photocopy of Social Security card;~~

~~(4)~~(3) Copy of official transcript documenting classroom and clinical training equal to or greater than the classroom and clinical training as prescribed in 310:677-9-4, 310:677-11-4, 310:677-13-4, 310:677-15-3, 310:677-17-3 and 310:677-19-3; and

~~(5)~~(4) Type of nurse aide training to be excepted.

~~(f)~~(d) The Department shall grant to a graduate of an approved practical or registered nurse program located in the United States a waiver to be placed on the nurse aide registry if the following criteria are met:

(1) The individual submits all information specified on the Department's training and competency testing waiver request form, which requires the following:

- (A) Individual's full name and personal identifying information;
- (B) Telephone number and address to include street, city, state, and zip code;
- ~~(C) Photocopy of Social Security card;~~
- ~~(D)~~(C) Photocopy of diploma from an approved practical or registered nurse program; ~~and~~
- ~~(E)~~(D) Type of nurse aide training and competency testing requesting to be waived; ~~and~~
- (E) Identification of all states, territories and districts of the United States and other countries where the individual has practiced or been licensed, certified or registered as a nurse; and
- (2) ~~The Department verifies the following:~~
- ~~(A) The individual is in good standing with the does not have a denied, revoked or suspended license or certificate or an administrative penalty or disciplinary action imposed by the Oklahoma Board of Nursing or the individual does not have confirmation of abuse, neglect or misappropriation of patient/resident/client property; similar agency in another state, territory or district of the United States or in another country.~~
- ~~(B) The individual has not had cause for denial, revocation or suspension of a license by any State's Board of Nursing;~~
- ~~(C) The individual is not "habitually intemperate or addicted";~~
- ~~(D) The individual is not currently on probation, pending disciplinary action or has had confirmed disciplinary action by the Board of Nursing due to use/abuse or unlawful involvement with controlled substances or for any other cause identified under Subchapter 11 of the Oklahoma Board of Nursing Rules, Title 485;~~
- ~~(E) The individual is not a subject of a current ongoing investigation by the Oklahoma Board of Nursing or the Oklahoma Attorney General or other known legal entity; and~~
- ~~(F) The individual's license has not been restricted or placed on temporary suspension by the Oklahoma Board of Nursing.~~
- ~~(g)~~(e) The Department shall allow a graduate of an approved practical or registered nurse program located outside the United States a training exception and shall be authorized to sit for a nurse aide competency examination if the following criteria are met:
- (1) The individual submits the Foreign Graduate Training Exception Request form, which requires the following:
- (A) Individual's full name;
- (B) Telephone number and address to include street, city, state, and zip code;
- (C) The location outside of the United States where the individual received their nursing education and licensing examination if applicable;
- (D) The type of nurse aide training requesting to be

excepted;

~~(2)(E)~~ Documentation verifying legal entry and resident status in the United States including but not limited to a photocopy of a Social Security Card, Visa, Green Card or naturalization papers; and

~~(3)(F)~~ ~~The individual submits a~~ A photocopy of a certified, translated diploma and transcript ~~that are~~ in English; and

(2) The individual does not have a denied, revoked or suspended license or certificate or an administrative penalty or disciplinary action imposed by the Oklahoma Board of Nursing or similar agency in another state, territory or district of the United States.

~~(h)~~ (f) An individual who has not completed an approved Oklahoma Nurse Aide Training program and is submitting an application to be included on the Oklahoma Nurse Aide Registry as a certified nurse aide shall submit the following nonrefundable fee with the required completed application:

- (1) Deeming Application, \$10.00 fee;
- (2) Reciprocity Application, \$15.00 fee;
- (3) Training Exception Application, \$15.00 fee; or
- (4) Waiver Application, \$15.00 fee.

(5) The fees specified in (1) through (4) of this subsection apply to applications for home care aides, certified medication aides, developmentally disabled direct care aides, residential care aides, and adult day care aides. A fee shall not be charged on an application requesting certification as a long term care aide only.

~~(g)~~ (i) An individual who has previously completed a Department approved Nurse Aide Training and Competency Evaluation Program and is unable to renew his or her certification may submit a Re-Testing Application ~~with a \$10.00 nonrefundable fee and be approved by the Department to re-test if any of the following applies:~~

- (1) The individual did not provide eight (8) hours of nursing or health related services for compensation during the twenty-four (24) months prior to expiration of the certification;
- (2) The individual did not provide eight (8) hours of nursing or health related services for compensation up to twenty-four (24) months after expiration; or
- (3) The individual's nurse aide certification has been expired for over two (2) years but less than three (3) years.
- (4) A Re-Testing application submitted by a home care aide, certified medication aide, developmentally disabled direct care aide, residential care aide, or adult day care aide shall be accompanied by a \$10.00 nonrefundable fee.
- (5) An individual who fails the approved re-test shall be required to retrain before repeating the competency evaluation program again.

310:677-1-4. Reporting allegations of abuse

(a) An employer shall report to the Department any allegation of client or resident abuse, neglect, mistreatment or

misappropriation of client's or resident's property against the employer's nurse aide.

(b) An employer shall report to the Department by telephone within ~~twelve (12)~~ twenty-four (24) hours after receiving an allegation and in writing within five (5) working days after receiving an allegation.

(c) The written report filed by the employer shall include:

- (1) The allegation;
- (2) Name and identification number of the nurse aide;
- (3) Date of the occurrence;
- (4) Results of any internal investigation;
- (5) Any corrective action taken by the employer; and
- (6) Name and address of any person who may have witnessed the incident.

