



Oklahoma State
Department of Health

LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting

April 8, 2009 at 1:30 p.m. in Room 1102

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

Draft Minutes

1) Call to Order

Wendell Short, Chair, called the meeting to order at 1:34 p.m. Wednesday, April 8, 2009. The 2009 Long-Term Care (LTC) Facility Advisory Board meeting notices were filed and posted with the Secretary of State and Oklahoma State Department of Health (OSDH) website on October 10, 2008. The April 8, 2009 meeting agenda was posted March 20, 2009 on the OSDH website and at OSDH building's front entrance on April 3, 2009.

2) Roll Call

Gayle Freeman called roll with the following members present: Wendell Short, Chair; Kay Parsons, Vice Chair; Margaret Wallace, Secretary-Treasurer; Jane Carlson; Theo Crawley; H.F. Timmons; Dewey Sherbon; Diane Hambric; Jane Mershon; Dawn Mendenhall; Clara Haas; Esther Houser; Cassell Lawson; Mich Magness and Dr. Peter Winn.

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

Currently, there are five vacancies on the Board.

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

Identified guests present were: Mary Brinkley, OKAHSA; Oralene Sherbon; Joyce Clark, Achievis; Marilyn Kipps and Crystal Mappes, OAHCP.

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

3) Review and Action to Approve/Amend the January 7, 2009 Regular Meeting Minutes.

Meetings are posted at:

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

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

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

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

**Agenda Item #3
 Vote 1**

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

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

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

4) Best Practices Medical Directors

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

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

5) Ad Hoc Rules/Regulation Review

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

6) Update on Long Term Care Facility for Sex Offenders

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

7) Update from Long Term Care

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

8) New Business

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

9) Public Comment

Public comment was made throughout the meeting.

10) Adjournment

The meeting adjourned at 2:31 p.m.

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

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

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

A Check One Box Only	Cardiopulmonary Resuscitation (CPR): <u>Person has no pulse and is not breathing.</u> <input type="checkbox"/> CPR/Attempt Resuscitation (full code) <input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death) <input type="checkbox"/> DNI/Do Not Intubate <i>When not in cardiopulmonary arrest, follow orders in B, C and D.</i>
-----------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

B Check One Box Only	Additional Intubation and Mechanical Ventilation Instructions: <i>If patient is DNR, and has progressive or impending pulmonary failure without acute cardiopulmonary arrest:</i> <input type="checkbox"/> Do Not Intubate (DNI) <input type="checkbox"/> Attempt a trial period of intubation and ventilation <input type="checkbox"/> Attempt a trial period of non-invasive ventilation (e.g, c-pap) (list) Comments:
-----------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

C Check One Box Only	Medical Interventions: <u>Person has pulse and is breathing.</u> <input type="checkbox"/> Comfort care measures only as per physician orders: Issues may include: Use of medication by any route, positioning, wound care, other measures to relieve pain and suffering, use of oxygen, oral suction and manual treatment of airway obstruction, skin care. <input type="checkbox"/> Limited additional interventions: Includes comfort care (as above) plus: labs, diagnostic tests, additional medications, IV fluids as ordered: _____ <input type="checkbox"/> Full treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to intensive care if indicated <i>Additional Orders: (e.g. dialysis, Chemo, TPN, etc.)</i> _____
-----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

D Check One Box Only	Antimicrobials <input type="checkbox"/> No antimicrobials. Use other measures to relieve symptoms. <input type="checkbox"/> Use of antimicrobials when infection occurs, with comfort as goal. <input type="checkbox"/> Use antimicrobials with curative intent. <i>Additional Orders:</i>
-----------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

E Check One Box Only	Artificially Administered Fluids and Nutrition: Always offer food by mouth if feasible. <input type="checkbox"/> No artificial nutrition by tube/IV route. <input type="checkbox"/> Defined trial period of artificial nutrition by tube/IV route. <input type="checkbox"/> Long-term artificial nutrition by tube/IV route.
-----------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

F	Summary of Goals Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other: _____	Advance Directives: Patient has completed an additional document that provides guidance for treatment measures and for a designated person to make medical decisions for him/her: <input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Living Will <input type="checkbox"/> Durable Power of Attorney for Health Care (Place copy in chart)
----------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Attending Physician:	
Signature: _____	Time: _____ Date: _____
Printed Name: _____	

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

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

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

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

Other Contact Information (Optional)

Name of other contact person	Relationship	Phone Number

Directions for Health Care Professionals

Completing POLST

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

Using POLST

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

Reviewing POLST

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

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

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

Review of this POLST Form

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

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

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

DRAFT

NOV 19 1992

[NEW]

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

310:675-21-1. Purpose

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

310:675-21-2. Definitions

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

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

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

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

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

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

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

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

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

DRAFT**[NEW]**

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

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

310:675-21-3. Licensure

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

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

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

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

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

310:675-21-4. Administration

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

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

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

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

DRAFT**[NEW]**

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

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

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

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

310:675-21-5. Resident care services

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

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

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

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

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

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

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

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

DRAFT**[NEW]**

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

310:675-21-6. Staffing

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

DRAFT**[NEW]**

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

310:675-21-7. Physical plant

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

DRAFT

[NEW]

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

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

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

FY 2009

Central Tech/Drumright Campus 27 hrs	18-Jun-09	9	9	243	9 Students attended from Stroud Health Care Center	NF
------------------------------------------------	-----------	---	---	-----	----------------------------------------------------	----

Autry Technology Center	15-Jun-09	5	5	150	3 Student from The Commons 2 Students from Kenwood Manor	SNF/NF SNF/NF
--------------------------------	-----------	---	---	-----	-------------------------------------------------------------	------------------

Pontotoc Technology Center _Ada	23-Jun-09	9	9	243	2 Students from Pauls Valley Care Center 1 Student from Ballards 6 Students from Woodland Hills	SNF/NF SNF/NF SNF/NF
----------------------------------------	-----------	---	---	-----	-------------------------------------------------------------------------------------------------------	----------------------------

Gordon Cooper Technology Center	12-Jun-09	18	16	432	4 Students from Chandler 2 Students from McCloud Nursing Center 4 Students from Shawnee Care Center 3 Students from Shawnee Colonial Estates 3 Students from Seminole Pioneer Nursing Home	SNF/NF SNF/NF SNF/NF SNF/NF SNF/NF
----------------------------------------	-----------	----	----	-----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------

FY 2010

Pontotoc Tech Center	07/14-07/16/09	3	3	81	1 Student from Woodland Hills 2 Students from Pauls Valley Care Center	SNF/NF SNF/NF
-----------------------------	----------------	---	---	----	---------------------------------------------------------------------------	------------------