310:677-1-5. Cumulative training calculations [REVOKED]

~~(a) Until November 1, 2004 and for the purposes of assessing compliance with the training limitations of Title 63 O.S. Section 1-1950.3, the training days used by an individual in the successful completion of training and certification in one category of nurse aide certification under OAC 310:677 shall not be subtracted from the cumulative days available to that individual for training under a different category of nurse aide. The provisions of this paragraph shall not be construed to allow more than 120 cumulative days of training for an individual in one category of nurse aide certification.~~

~~(b) A nurse aide shall complete a nurse aide training and competency evaluation program within two (2) years after completing the training program. The competency evaluation or written/oral examination and skills examination shall be completed within the same two (2) years.~~

~~(c) Only those days when a trainee is utilized as a nurse aide in a facility on a full time basis or its equivalence, excluding unusual circumstances and illness, shall be counted against the 120 cumulative days training limit.~~

~~(d) No trainee shall have more than two admissions or re-admissions to a non-educational based training program within a six (6) month period. Re-admission to a training program does not reset the 120 cumulative days training limit.~~

~~(e) No trainee shall have more than six (6) months lapse of time between admission or re-admission to a non-educational based training program. If the lapse of time is greater than six (6) months the trainee shall be re-enrolled in the training program as a new trainee. Re-enrollment in a training program does not reset the 120 cumulative days training requirement.~~

~~(f) No trainee shall enroll in more than two different employer-based training programs prior to certification. Training days in each training program shall be counted in the 120 cumulative days.~~

~~(g) A trainee may enroll and complete a nurse aide training and competency examination at an educational based program after withdrawing from a non-educational based program. If the trainee~~

~~is employed as a nurse aide by a facility while attending the educational based program, the 120 training days continues to accumulate. The trainee may complete the competency examinations at an educational based program after presenting a Training Verification Form.~~

SUBCHAPTER 3. NURSE AIDE TRAINING AND COMPETENCY EXAMINATION PROGRAM

310:677-3-2. Approved programs

(a) The Department shall approve a nurse aide training and/or competency examination program that meets the criteria for a State approved program.

(b) An entity seeking approval of a nurse aide training and/or competency examination program shall file the appropriate application form (ODH-743) and a non-refundable application fee of fifty dollars (\$50.00).

~~(c) The Department shall review, approve or disapprove a complete nurse aide training and competency examination program application and notify the entity of its action within ninety (90) days of the date of the request or receipt of additional information from the requester.~~

~~(d) An entity seeking approval of a certified medication aide continuing education update program shall file the appropriate application form (ODH-736) and a nonrefundable application fee of twenty-five dollars (\$25.00) every twelve (12) months with the Department.~~

(c) The Department's approval of a program shall not be transferable or assignable.

310:677-3-3. Application

(a) An entity which desires to sponsor a nurse aide training and competency examination program shall file an application for approval on the forms prescribed by the Department.

(b) No nurse aide training and competency examination program shall be operated, and no trainee shall be solicited or enrolled, until the Department has approved the program.

(c) The application shall include but is not limited to requires the following information:

(1) An instructor qualification record for each instructor. Name and contact information for the owner or operator of the program, and for the person or persons who administer the program;

(2) The location of the classroom. administrative office of the program and the location where records are maintained;

(3) A program plan that follows the curriculum established by the Department including, but not limited to:

(A) Program objectives;

(B) A breakdown of the curriculum into clock hours of classroom/lecture, laboratory and supervised clinical instruction;

(4) A Skills Performance Checklist, documenting the date the

nurse aide trainee successfully demonstrated all those basic nursing skills and personal care skills that are generally performed by nurse aides and the signature of the instructor that observed the successful demonstration of the skills. The skills must include ~~but are not limited to all of~~ the basic nursing skills and personal care skills listed in 42 CFR Code of Federal Regulations (CFR) 483.152 (b)(2) and (3);

~~(5) A Training Verification Form;~~

~~(6) A description of the program's standards for classroom and skills training facility facilities including, but not limited to:~~

~~(A) Heat and cooling systems;~~

~~(B) Clean and safe conditions;~~

~~(C) Adequate space to accommodate all trainees;~~

~~(D) Adequate lighting;~~

~~(E) Proper equipment and furnishings;~~

~~(F) The specific location of the classroom and lab if known at the time of the application; and~~

~~(7) Position descriptions and minimum education and experience requirements for training supervisors and instructors, and the program's procedure to ensure that supervisors and instructors satisfy such descriptions and requirements.~~

~~(d) If an entity desires to sponsor more than one (1) program for which the information required by the Department differs from program to program, the The entity shall file a separate application for each program with a non-refundable application fee. At a minimum, differences in the following information will require a separate nurse aide training and competency evaluation application:~~

~~— (1) Location;~~

~~— (2) Instructors; or~~

~~— (3) Curriculum.~~

~~(e) A non-employer based training program shall submit a list of clinical facilities and a copy of letters of agreement for use of the clinical facilities signed by the facility administrator and the program administrative official.~~

~~(1) A facility shall not be used as a clinical training site if the facility has had Substandard Quality of Care within the previous two (2) years. Substandard quality of care is defined as A training and competency examination program shall not be offered by or in a facility which, within the previous two years:~~

~~(1) has operated under a registered nurse staffing waiver under Section 1819(b)(4)(C)(ii)(II) or Section 1919(b)(4)(C)(ii) of the Social Security Act; or~~

~~(2) has been assessed a penalty that has been determined, after opportunity for hearing, to be due and payable in an amount of not less than \$5,000;~~

~~(3) had a license revoked, a Medicare or Medicaid certification terminated, a denial of payment for new admissions imposed, a temporary manager appointed, or was closed or had residents transferred pursuant to an emergency~~

action by the Department; or

(4) was found to have provided substandard quality of care. For the purpose of this Section, "substandard quality of care" means one or more deficiencies related to participation requirements under 42 CFR 483.13, Resident Behavior and Facility Practices, 42 CFR 483.15, Quality of Life, or 42 CFR 483.25, Quality of Care. The deficient practice must constitute immediate jeopardy which has caused or is likely to cause serious injury, harm, impairment, or death to an individual resident or a very limited number of residents receiving care in a facility; or deficient practice that results in actual harm to residents' physical, mental and psychosocial well-being and occurs as a pattern affecting more than a very limited number of residents or widespread affecting a large number or all of the facility's residents; or deficient practice that results in potential for more than minimal physical, mental and /or psychosocial harm to residents' that is widespread and affects the entire facility population.

~~(2) Facilities in rural areas that are ineligible to be used as clinical training sites due to Substandard Quality of Care will be reviewed on an individual basis to determine if the facility is eligible to be waived from the two (2) year training exclusion.~~

~~(f) An approved nurse aide training program shall submit to the Department a new training application and application fee if a completely different curriculum is being submitted for approval.~~

(f) The Department may waive for a period not to exceed two years the imposition of (e) of this Section and allow the offering of a training and competency evaluation program in, but not by, a facility upon the written request of the facility if:

(1) The Department determines that no other such program is offered within a round-trip travel time of one hour from the facility;

(2) The facility has no deficiencies that constitute substandard quality of care at the time of the request and has no deterioration in care that results in substandard quality of care during the waiver period; and

(3) The Department provides notice of such determination and assurances to the Oklahoma Long Term Care Ombudsman.

(g) The Department may waive for a period not to exceed two years the imposition of (e)(2) and (e)(3) of this Section and allow the offering of a training and competency evaluation program in, but not by, a facility upon the written request of the facility if the penalty or remedy was not related to the quality of care provided to residents.

310:677-3-4. Program requirements

(a) Before the Department approves a nurse aide training and competency examination program or a competency examination program, the Department shall determine whether the nurse aide training and competency examination program or the competency

examination program meets the minimum requirements.

(b) The Department shall not approve, or shall withdraw approval, of an employer based program when the employer has been assessed the following penalties or actions by the Department:

(1) License suspended or revoked or had a conditional license issued.

(2) An administrative money penalty of five thousand dollars (\$5,000) or more for deficiencies cited under state licensure.

(3) Closed or had its residents or clients transferred pursuant to the Department's action.

(4) Enforcement actions based on the Department's authority under Medicare and Medicaid certification programs, except for facilities certified as Intermediate Care Facilities for the Mentally Retarded.

(5) For Intermediate Care Facilities for the Mentally Retarded, repeated enforcement actions based on the Department's authority.

(c) The Department may withdraw approval of a nurse aide training and competency examination program sponsored by an entity when the following occurs:

(1) The entity has been determined by the Department to have a competency examination failure rate greater than fifty (50) per cent during a calendar year.

(2) The entity no longer meets, at a minimum, the following requirements to be a certified program:

(A) The training program falls below the required clock hours of training;

(B) The curriculum does not include at least the subjects specified under 310:677-9-4 Home Care Aides, 310:677-11-4 Long Term Care Aides, 310:677-13-4 Certified Medication Aides, 310:677-15-3 Developmentally Disabled Direct Care Aides, 310:677-17-3 Residential Care Aides, and or 310:677-19-3 Adult Day Care Aides;

(C) A minimum of 16 hours of specified training for Long Term Care Aides is not provided prior to direct contact with residents;

(D) At least sixteen (16) hours of supervised practical training under the direct supervision of a registered nurse or a licensed practical nurse. The sixteen (16) hours does not include the administration of the skills examination.

(3) ~~The employer entity uses an uncertified individual as a nurse aide for longer than 120 cumulative days who has not completed a nurse aide training and competency examination program four months.~~

(4) The onsite review determines the training program is out of compliance with the requirements of 63 O.S. Section 1-1950.1, 1-1950.3 or 1-1951, or OAC 310:677.

(d) The Department shall withdraw approval of a nurse aide training and competency evaluation program if:

(1) The entity refuses to permit the Department to make unannounced visits; or

(2) The entity falsifies records of competency or training.

(e) Withdrawal of approval shall be for a period of two (2) years or until the Department is assured through review that the entity complies with the requirements.

(f) If the Department withdraws approval of a nurse aide training and competency examination program, the Department shall:

(1) Notify the entity in writing, indicating the reason for withdrawal of approval.

(2) Allow the trainees who have started a training and competency examination program to complete the program or allow the trainees who have started the program to transfer to another approved program.

(g) A program entity may request reconsideration of the Department's decision in accordance to Chapter 2 of this Title and appealed according to the Administrative Procedures Act.

(h) The entity shall notify the trainee in writing, that successful completion of the nurse aide training and competency examination program shall result in the individual being listed in the Department's nurse aide registry and shall retain a copy of such notice, signed by the trainee, in the trainee's file.

(i) A trainee shall not perform any services for which the trainee has not been trained and found proficient by an instructor.

~~(j) The entity shall ensure that each trainee shall wear a badge which designates them as a nursing aide trainee. Such badge shall be furnished by the Department. The badge shall be nontransferable. [§63-1-1951.E.]~~

310:677-3-5. Training program review and approval

(a) Within 30 days after receipt of an application for a program that is not currently approved, the Department shall determine if the application is complete and consistent. If the application is incomplete or inconsistent, the Department shall advise the applicant in writing and offer an opportunity to submit additional information. Within 30 days after completeness, the Department shall approve or disapprove the application. If the action is to disapprove, the Department shall advise the applicant in writing of the specific reasons for the disapproval, and shall offer the applicant an opportunity to demonstrate compliance.

(b) Each program is subject to site visits by the Department. Approved programs shall be evaluated by the Department every two years.

(c) An approved program shall notify the Department in writing before making substantive changes to the program. Substantive changes shall include, but not be limited to:

(1) A change in location of the administrative offices of the training program;

(2) A change in the requirements or procedures for selection of instructors;

(3) A change in the curriculum;

(4) A change in ownership of the program; or

(5) A change in location of the class, clinical training site,

or laboratory.