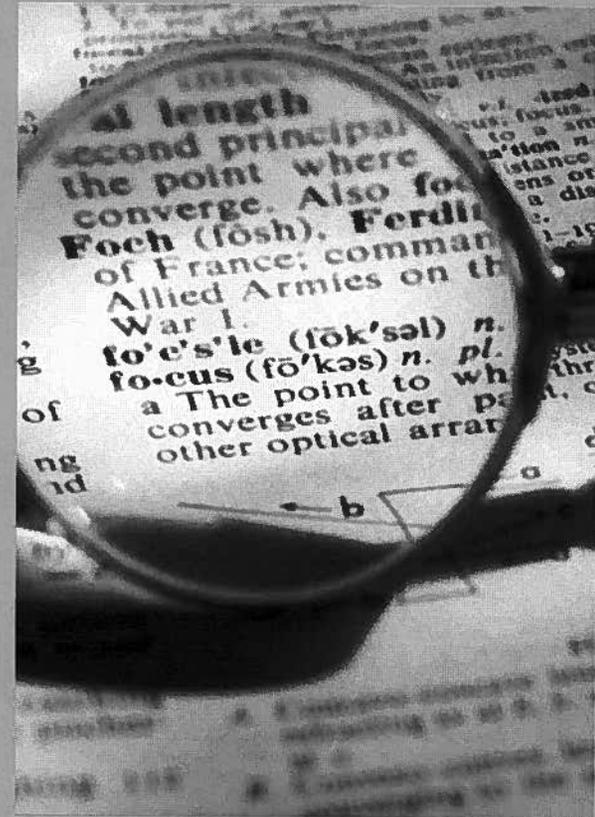
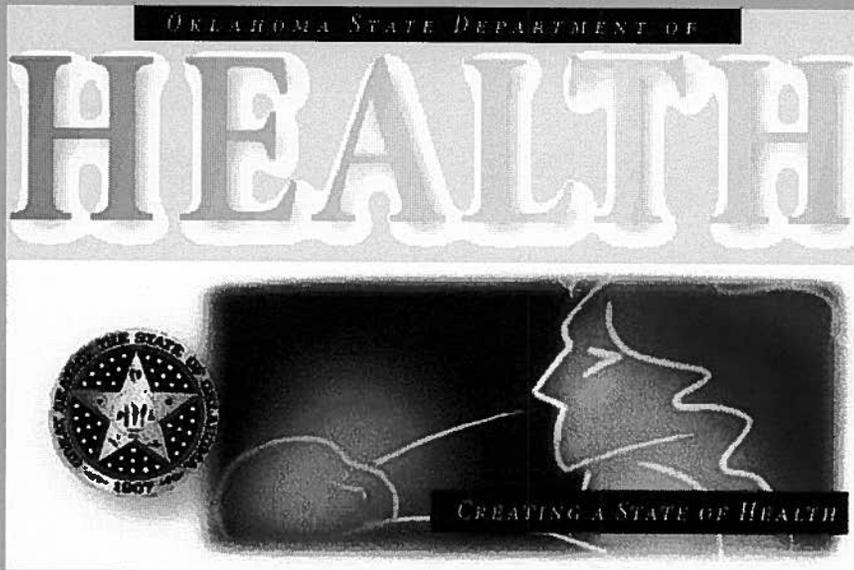
Summary of Participation				
Total # of Students	Total # of Schools	Total # of Participating Facilities	Total # of Hours Completed	# of Participating Facility Types
42	4	11	1149	2

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

Information based on invoices received as of 09/30/09

Financial Status Summary

Long Term Care Advisory Board Broad Review Ad Hoc Committee



Causes of Deficits

- **Insurance ↑ 80% in 4 years**
- **Retirement rate paid by employer ↑ 72% in 4 years**
- **No corresponding increases in appropriations: state or federal**
- **Market salary adjustments uncompensated in federal budget**
- **No fee increases**



Fee Change History

<u>Facility Type (Fee/Cap/Cycle)</u>	<u>Last Changed</u>
NF (\$10/Bed \$1000 Annual)	1994
ICF/MR (\$10/Bed \$1000 Annual)	1994
CCAL (\$10/Bed \$1000 Annual)	1998
RCF (\$50/fac. Bi-annual)	1987
ADC (\$75/fac. Annual)	1989



Fees Changed for Inflation

Facility Type	Fee Year	Fee	In Today's Dollars
Assisted Living	1998	\$10 / Bed	\$13.24 / Bed
Adult Day Care	1989	\$75 / Facility	\$132 / Facility
Residential Care	1987	\$50 / Facility	\$95 / Facility
Nursing Facilities / ICF/MR	1994	\$10 / Bed	\$14.56 / Bed

Using the Consumer Price Index (CPI) to convert a price into today's dollars.

The following formula is then used to calculate the price:

Year's Price x (2009 CPI / Year's CPI) = Year's Price in today's dollars

www.usinflationcalculator.com



Allocation of State Licensure & Inspection Costs to Facility Type

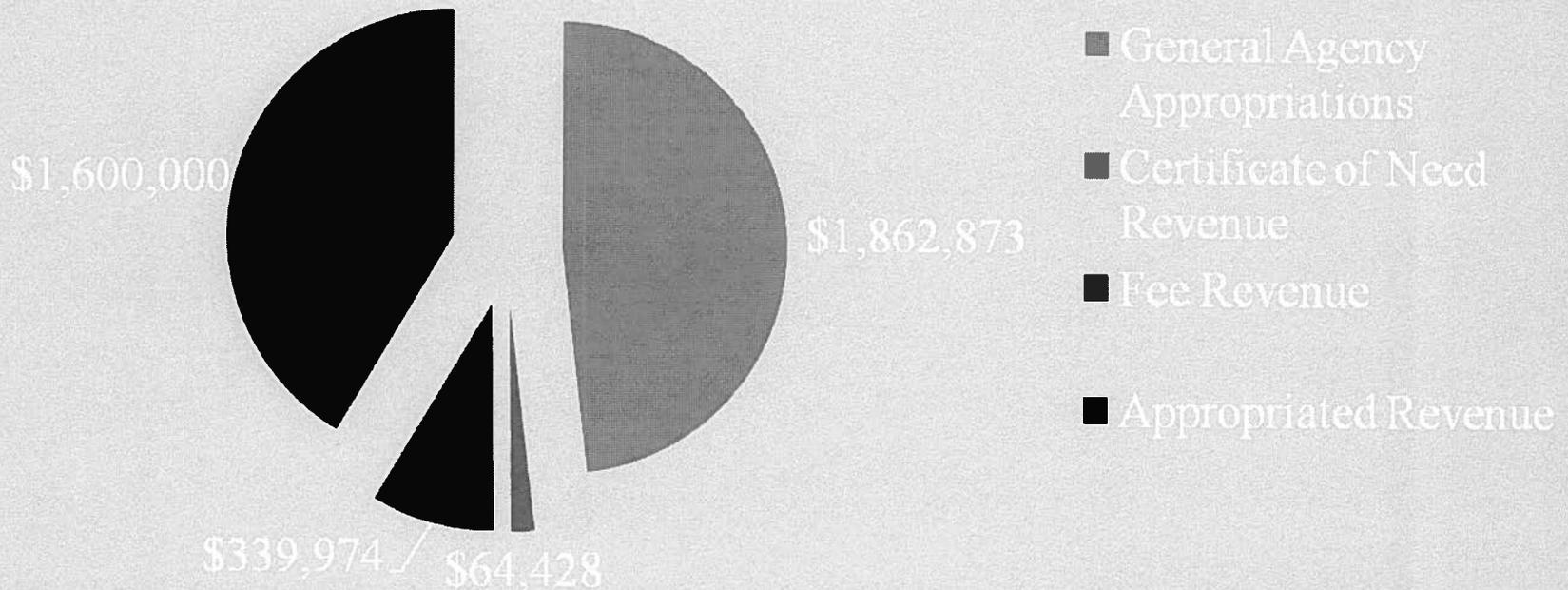
	Inspection Hours	FTE	% of Time	Allocation of Costs
Assisted Living	10,752	7.2	16%	\$ 809,774
Adult Day Care	832	0.6	1%	\$ 62,661
Residential Care	6,233	4.2	9%	\$ 469,431
Nursing Facilities (State Only)	50,081	33.4	72%	\$ 3,771,777
ICF/MR (State Only)	1,268	0.1	2%	\$ 95,498
Totals	69,166	45.4	100%	\$ 5,209,141