SUBCHAPTER 5. NURSE AIDE REGISTRY

310:677-5-2. Registry operation

(a) The Department shall maintain overall operation of the registry.

(b) Only the Department may place in the registry findings of abuse, neglect, mistreatment or misappropriation of property.

(c) The nurse aide registry shall indicate which individuals:

(1) Successfully completed a nurse aide training and competency examination;

(2) Were given a training exception to bypass training requirements and sit for the competency examination;

(3) Had the nurse aide training and competency examination program requirements waived; or

(4) Were placed on the Oklahoma Nurse Aide Registry via reciprocity from another state.

(d) A home care aide, long term care aide, developmentally disabled direct care aide, residential care aide, and adult day care aide shall renew individual certification once every two (2) years. A The recertification application shall be on a form provided by the Department that requires:

(1) Personal identifying and contact information for the applicant;

(2) Documentation that the applicant has provided at least eight (8) hours of nursing or health related services for compensation during the preceding 24 months. On and after July 1, 2008, the documentation shall consist of one of the following:

(A) A statement signed by the administrator or the administrator's representative for the licensed nursing facility, specialized facility, residential care home, home health or home care agency, adult day care center, assisted living center, continuum of care facility, Oklahoma Department of Veterans Affairs nursing facility, or Oklahoma correctional facility where the applicant provided services;

(B) A statement signed by a physician or nurse under whose supervision the applicant provided services; or

(C) A check stub, IRS Form W-2 or similar proof of wages paid to the applicant by a licensed nursing facility, specialized facility, residential care home, home health or home care agency, adult day care center, assisted living center, continuum of care facility, Oklahoma Department of Veterans Affairs nursing facility, or Oklahoma correctional facility; and

(3) An oath of truthfulness and completeness to be signed by the applicant.

(e) A home care aide, developmentally disabled direct care aide, residential care aide, or adult day care aide shall pay a five dollar (\$5.00) fee ~~shall be charged~~ for the processing and renewal of certifications and for replacement of a wallet card for change

of name or other reason.

~~(e) A certified medication aide shall renew individual certification once every twelve (12) months after submitting documentation to the Department of completion of eight (8) hours of continuing education every twelve (12) months, excluding the first year of certification. A five dollar (\$5.00) fee shall be charged for the processing and renewal of certifications and for replacement of a wallet card for change of name or other reason.~~

310:677-5-5 Denial, suspension, withdrawal, and nonrenewal of certification

(a) Grounds for certification action against a certified nurse aide may include:

(1) Intentionally providing false or misleading information to a training program, a facility, or the Department;

(2) Failing to provide care as ordered by a health care professional or required in the plan of care, with resulting actual harm that is either life threatening or has a negative outcome for the resident;

(3) Altering or falsifying medical records;

(4) Removing medical records or other documentation pertaining to resident care from the employment setting without authorization;

(5) Altering or falsifying certified nurse aide identification cards;

(6) Representing oneself as a certified nurse aide without supervision by a licensed health professional and providing services that are not included in a Department approved nurse aide training and competency evaluation program.

(b) The Department may deny, suspend, withdraw or not renew certification of a nurse aide based on the aide's noncompliance with 63 O.S. Section 1-1950.3, 1-1950.4a, 1-1950.5 or 1-1951, or OAC 310:677. The Department shall notify the aide of the intent to deny, suspend, withdraw or not renew certification. The notice shall cite the specific reasons for the action and offer the aide an opportunity to demonstrate compliance. Prior to the effectiveness of the denial, suspension, withdrawal, or nonrenewal of certification, the Department shall offer the aide an opportunity for a hearing.

(c) The suspension of a certificate shall be effective for not less than six months, and a denial, withdrawal or nonrenewal of a certification shall be effective for not less than one year. The Department shall specify the duration of the denial, suspension, withdrawal or nonrenewal of certification in excess of the minimums based on the seriousness of the underlying violation and the likelihood that the aide will maintain compliance in the future.

SUBCHAPTER 9. HOME CARE AIDES

310:677-9-3. Instructor qualifications

The training of home care aides and the supervision of home

care aides during the supervised practical portion of the training shall be performed by, or under the general supervision of, a registered nurse who possesses at least two (2) years nursing experience with at least one (1) year ~~in the provision of home care~~ experience providing the following:

- (1) Home care; or
- (2) Instruction in a home care nurse aide training program under the supervision of a qualified registered nurse.

SUBCHAPTER 13. CERTIFIED MEDICATION AIDES

310:677-13-1. General requirements

(a) An individual shall be able to read, write, and speak English and be certified in good standing as a home care aide, a long term care aide, or a developmentally disabled direct care aide listed in the Department's Nurse Aide Registry, prior to admission to a State approved certified medication aide training program. The Department shall make available an attestation form that training programs may use for admission to certified medication aide training.

(b) A certified medication aide shall complete at least eight (8) hours of continuing education every twelve (12) months, excluding the first year of certification, from a State approved program. A record of successful completion shall be kept in the certified medication aide's personnel file.

(c) An employer shall not use as a certified medication aide any individual who does not comply with 63 O.S. Section 1-1950.3(E), OAC 310:677, and the employer's policies and procedures.

(d) A certified medication aide shall renew certification every 12 months. Recertification requires the following:

(1) Documentation of completion of at least eight (8) hours of continuing education within the previous every twelve (12) months, excluding the first year after certification as a medication aide. Classroom and supervised practical training hours completed by a CMA in a Department-approved advanced training program may count towards the eight required hours of continuing education. On and after July 1, 2008, the continuing education completed by a CMA applying for renewal of an advanced training certification shall include at least two (2) hours of continuing education related to each area of advanced training for which the CMA requests renewal;

(2) Current certification as a long term care aide, home health aide or developmentally disabled direct care aide. CMAs may also be certified in the other two (2) categories in addition to the required certification as a long term care aide, home health care aide and developmentally disabled direct care aide; and

(3) Current listing in the nurse aide registry.