Nursing and Specialized Facilities

2008 Revenues & Expenses

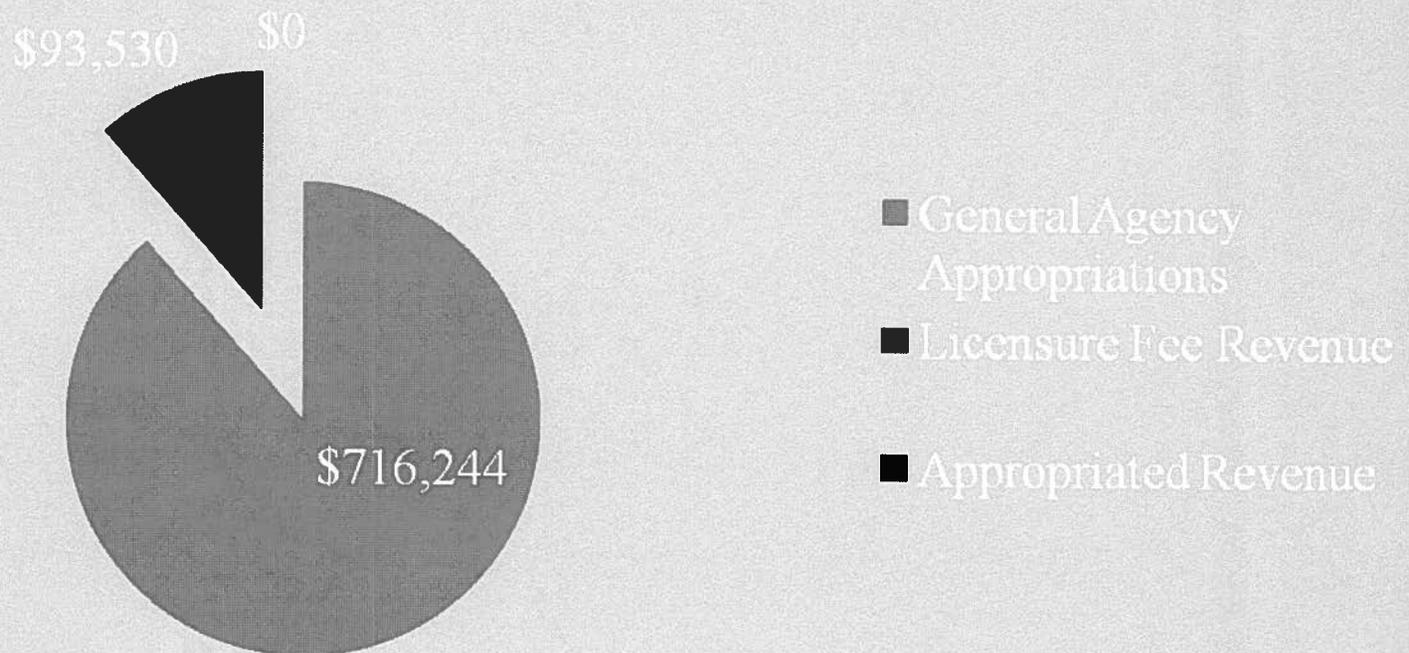
Cost of Licensure and Inspection Program \$ 3,867,275



Continuum of Care and Assisted Living

2008 Revenues & Expenses

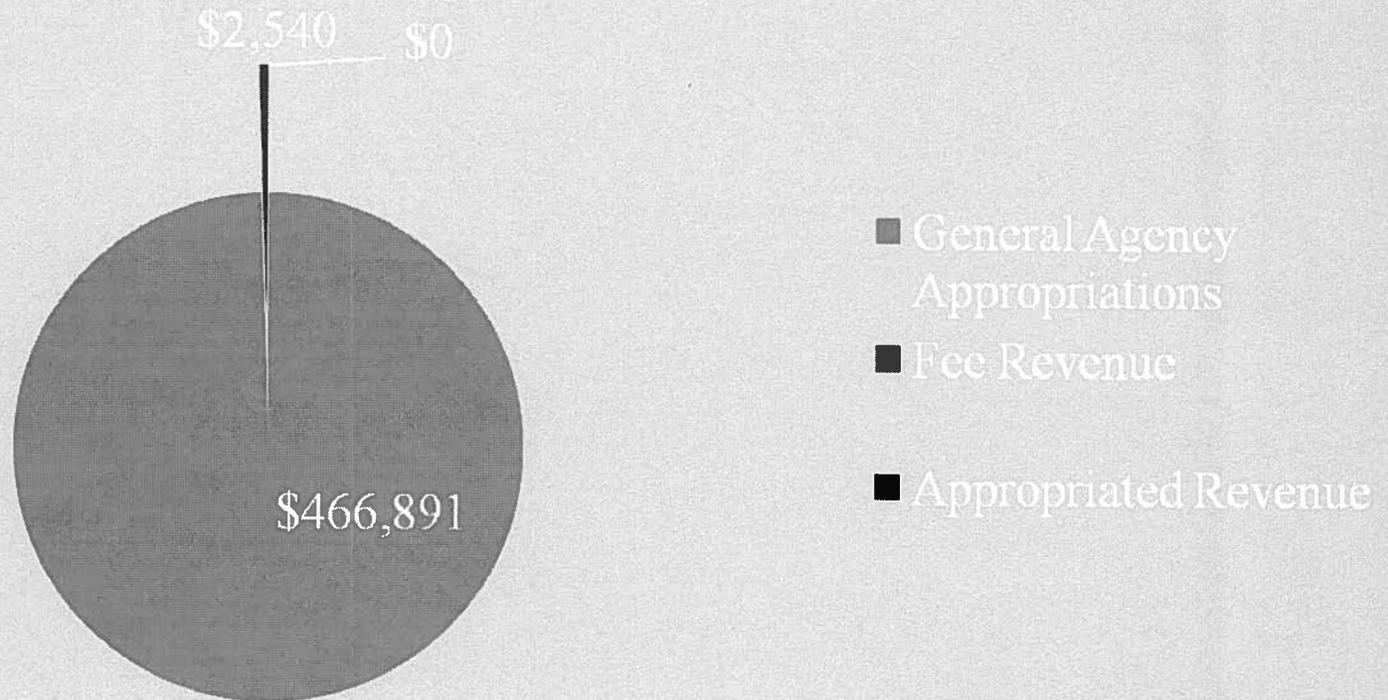
Cost of Licensure and Inspection Program \$ 809,774



Residential Care

2008 Revenues & Expenses

Cost of Licensure and Inspection Program
\$ 469,431



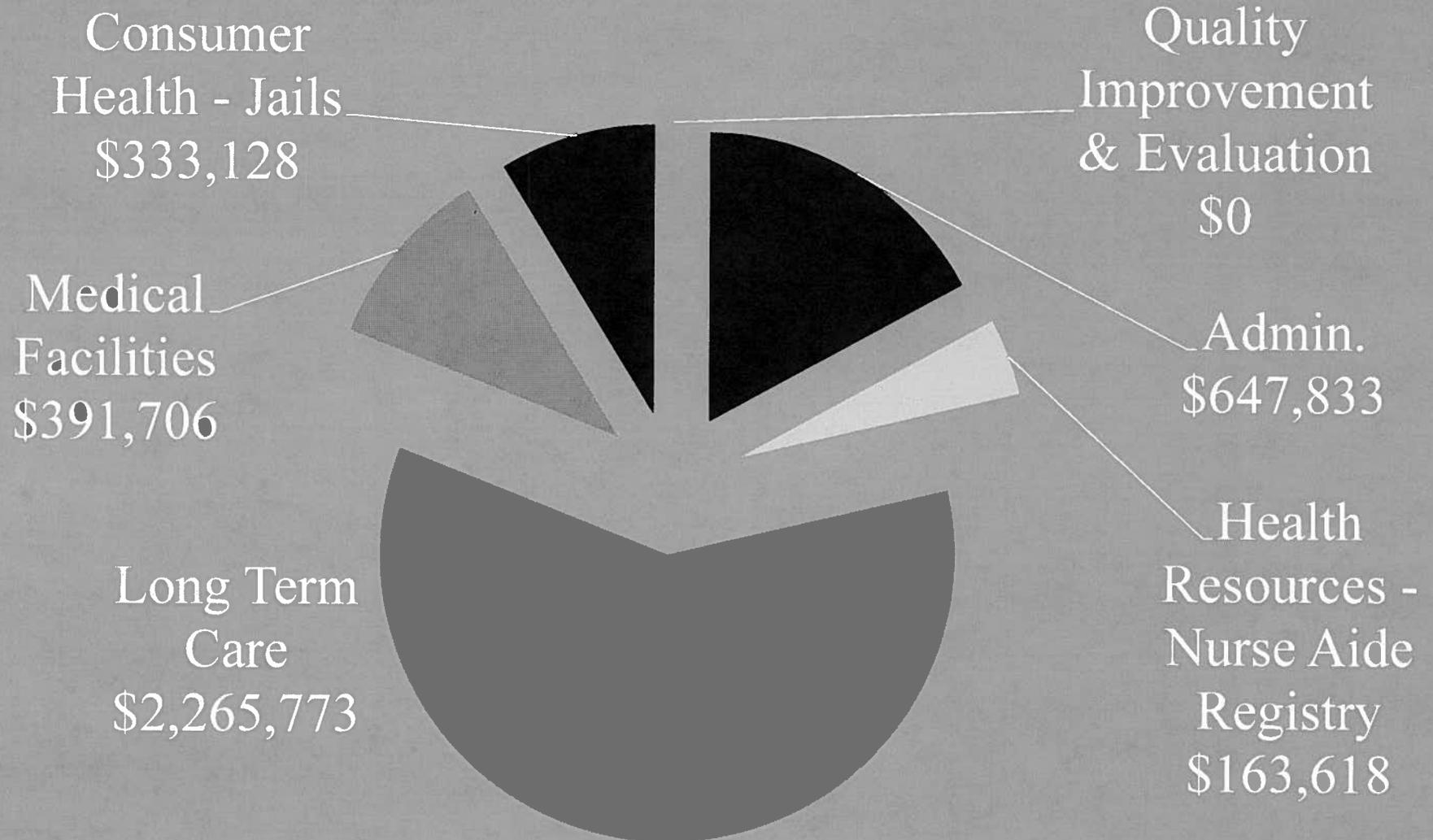
Adult Day Care

2008 Revenues & Expenses

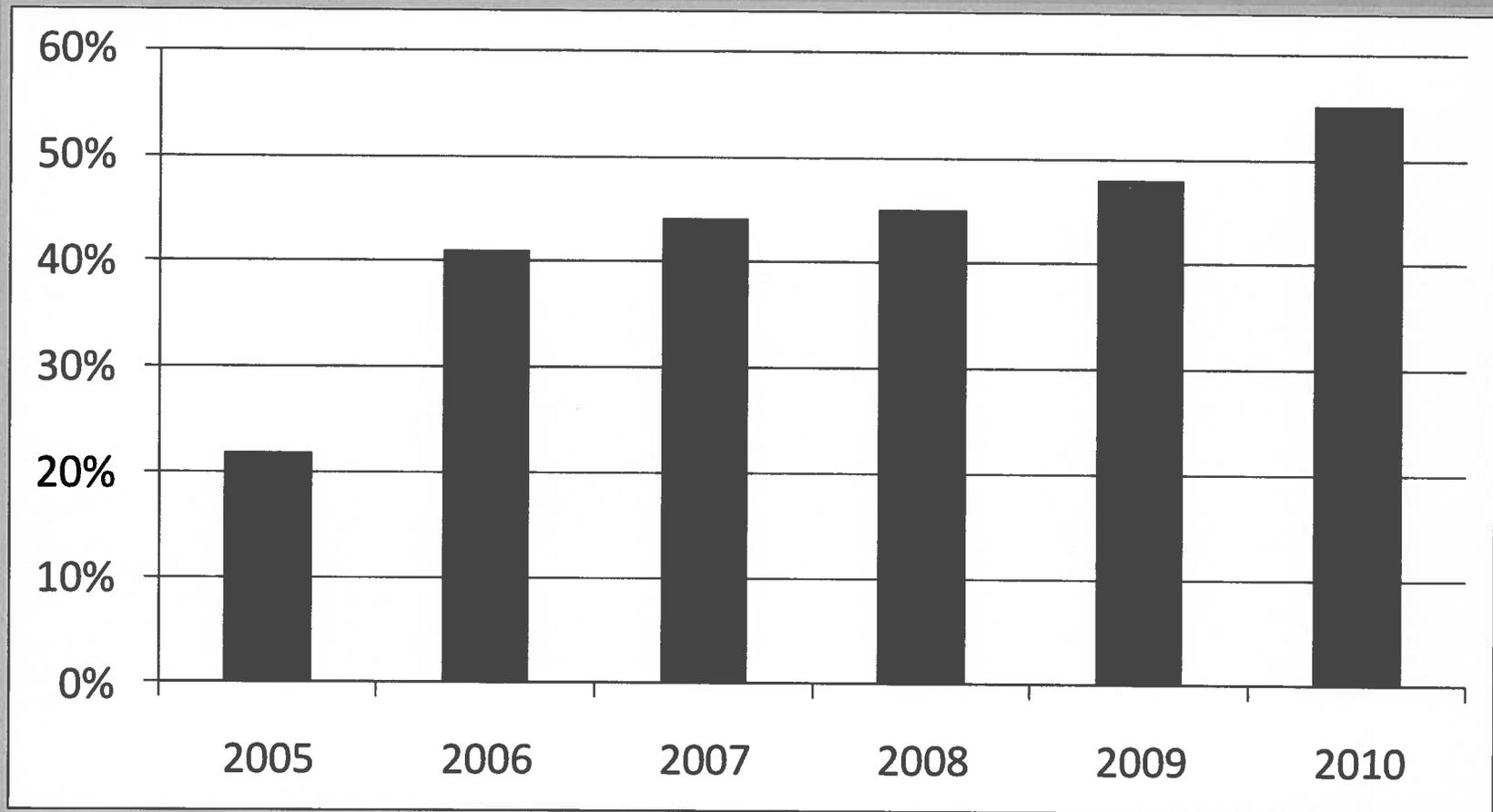
Cost of Licensure and Inspection Program
\$ 62,661