(e) The Department shall approve certified medication aide training programs that meet the requirements of OAC 310:677-13-3 through 13-5, and 310:677-13-9.

(f) The Department shall review, approve or disapprove a

Certified Medication Aide Continuing Education Program application and notify the entity of its action within thirty (30) days of the request or receipt of additional information from the applicant.

(g) The following words or terms when used in this subchapter shall have the following meaning unless the context clearly indicates otherwise:

(1) "Stable diabetes" means diabetes associated with a blood glucose level consistently between 80 and 140 milligrams per deciliter (mg/dl) fasting and less than or equal to 180 mg/dl after a meal, and/or a Hemoglobin A1c (HbA1c) at or below 7.0 within the last three months.

(2) "Unstable diabetes" means:

(A) A non-acutely ill person with blood glucose levels more than three times over a six week period that are under 80 mg/dl or more than 140 mg/dl fasting, or more than 180 mg/dl two hours after a meal;

(B) A person with diabetes who has prescriptions for both insulin and glucagon;

(C) A person with Type I diabetes who experiences hypoglycemia unawareness;

(D) A person who is newly diagnosed with diabetes and for whom insulin is prescribed; or

(E) A person who has been previously diagnosed with diabetes and now requires insulin administration for management. They may be considered stable again when their glucose is maintained in the stable range specified in subsection (g)(1) of this section, which may include maintaining an HbA1c at or below 7.0.

(3) "Newly diagnosed" means a person who now has a diagnosis of either Type I or Type II diabetes, has a new prescription for insulin, has not been diagnosed with diabetes in the past and who does not have stable diabetes.

310:677-13-4. Curriculum

(a) The certified medication aide training program shall include a minimum of forty (40) hours of combined classroom and supervised practical training with a minimum of sixteen (16) hours of supervised practical training.

(b) The certified medication aide training shall include, but is not limited to each of the following subject areas:

(1) Preparation and administration of medication.

(A) Documentation of medication administration.

(B) Proper medication storage procedures.

(i) Scheduled controlled substances.

(ii) Internal and external medications.

(C) Purposes of medications.

(D) Oral medications.

(E) Topical medications.

(F) Eye, ear, and nose medications.

(G) Vaginal medications.

(H) Rectal medications.

(I) Oral inhalants.

- (J) Transdermal medications.
- (K) Medical terminology, symbols, and abbreviations.
- (L) The rights of medication administration, including the right patient, drug, date, time, dosage, route and form.
- (M) Controlled drug procedures.
- (N) Recognizing appropriate situations requiring assistance of the charge nurse.
- (O) Drug-reference sources.
- (P) Vital sign measurement with drug administration.
- (Q) Medication labeling.
- (2) Observe, report, and document resident's status.
 - (A) Blood pressure measurement and documentation.
 - (B) Drug to drug interactions.
 - (C) Drug to food interactions, and medication timed to coincide with meals.
- (3) Principles of safety.
 - (A) Infection control techniques.
 - (B) Principles of positioning for medication administration.
- (4) Knowledge of measurement systems.
 - (A) Distinguish weight and volume measurements.
 - (B) Decimal and fraction concepts in medication administration.
 - (C) Appropriate measurement equipment.
- (5) Body systems and common diseases.
 - (A) Digestive system and common diseases to medication administration.
 - (B) Respiratory system and common diseases to medication administration.
 - (C) Drug metabolism.
 - (D) Cardiovascular system and common diseases to medication administration.
 - (E) Endocrine system in relation to diabetes and hormone therapy.
 - (F) Elimination system and common diseases to medication administration.
 - (G) Skin system and common diseases to medication administration.
 - (H) Muscular-skeletal system and common diseases to medication administration.
 - (I) Nervous system and common diseases to medication administration.
- (c) The advanced training program for care of diabetes and the administration of diabetic medications by CMAs shall include:
 - (1) A minimum of twelve hours of classroom training and a minimum of four hours of supervised practical training;
 - (2) Training in the following subject areas with curriculum standards as indicated:
 - (A) Pathophysiology of diabetes, with the successful learner able to:
 - (i) Define diabetes as a chronic metabolic disorder in which the body is unable to metabolize glucose properly;

- (ii) Describe the action of insulin in the body; and
 - (iii) Explain the differences between the types of diabetes;
- (B) Diabetes disease management, with the successful learner able to:
- (i) Describe the relationship between insulin, diet, and physical activity in management of diabetes; and
 - (ii) Explain how diet relates to blood glucose control;
- (C) Blood glucose testing and use of equipment, with the successful learner able to:
- (i) Explain the purpose of blood glucose testing;
 - (ii) Demonstrate how to use blood glucose testing equipment, and demonstrate accuracy ~~with a minimum of 10 tests per type of testing glucometer used in the training program;~~ and
 - (iii) Explain the quality control requirements for glucose monitoring equipment, demonstrate both high and low controls, and explain their purpose and frequency of control testing;
- (D) Stable and unstable diabetes, with the successful learner able to:
- (i) Identify appropriate blood glucose levels for persons with diabetes;
 - (ii) Define hypoglycemia and list three causes and three symptoms;
 - (iii) Define hyperglycemia and list three causes and three symptoms; and
 - (iv) Define and describe the difference between stable and unstable diabetes;
- (E) Diabetes care by managing blood glucose levels, with the successful learner able to:
- (i) List three carbohydrate choices used to treat hypoglycemia;
 - (ii) Describe measures to prevent hypoglycemia;
 - (iii) Describe the relationship between blood glucose levels and indications for glucagon use;
 - (iv) Describe measures to prevent hyperglycemia; and
 - (v) State when to contact and what to report to a licensed health care provider;
- (F) Charting, graphing, and record-keeping, with the successful learner able to:
- (i) Explain the reason for accurate documentation of all aspects of diabetes management and care, including blood glucose results, quality control testing, medication administration, and adverse reactions;
 - (ii) Identify correct forms for documentation; and
 - (iii) Demonstrate the ability to accurately document diabetes management and care;
- (G) Diabetic medications and adverse reactions (Insulin), with the successful learner able to:
- (i) Describe the purpose of insulin;
 - (ii) State the types of insulin and each onset, peak