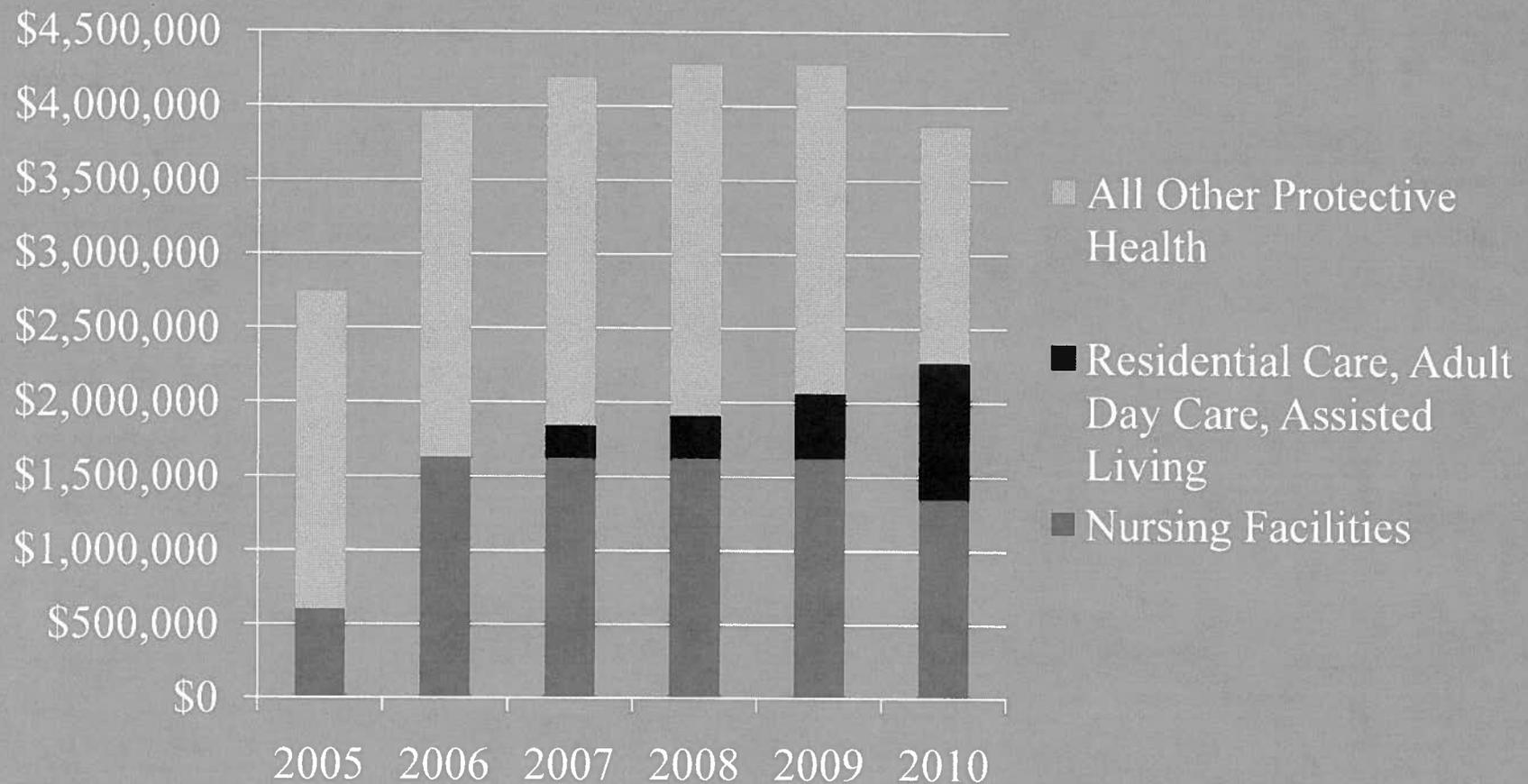
FY 2010 General Revenue Allocated to Protective Health Services, (\$3.8 Mil)



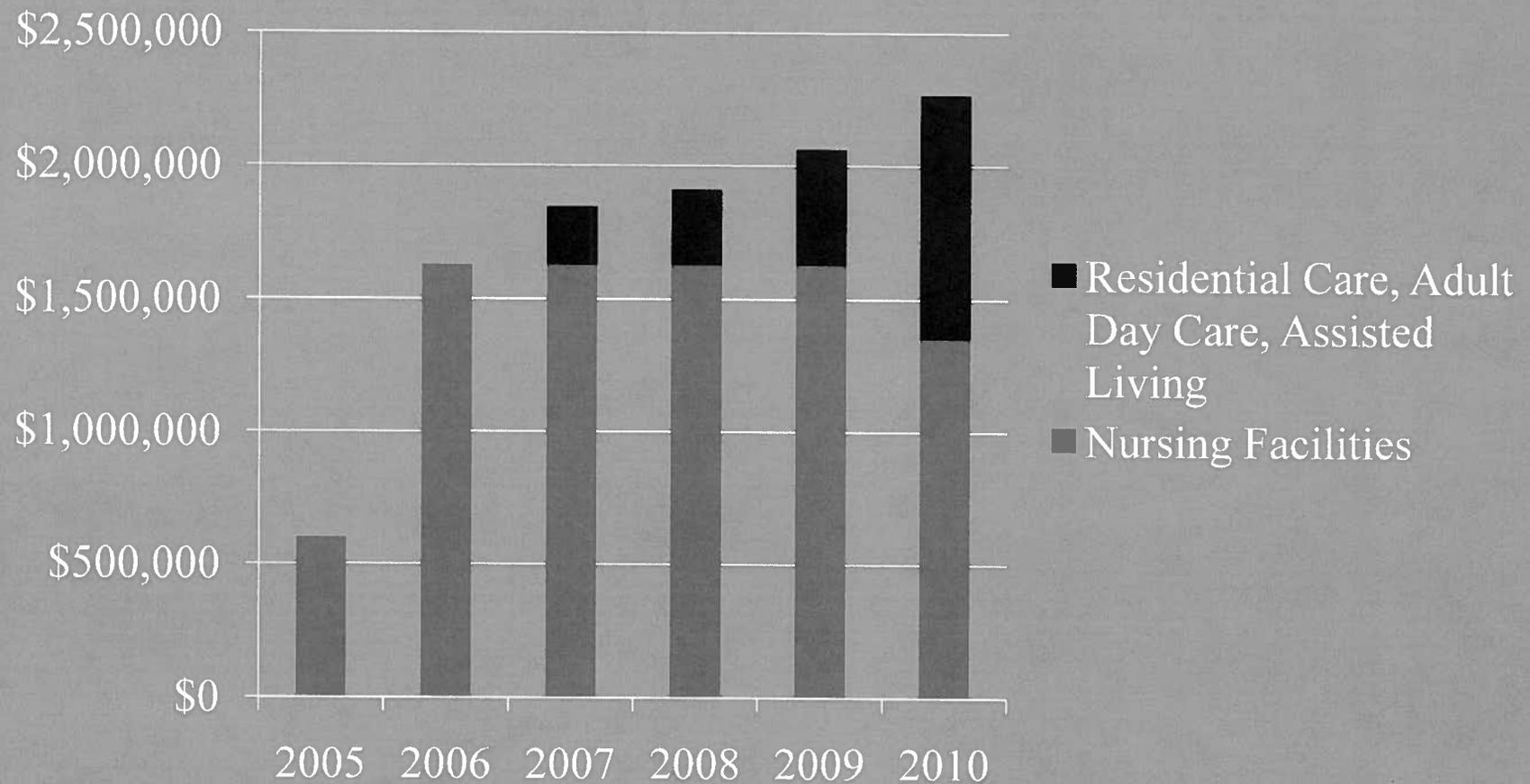
Proportion of Protective Health Services General State Revenues Allocated to Long Term Care



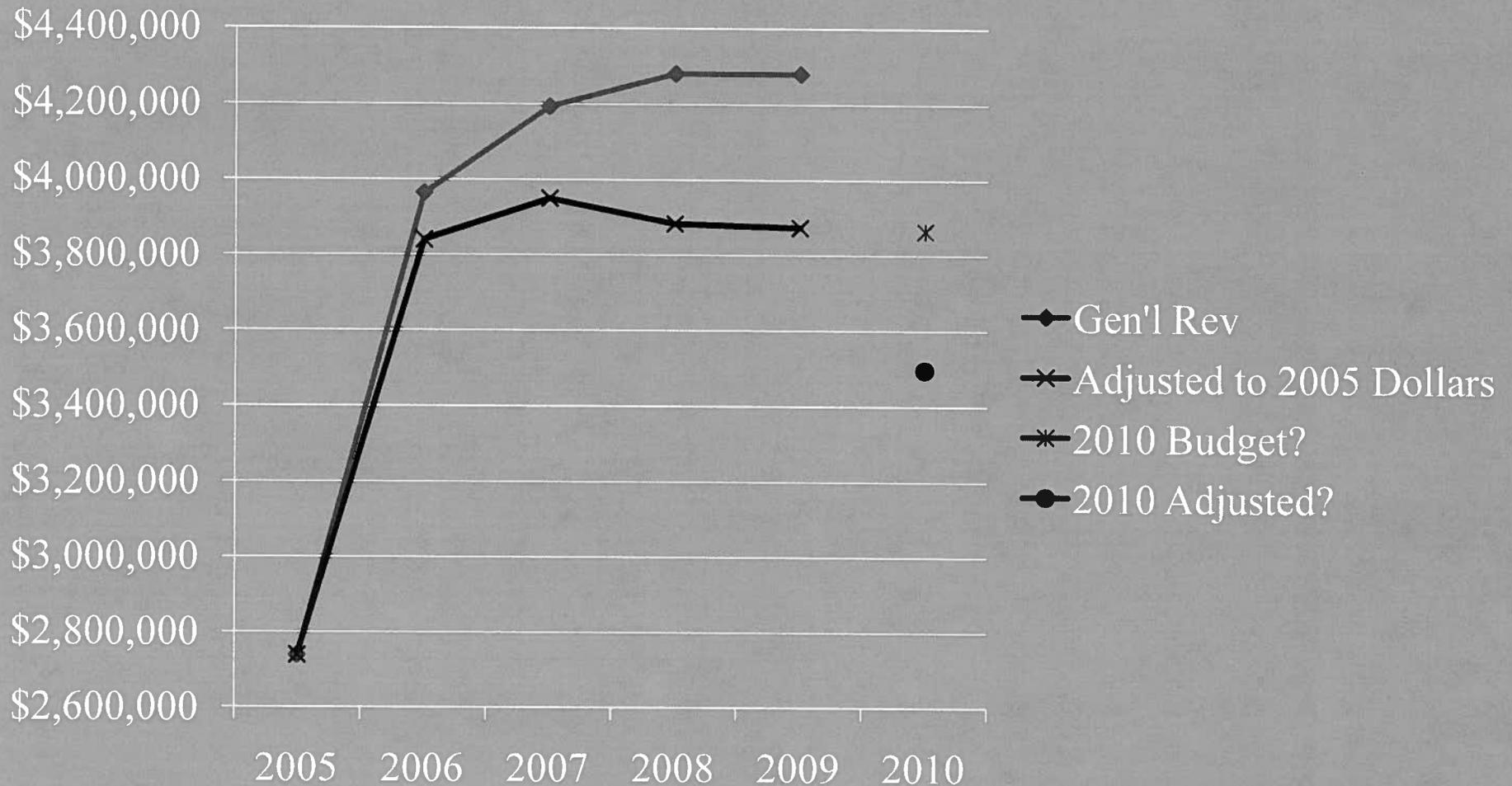
General Revenue Allocated to Long Term Care & Other PHS Services



General Revenue Allocated to Long Term Care By Facility Types



Protective Health Services General Revenue Adjusted for Inflation 2005-2010



New Services Since FY08

- **Long Term Care**
 - **Assisted Living Consumer Information**
 - **Informal Dispute Resolution Panel**
- **Other Protective Health Services**
 - **Fire extinguishers industry**
 - **Emergency Medical Technician Death Benefit**
 - **Oklahoma Emergency Response Systems Stabilization and Improvement Fund**
 - **Stroke System Implementation**
 - **Sleep Study Facilities**



Examples of Efficiencies Achieved

- **\$31,300 (22%) ↓ in postage & printing expenses FY08-09**
- **70% ↓ processing time on CNA renewal app. since Jan 08**
- **\$108,000 annual travel saving from “My Team” plan**
- **\$60,000 annual savings by leasing more motor pool vehicles**
- **\$25,000 to \$60,000 estimated savings through selective use of employee overtime starting in FY2009**
- **Administrative support staff decreased by 1 FTE while field inspectors and surveyors increased by 4 FTEs, June 2008 to June 2009.**



Planned Efficiencies

- **Web-Based License Applications by July 2010**
- **Business Process Analysis**
- **“Dashboard” management reports**
- **STEP UP Performance Management System**
- **Customer Service Module**



Inspection Mandates & Requirements

- **Tier 1: Statute-Based Requirement**
 - **Adult Day Care: Annual inspections**
 - **Residential Care: Inspection/survey/evaluation three times per year**
 - **Nursing Facilities: Intervals between inspections must average 12 month (or less) statewide; max. 15 mo.**
- **Tier 2: Rule-Based Requirement**
 - **Assisted Living: Intervals between inspections avg. 12 mo. (or less) statewide; max. 15 mo.**
 - **Residential Care: Annual and complaint inspections**
 - **Nursing Facilities: Complaint investigations**
 - **Nurse Aide Registry: Biennial and triennial review of training programs**



Proposal for Consideration of the Broad Review Ad Hoc Committee
to the Long Term Care Advisory Board
Changes to the October 2, 2009, Draft are Highlighted

The current budget status for the State of Oklahoma presents great challenges for prioritization of funding for the State. The committee provides the following statement of intent for the Boards consideration:

- ❖ The inspection of long term care facilities should be maintained and funding provided to support the mandates specified in statute and rule.
- ❖ Long term funding of the licensure and inspection program should migrate to a fee structure consistent with the cost of program operations as established in the Department's budget analysis tool.
- ❖ Changes to licensure fee must consider providers' ability to absorb the increased cost and their potential impact on resident services.
- ❖ Initial licensure fees should be set at a rate to recover the cost of issuance of the initial license and inspection.
- ❖ The Department should explore the use of expedited service fees.
- ❖ Revolving funds should be created for each long term care facility type with dedicated appropriations in the budget for each. For example:

There is hereby created in the State Treasury a revolving fund for the State Department of Health, to be designated the "Adult Day Care Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received by the Department pursuant to the Adult Day Care Act. All monies accruing to the credit of said fund are hereby appropriated and may be budgeted and expended by the Department for the purpose of implementing the Adult Day Care Act. Expenditures from said fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of State Finance for approval and payment.

In addition to Adult Day Care, revolving funds should be created for Residential Care, Continuum of Care and Assisted Living, and Nursing and Specialized facilities.

- ❖ Change all facilities to bi-annual licensure with corresponding adjustments to fees.
- ❖ To more accurately reflect the cost of inspection, amend the Residential Care Act to reflect per bed licensure fees, and the Adult Day Care Act to reflect a per participant licensure fees.
- ❖ To facilitate workload planning and distribution, amend the Nursing Home Care and Adult Day Care Acts to allow year round nursing home and adult day care license renewal vs. expiration of all licenses on one day.
- ❖ The Department should explore the research and reliability for establishing survey frequencies based on survey outcomes and inspection history.
- ❖ The Department should continue to work to identify efficiencies in licensure and survey as embodied in:
 - Online application renewal procedures
 - Electronic forms processing and distribution
 - Inspection QA programs to identify and train for efficiencies and consistency

Proposal for Consideration of the Broad Review Ad Hoc Committee
to the Long Term Care Advisory Board
Changes to the October 2, 2009, Draft are Highlighted

- Business Process Analysis: To see the *Request for Proposals* go here, <http://www.dcs.state.ok.us/Solicitations.nsf> and click on "Open Solicitations" and search for **Bid Number: 0900000036**

❖ **The Department should explore and refine the following fee proposal:**

- Fees would be increased by a rate per year over ten years at which time fees are expected to be equal to the costs of the facility licensure and inspection program. Ten years is proposed because of the increases required to cover the program costs are very large.
- With the phase in approach, fees will remain lower than the actual cost of providing the services until the increases are fully implemented in the tenth year.
- To prevent the need for future large fee increases, the fee language in law and rule would include an automatic fee escalator that is tied to the Consumer Price Index. The fee escalator will not go into effect until after the tenth year of increases.
- The Board of Health may waive collection of an automatic increase in a given year if it determines other revenues, including appropriated state general revenue funds, have increased sufficiently to make the funds generated by the automatic adjustment unnecessary in that year.
- In conjunction with adoption of the fee increase schedule and with supporting appropriations to cover program costs, the following standards will apply to the Department:
 - All immediate jeopardy complaints will be investigated within 2 days, complaints alleging actual harm within 10 days and all others within 30 days;
 - All revisits will be conducted within sixty days;
 - Initial surveys will be conducted within 30 days of request;
 - Annual surveys will be conducted on the mandated statutory schedule;
 - Initial and renewal licenses will be issued within 30 days of submission of a complete application.