- and duration of action;
- (iii) Explain the difference between basal and bolus insulin; and
 - (iv) State common side effects, adverse reactions and precautions for insulins;
- (H) Diabetic medications and adverse reactions (Oral agents), with the successful learner able to:
- (i) Describe the purpose, action and recommended doses of each oral agent; and
 - (ii) State common side effects, adverse reactions and precautions for each oral agent;
- (I) Administration of diabetic medications, with the successful learner able to:
- (i) State the correct administration times for insulin and oral agents relevant to meals and mechanisms of action;
 - (ii) Identify the preferred sites for an insulin injection and describe site rotation patterns;
 - (iii) Discuss the proper storage of insulin;
 - (iv) ~~Demonstrate in a minimum of ten tests each~~ the accurate measurement and correct technique for preparation of a single and a mixed dose of insulin;
 - (v) Explain why it is required to check insulin type and dose drawn with another certified medication aide or licensed health care provider; and
 - (vi) Demonstrate administration of a dose of insulin (or saline) to self or another person;
- (J) Infection control and universal precautions for blood borne pathogens, with the successful learner able to:
- (i) Define the term "universal precautions";
 - (ii) Demonstrate safe handling of syringes, needles, pen devices, glucometer equipment and test strips, lancing devices and lancets; and
 - (iii) Explain proper disposal of used syringes, needles, test strips and lancets; and
- (3) Return demonstrations of skill with a proficiency of 100% and didactic testing measuring curriculum knowledge at 90% or greater.
- (d) The advanced training program for administration of medications and nutrition via nasogastric and gastrostomy tubes, and for administration of oral metered dose inhalers and nebulizers, shall include:
- (1) A combined minimum of 6 hours of classroom and supervised practical training;
 - (2) Training in at least the following subject areas:
 - (A) Gastrointestinal system and alternative methods for providing medications and nourishment;
 - (B) Nasogastric and gastrostomy equipment and supplies;
 - (C) Procedures and techniques for insertion of nasogastric tube by a licensed nurse, and assessment of patient by registered nurse after placement of nasogastric or gastrostomy tube and before administration of medication or

feedings;

(D) Methods and techniques for administration of medications and nutrition via nasogastric and gastrostomy tubes; and

(E) Identification of and responses to potential problems associated with administration of medications and nutrition via nasogastric and gastrostomy tubes.

(F) Respiratory system and methods for delivery of medications;

(G) Equipment and supplies for administration of medication via metered dose inhalers and nebulizers;

(H) Methods and techniques for administering medications via metered dose inhalers and nebulizers; and

(I) Identification of and responses to potential problems associated with administration of medications via metered dose inhalers and nebulizers; and

(3) Return demonstrations of skill with a proficiency of 100% and didactic testing measuring curriculum knowledge at 90% or greater.

(e) The advanced training program for care of diabetes and the monitoring of blood glucose only, with no administration of insulin by CMAs, shall include:

(1) A minimum of six (6) hours of classroom training and a minimum of two hours of supervised practical training;

(2) Training in the subject areas identified in subparagraphs (c)(2)(A), (B), (C), (D), (E), (F) and (J) of this section; and

(3) Return demonstrations of skill with a proficiency of 100% and didactic testing measuring curriculum knowledge at 90% or greater.

(f) The advanced training program for administration of medications and nutrition via nasogastric and gastrostomy tubes shall include:

(1) A combined minimum of three (3) hours of classroom training and one (1) hour of supervised practical training;

(2) Training in the subject areas identified in subparagraphs (d)(2)(A), (B), (C), (D) and (E) of this section; and

(3) Return demonstrations of skill with a proficiency of 100% and didactic testing measuring curriculum knowledge at 90% or greater.

(g) The advanced training program for administration of oral metered dose inhalers and nebulizers shall include:

(1) A combined minimum of three (3) hours of classroom training and one (1) hour of supervised practical training;

(2) Training in the subject areas identified in subparagraphs (d)(2)(F), (G), (H) and (I) of this section; and

(3) Return demonstrations of skill with a proficiency of 100% and didactic testing measuring curriculum knowledge at 90% or greater.

310:677-13-5. Competency and skills examination

(a) The following shall apply to the written competency examination.

- (1) The examination shall be drawn from a pool of test questions that address the course requirements.
 - (2) The examination shall be administered and scored by a Department approved entity.
 - (3) The examination shall comply with the examination administration requirements in OAC 310:677-3-9.
 - (4) A minimum score of seventy percent (70%) shall be required to pass the written competency examination for certification as a medication aide.
 - (5) A minimum score of eighty percent (80%) shall be required to pass the written competency examination for insulin administration.
 - (6) A candidate who fails to score at least the required minimum on three consecutive written competency examinations shall be required to retrain before retesting.
- (b) The following shall apply to the skills demonstration.
- (1) The skills demonstration shall be performed in a laboratory or a site comparable to the setting in which the certified medication aide will function.
 - (2) The skills demonstration shall be administered and scored by a physician, licensed nurse or registered pharmacist.
 - (3) The student shall achieve one hundred (100) percent accuracy on a medication pass on at least twenty (20) or more individuals under direct observation by an instructor.
 - (4) The successful completion of the medication pass shall be documented and retained in the certified medication aide's training file.
 - (5) The skills demonstration shall comply with the administration requirements in OAC 310:677-3-9 and the content requirements in OAC 310:677-3-10.
- (c) The competency and skills examination program shall obtain a written attestation of compliance with OAC 310:677-13-8(a) from each candidate for medication aide certification before administering the examination to the candidate. The Department shall make available a form that examination entities may use to obtain attestations from testing candidates.