Proposed Amendments to Chapter 675 and 677

1 **310:675-9-9.1. Medication services**

2 (a) **Storage.**

3

4 (10) Powdered over-the-counter
5 medication for topical use may be kept in the
6 resident's room for administration by a nurse
7 aide if:

8 (A) The facility ~~submits its~~ develops and
9 implements policies and procedures for
10 safe and appropriate storage and
11 application of the powder ~~to the~~
12 ~~Department and receives written approval~~
13 ~~from the Department prior to~~
14 implementation; and

15
16

17 **310:675-13-5. Nursing service**

18

19 (c) **Director of nursing**

20 (1) A ~~registered nurse or licensed practical~~
21 nurse shall be designated as the director of
22 nursing.

23 (2) The director of nursing shall ~~be on duty on~~
24 ~~the day shift and~~ be responsible for all resident
25 care including, but not limited to, the physical,
26 mental, and psycho-social needs. The director
27 of nursing or designee shall be available by
28 telephone when needed by facility staff.

29 (3) ~~When necessary, the~~ The director of nursing
30 may serve as the charge nurse only when the
31 facility has an average daily occupancy of 60 or
32 fewer residents work other than the day shift
33 but for no more than three shifts a week. This
34 exception shall not exceed three consecutive
35 weeks in a three month period.

36

37 (f) **Certified medication aide**

38 (5) A certified medication aide shall complete
39 eight, every twenty-four (24) months, sixteen
40 (16) hours of continuing education a year that
41 is approved by the Department.

42

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

47

48 (6) Each certified nurse aide shall be provided
49 training in pain screening at the time of
50 orientation and at least once every ~~six months~~
51 year thereafter.

52 (7) Each licensed practical nurse shall be
53 provided training in pain screening and pain
54 management at the time of orientation and at
55 least once every ~~six months~~ year thereafter.

56 (8) Each registered nurse shall be provided
57 training in pain assessment and pain
58 management at the time of orientation and at
59 least once every ~~six months~~ year thereafter.

60

Proposed Amendments to Chapter 675 and 677

1 **310:677-13-1. General requirements**

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

11 (b) An individual may not provide services as a certified
12 medication aide until they have successfully completed a
13 Department approved CMA training and competency
14 evaluation program and have been included on the
15 Oklahoma Nurse Aide Registry.

16 (c) An individual must successfully complete a CMA
17 competency evaluation program within six (6) months
18 after completing a Department approved medication aide
19 training program.

20 (d) A certified medication aide shall complete at least
21 ~~eight (8)~~ sixteen (16) hours of continuing education every
22 ~~twelve (12)~~ twenty-four (24) months, ~~excluding the first~~
23 ~~year of certification,~~ from a State approved program. A
24 record of successful completion shall be kept in the
25 certified medication aide's personnel file.

26 ~~(e)~~(e) An employer shall not use as a certified
27 medication aide any individual who does not comply with
28 63 O.S. Section 1-1950.3(E), OAC 310:677, and the
29 employer's policies and procedures.

30 ~~(d)~~(f) A certified medication aide shall renew certification
31 every ~~12~~ twenty-four (24) months. Recertification
32 requires the following:

- 33 (1) Documentation of completion of at least ~~eight (8)~~
34 sixteen (16) hours of continuing education every
35 ~~twelve (12)~~ twenty-four (24) months, ~~excluding the~~
36 ~~first year after certification as a medication aide.~~
37 Classroom and supervised practical training hours
38 completed by a CMA in a Department-approved
39 advanced training program may count towards the
40 ~~eight~~ sixteen (16) required hours of continuing
41 education; the advanced training must be completed
42 during the twenty-four months (24) prior to the
43 current CMA expiration date.

44

45 **310:677-13-2. Deemed to meet state certification**
46 **requirements**

47 (a) A certified medication aide shall be eligible to
48 perform the duties of a certified medication aide for the
49 following employers:

- 50 (1) Nursing facility or continuum of care facility;
51 (2) Specialized facility;
52 (3) Residential care home;
53 (4) Adult day care facility; and
54 (5) Assisted living center.

55 (b) An individual may not represent themselves as a
56 CMA when performing the duties of a CMA in a
57 setting that does not comply with 63 O.S. Section 1-
58 1950.3(E), and OAC 310:677.

60 **310:677-13-6. Competency and practice standards**

61 (a) Each certified medication aide must function
62 under the supervision of a licensed nurse or physician
63 employed in a setting that complies with 63 O.S. Section
64 1-1950.3(E), and OAC 310:677.

65

66

- 67 (d) Each certified medication aide shall:
68 (1) Pass written and clinical skills tests prior to
69 performing as a certified medication aide; and
70 (2) Demonstrate competency and complete
71 required continuing education that is relevant to
72 the services being provided by the certified
73 medication aide.
74 (3) Be currently certified and listed on the
75 Oklahoma Nurse Aide Registry in order to provide
76 or continue to provide services as a CMA.

77

78

Proposed Amendments to Chapter 675 and 677

1 **310:677-13-8. Certification and recertification**

2

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

5

6 (4) The medication aide shall be required to
7 retest if certification has expired by more than
8 two (2) years ~~one year~~ or if the required
9 continuing education was not completed during
10 the certification period. The individual may
11 obtain approval to take a retest by filing a
12 Certified Medication Aide Retest Application
13 (ODH Form 842) with a \$10 nonrefundable fee.
14 The aide shall retrain and test if the aide fails
15 the retest or if certification has expired by more
16 than three years.

17 (5) The Recertification Application (ODH
18 Form 717) for a medication aide shall include
19 documentation of continuing education
20 equivalent to eight hours for every twelve
21 months of certification, excluding the first year
22 of certification—sixteen (16) hours completed
23 during the certification period and prior to the
24 expiration date.

25 (6) A CMA with advanced CMA training shall
26 obtain a minimum of three (3) hours of
27 continuing education specific to each
28 subcategory of advanced training.

29 (6) A CMA Recertification Application (ODH
30 form 717) submitted to the Oklahoma Nurse
31 Aide Registry more than 30 days after
32 expiration will require a non-refundable late
33 application processing fee of \$50.00

34 (7) A CMA Recertification Application (ODH
35 form 717) submitted to the Oklahoma Nurse
36 Aide Registry that is incomplete or does not
37 include the required documentation will
38 require an additional non-refundable
39 application processing fee of \$25.00.

40 (c) A certified medication aide is eligible to attend
41 advanced training if they have six months
42 experience working as a certified medication aide.

43 A CMA who completes a Department-approved
44 advanced training program and demonstrates

45 competence may request a Department-issued
46 certificate that bears an endorsement for the
47 advanced training. When an advanced-training
48 certificate is issued by the Department to a
49 certified medication aide, a notation reflecting the
50 advanced training shall be placed on the aide's
51 record in the Nurse Aide Registry. A request for
52 endorsement shall be accompanied by a ten dollar
53 (\$10.00) endorsement fee and proof of training
54 and competence on an application form that
55 requires:

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

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

63 (d) An individual that has to retest or retrain to
64 become certified as a medication aide, shall retrain
65 and complete the required competency evaluation
66 for advanced CMA training.