310:677-13-8. Certification and recertification

(a) Effective August 1, 2006, the following, to be evidenced by the aide's attestation, are prerequisites for certification as a medication aide:

- (1) Minimum age: 18;
- (2) Minimum education: high school or general equivalency diploma;
- (3) Current Oklahoma nurse aide certification with no abuse notations;
- (4) Experience working as a certified nurse aide for six months; and
- (5) Physical and mental capability to safely perform duties.

(b) Application criteria and processing requirements for recertification are as follows:

- (1) ~~The certified medication aide submits proof of work~~

~~experience and continuing education for recertification; and~~
The certified medication aide shall submit a recertification request on an application form that requires information to demonstrate compliance with 310:677-13-1(d).

(2) The application for recertification shall be accompanied by the five dollar (\$5.00) fee required in this section.

(3) Each recertification shall be effective for twelve months from the expiration date of the medication aide's previous certification.

~~(2)~~ (4) The medication aide may shall be required to retest if certification has expired by more than one year, and to retrain and test if the medication aide fails the retest or if certification has expired by more than three years. The recertification application for such aide shall include documentation of continuing education equivalent to eight hours for every twelve months of certification, excluding the first year of certification.

(c) A certified medication aide who completes a Department-approved advanced training program and demonstrates competence may request a Department-issued certificate that bears an endorsement for the advanced training. When an advanced-training certificate is issued by the Department to a certified medication aide, a notation reflecting the advanced training shall be placed on the aide's record in the Nurse Aide Registry. The request shall be accompanied by the \$5.00 certification fee required in ~~OAC 310:677-5-2(e)~~ this section and proof of training and competence on an application form that requires:

(1) The name and contact information for the certified medication aide; and

(2) The name of the training program, dates of attendance, details on the CMA's demonstration of competence, and copies of documents from the program confirming training and competence.

(e) A five dollar (\$5.00) fee shall be paid by the certified medication aide for the processing and renewal of certifications and for replacement of a wallet card for change of name or other reason.

310:677-13-9. Training and Competency Evaluation Programs

(a) Department approval of the training and competency evaluation program is required prior to offering training.

(b) The program must submit information on a form provided by the Department to include:

(1) ~~Instructor names and qualifications;~~ Name and contact information for the owner or operator of the program, and for the person or persons who administer the program;

(2) The location of the administrative office of the program and the location where records are maintained;

(3) Position descriptions and minimum education and experience requirements for instructors, and the program's written procedure to ensure that instructors satisfy such descriptions and requirements;

~~(2)~~(4) Classroom Standards for classroom and clinical facilities;

~~(3)~~(5) Program outline, with objectives, curriculum, and instruction methods, and demonstration that the program addresses skills and functions specified in OAC 310:677-13-7; and

~~(4)~~(6) Evaluation methods, including lab and clinical skills checklists, and examinations.

(c) Department approved training programs shall be evaluated every three years. Between evaluations, the training program shall send the Department advance notice of changes in previously approved program information.

(d) Each program is subject to site visits by the Department.

(e) Within 30 days after receipt of an application for a program that is not currently approved, the Department shall determine if the application is complete and consistent. If the application is incomplete or inconsistent, the Department shall advise the applicant in writing and offer an opportunity to submit additional information. Within 30 days after completeness, the Department shall approve or disapprove the application. If the action is to disapprove, the Department shall advise the applicant in writing of the specific reasons for the disapproval, and offer an opportunity to demonstrate compliance.

(f) The Department may withdraw approval or refuse to renew approval of a training program based on the program's noncompliance with 63 O.S. Section 1-1950.3 or 1-1951, or OAC 310:677. The Department shall notify the program of the intent to withdraw or not renew approval. The notice shall cite the specific reasons for the action and offer the applicant an opportunity to demonstrate compliance. Prior to the effectiveness of the withdrawal or non-renewal, the Department shall offer the program an opportunity for a hearing. After the withdrawal or non-renewal, the Department may oversee orderly closure of a program.

(g) Training modules in addition to the minimums for certified medication aide training shall be submitted for Department approval as training programs prior to offering training.

(h) For advanced training programs for care of diabetes, the Department shall deem as acceptable the use of training materials approved by the American Diabetes Educators Association, Oklahoma Chapters.

310:677-13-12. Medication aide continuing education

(a) An entity seeking approval of a certified medication aide continuing education program shall file a nonrefundable application fee of twenty-five dollars (\$25.00) and a Certified Medication Aide Continuing Education Form, which requires the following:

(1) Names and contact information for the owner or operator of the program, and for the person or persons who administer the program;

(2) The location of the administrative office of the program

and the location where records are maintained;

(3) Position descriptions and minimum education and experience requirements for instructors, and the program's written procedure to ensure that supervisors and instructors satisfy such descriptions and requirements;

(4) Standards for classroom and clinical facilities if applicable;

(5) Class outlines, with objectives and instruction methods, and demonstrations that each course addresses subject areas specified in OAC 310:677-13-4 and/or skills and functions specified in OAC 310:677-13-7d. A continuing education program may submit and receive approval for multiple continuing education class offerings.

(b) Within 30 days after receipt of an application for a continuing education program that is not currently approved, the Department shall determine if the application is complete and consistent. If the application is incomplete or inconsistent, the Department shall advise the applicant in writing and offer an opportunity to submit additional information. Within 30 days after completeness, the Department shall approve or disapprove the application. If the action is to disapprove, the Department shall advise the applicant in writing of the specific reasons for the disapproval, and offer an opportunity to demonstrate compliance.

(c) Department-approved continuing education programs shall be evaluated every three years. Between evaluations, the training program shall send the Department advance notice of changes in previously approved program information.

(d) An approved continuing education program shall submit to the Department within 30 days after the conclusion of a continuing education class the following information:

(1) The title of the class and number of hours offered;

(2) The name, certification number, and number of hours attended for each certified medication aide who satisfactorily completed the continuing education class.

AD HOC ASSISTED LIVING REGULATION REVIEW COMMITTEE REPORT
1/09/07

11/08/06: LTCFAB approved proposed Assisted Living rule changes, with the expectation that the Ad Hoc Assisted Living Regulation Review (AL/RR) Committee would meet to review and "tweak" rules prior to LTCFAB meeting of 2/14/07, as well as when OSDH brings forward further proposals to address remaining issues, including appropriate placement and services in AL.

1/09/07: AL/RR Committee met for discussion of written comments received from the two AL provider associations, OKALA and OKAHSa.

We reviewed the following sections of the draft rule language:

- 1) Definition of direct care staff;
- 2) Involuntary termination of contract -
 - Required representation of provider by counsel;
 - right of resident to remain pending appeal;
 - notice to OSDH;
- 3) Training of employees in food service;
- 4) Language regarding limited access to areas outside special units;
- 5) Complaint procedure and staff compliance;
- 6) Incident reporting, including
 - fires
 - incidents requiring treatment;
- 7) Maintenance of records clarification;
- 8) Timing of hearings related to violations;
- 9) Issues related to allowing hospice services;
- 10) Questions regarding who is a "qualified provider;"
- 11) Use of phrase "the right number" of staff;
- 12) Elimination of reference to Continuum of Care Facility (CCF) when rule refers only to an Assisted Living Facility or the Assisted Living component of a CCF.

James Joslin received the comments and participated in discussion of the issues. As the process for publishing the proposed changes to the rules has begun, the Health Department may not be able to amend the version published for the Public Comment Period, which will run from February 1 through March 3. Mr. Joslin will advise the LTCFAB of the status of any changes which will be forwarded to the Board of Health.

Notes on Considered Changes to Chapter 663 subsequent to January 9, 2007 Ad Hoc Assisted Living Regulation Review Committee Meeting

Removed continuum of care references where added. It was left where it was already there.

Removed reference to the department in 663-3-5(c)(1) where facility shall not terminate unless required by department.

Before

(5) While waiting for the hearing, the continuum of care facility or assisted living center shall not terminate the residency agreement unless the termination was required by the Department or is an emergency situation. If the resident relocates from the continuum of care facility or assisted living center but wants to be readmitted, the Department may proceed with the hearing and the continuum of care facility or assisted living center shall be required to readmit the resident if the discharge is found not to meet the requirements of OAC 310:663.

After

(5) While waiting for the hearing, the assisted living center shall not terminate the residency agreement unless the termination is an emergency situation. If the resident relocates from the assisted living center but wants to be readmitted, the Department may proceed with the hearing and the assisted living center shall be required to readmit the resident if the discharge is found not to meet the requirements of OAC 310:663.

Food preparation staff**Before**

(e) Food service training. All staff assisting in, or responsible for food service shall have attended a food service training program offered or approved by the Department.

After

(e) Food service training. All staff assisting in, or responsible for food preparation shall have attended a food service training program offered or approved by the Department.

Adequate versus the 'right number' of staff.**Before**

(a) Staffing. The right number of trained staff shall be on duty, awake, and present at all times, 24 hours a day, 7 days a week, to meet the needs of residents and to carry out all the processes listed in the continuum of care facility's, or assisted living center's, written emergency and disaster preparedness plan for fires and other natural disasters.

After

(a) Staffing. Adequate trained staff shall be on duty, awake, and present at all times, 24 hours a day, 7 days a week, to meet the needs of residents and to carry out all the processes listed in the assisted living center's, written emergency and disaster preparedness plan for fires and other natural disasters.

Prevent or limit RESIDENT access and sentence structure**Before**

(c) Units designed to prevent or limit access to areas outside the designated unit or program. A continuum of care facility or assisted living center shall have a minimum of two staff members on duty and awake on all shifts if a continuum of care facility or assisted living center has a unit or program designed to prevent or limit access to areas

outside the designated unit or program. A minimum of one direct care staff is required to be on duty and awake within the unit or program designed to prevent or limit access to areas outside the designated unit or program at all times.

After

(c) Units designed to prevent or limit resident access to areas outside the designated unit or program. An assisted living center shall have a minimum of two staff members on duty and awake on all shifts if an assisted living center has a unit or program designed to prevent or limit resident access to areas outside the designated unit or program. A minimum of one direct care staff is required to be on duty and awake at all times within the unit or program designed to prevent or limit resident access to areas outside the designated unit or program.

The assisted living center's complaint procedures shall be followed.

Before

(a) Procedures. The continuum of care facility, or assisted living center, shall make available to each resident or the resident's representative a copy of the continuum of care facility's or assisted living center's complaint procedure. The continuum of care facility or assisted living center shall ensure that all employees comply with the continuum of care facility's or assisted living center's complaint procedure. The continuum of care facility's or assisted living center's complaint procedure shall include at least the following requirements.

After

(a) Procedures. The assisted living center shall make available to each resident or the resident's representative a copy of the assisted living center's complaint procedure. The assisted living center's complaint procedures shall be followed. The assisted living center's complaint procedure shall include at least the following requirements.

Accidental fires

Before

(4) fires on the licensed real estate;

After

(4) accidental fires on the licensed real estate;

All Services charted in resident record

Before

(a) There shall be an organized, accurate, clinical record, typewritten, electronic, or legibly written with pen and ink, for each resident admitted. The resident's record shall document all services provided.

After

(a) There shall be an organized, accurate, clinical record, typewritten, electronic, or legibly written with pen and ink, for each resident admitted. The resident's record shall document all services provided under the direction of a licensed health care professional consistent with professional standards of practice.