TRANSFER FORM: NURSING FACILITY TO EMERGENCY DEPARTMENT/HOSPITAL

Date: _____ Time of Transfer: _____

The back of this form must be completed when the patient is transferred back to the nursing facility

Patient Information

Name: _____ Emergency Contact: _____

Primary Language: _____ Relationship to Patient: _____

Code Status: Full Code DNR Phone: _____

Notified of Transfer: Yes Date: _____ No

Name of Nursing Facility and Unit #: _____ Phone: _____

Address: _____

Reason for Transfer/Actions Taken Prior to Transfer: _____

Attending Physician: _____ Phone: _____

Vital Signs at Transfer

HT: _____ WT: _____ BP: _____ TEMP: _____

PULSE: _____ PULSE OX: _____ RESP: _____ Blood Sugar: _____

PAIN: Yes Rating 0-10 _____ SITE(S) of Pain: _____ No Pain

TREATMENT: _____

Baseline Mental Status

Alert Oriented Confused Demented Delirious Lethargic Comatose Agitated Assaultive Wanders

Does the Patient have decision-making capacity? Yes No

If not, who has authority to make decisions for the patient?

Name: _____ Phone: _____ Relationship to patient: _____

Attachments

Face Sheet Medication Administration Schedule POLST Labs X-rays EKGs Scans Surgical Reports

Copy of Signed DNR Order Advance Directive Skin Guide Other _____

At Risk For

None known Falls Skin Breakdown Seizures Communicable disease Aspiration

Hypo/Hyperglycemia Harm to Self Harm to Others Other _____

Special Conditions

Skin Wounds: Yes (Attach Skin Guide) No

IV's in Last 14 days Yes No

Stage(s) 1 2 3 4 Wound VAC Yes No

Foley Catheter Yes Date inserted: _____ No

Needs a Special Mattress? Yes No

Oxygen Dependence: Yes No

Pacemaker Internal Cardiac Defibrillator

Special Diet (e.g. thickened liquids)

Other Implanted Devices (PICC Lines, Portacath, etc.)

Allergies: Yes (List Below) No

Isolation Precautions: None Contact Droplet Airborne

MRSA VRE C-Diff Other _____

Artificial Feeding Yes No Baseline ADLs Walking Independent Dependent Transferring

Print Name of Person Completing Form: _____ Phone: _____

Signature: _____ Date: _____

Long Term Care Services

At least every 15 months, the Oklahoma State Department of Health (OSDH) conducts a health survey of health care and resident safety along with a lifesafety code survey of the physical plant at each nursing home in the State. If necessary, surveyors revisit facilities to ensure that any deficiencies cited during a survey are corrected. Facilities also may be inspected at any time if a resident or advocate makes a complaint, or if facility staff report suspected resident abuse or neglect as required by state law.

All deficiencies cited are issued with reference to a scope and severity (see Table 1 below). Scope refers to how widespread the problem is, and can be isolated, patterned, or widespread. Severity ranges from no actual harm with a potential for minimal harm to situations of actual harm and immediate jeopardy to resident health or safety.

Table 1. Scope and Severity Levels for Health Inspections Deficiency Citations				
S E V E R I T Y	Level 4	Scope & Severity = J Isolated Immediate Jeopardy to resident health or safety.	Scope & Severity = K Patterned – Immediate Jeopardy to resident health or safety.	Scope & Severity = L Widespread – Immediate Jeopardy to resident health or safety.
	Level 3	Scope & Severity = G Isolated – Actual Harm that is not immediate jeopardy.	Scope & Severity = H Patterned – Actual Harm that is not immediate jeopardy.	Scope & Severity = I Widespread – Actual Harm that is not immediate jeopardy.
	Level 2	Scope & Severity = D Isolated – No actual harm with potential for more than minimal harm that is not immediate jeopardy.	Scope & Severity = E Patterned – No actual harm with potential for more than minimal harm that is not immediate jeopardy.	Scope & Severity = F Widespread – No actual harm with potential for more than minimal harm that is not immediate jeopardy.
	Level 1	Scope & Severity = A Isolated – No actual harm with potential for minimal harm.	Scope & Severity = B Patterned – No actual harm with potential for minimal harm.	Scope & Severity = C Widespread – No actual harm with potential for minimal harm.
	SCOPE			

Guidance on Severity Levels

There are four severity levels. Level 1, no actual harm with potential for minimal harm; Level 2, no actual harm with potential for more than minimal harm that is not immediate jeopardy; Level 3, actual harm that is not immediate jeopardy; Level 4, immediate jeopardy to resident health or safety. These four levels are defined accordingly:

1. Level 1 is a deficiency that has the **potential for causing no more than a minor negative impact** on the resident(s).
2. Level 2 is noncompliance that results **in no more than minimal physical, mental and/or psychosocial discomfort** to the resident and/or has the potential (not yet realized) to compromise the resident's ability to maintain and/or reach his/her highest practicable physical, mental and/or psychosocial well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.
3. Level 3 is noncompliance that results in a negative outcome that has **compromised the resident's ability to maintain and/or reach his/her highest practicable physical, mental and psychosocial well-being** as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services. This does not include a deficient practice that only could or has caused limited consequence to the resident.
4. Level 4 is **immediate jeopardy**, a situation in which immediate corrective action is necessary because the facility's noncompliance with one or more requirements of participation has caused or is likely to cause, **serious injury, harm, impairment, or death** to a resident receiving care in a facility.

Guidance on Scope Levels

Scope has three levels: isolated; pattern; and widespread. The scope levels are defined accordingly:

1. Scope is **isolated** when one or a very limited number of residents are affected and/or one or a very limited number of staff are involved, and/or the situation has occurred only occasionally or in a very limited number of locations.
2. Scope is a **pattern** when more than a very limited number of residents are affected, and/or more than a very limited number of staff are involved, and/or the situation has occurred in several locations, and/or the same resident(s) have been

affected by repeated occurrences of the same deficient practice. The effect of the deficient practice is not found to be pervasive throughout the facility.

3. Scope is **widespread** when the problems causing the deficiencies are pervasive in the facility and/or represent systemic failure that affected or has the potential to affect a large portion or all of the facility's residents. Widespread scope refers to the entire facility population, not a subset of residents or on unit of a facility. In addition, widespread scope may be identified if a systemic failure in the facility (e.g., failure to maintain food at safe temperatures) would be likely to affect a large number of residents and is, therefore, pervasive in the facility.

The following Definitions apply to ALL certified Medicare/Medicaid entities:

Immediate jeopardy means a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident (*Defined in the CMS state operations manual chapter 7, section 7001*).

Actual harm includes any deficiency citation where actual physical or emotional harm to a resident has been identified. Harm can occur in any citation with a scope and severity level "G" through "L." (*Guidance on scope and severity determination is provided in Appendix P; section IV.B and IV.C of the CMS state operations manual*).

Abuse means willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain, or mental anguish." (42 CFR Part 488.301)

Neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (42 CFR Part 488.301)

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, that constitutes either immediate jeopardy to resident health or safety, a pattern of or widespread actual harm that is not immediate jeopardy, or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm (*Defined in the CMS state operations manual chapter 7, section 7001*). Substandard quality of care includes any health deficiency (called F-tags) that is of a scope and severity of "F" or higher but not equal to "G" (as "G" represents isolated and not patterned harm).



Oklahoma State Department of Health
Creating a State of Health

September 15, 2009

TO: Licensed Nursing, Skilled and Intermediate Care Facilities for Persons with Mental Retardation

**RE: Provider Letter 09-04
Long Term Care Informal Dispute Resolution Panel**

Dear Administrator:

I am pleased to announce the option of having an informal dispute resolution panel and also to have the opportunity to invite you to serve as a volunteer member of the Long Term Care Informal Dispute Resolution Panel.

During the 2009 State of Oklahoma Legislative session, Governor Brad Henry signed House Bill 1729, which amended Section 4, Chapter 347, O.S.L. 2007 (63 O.S. Supp. 2008, Section 1-1914.12), which relates to an alternative informal dispute resolution pilot program; modifying pilot program to be dispute resolution panel; eliminating procedural requirements for pilot program; and providing an effective date. The effective date of the IDR resolution panel is November 1, 2009.

I invite you and others to serve as members on this panel, providing experience and insight in the review of documentary evidence presented in dispute of deficiencies received during survey or complaint investigations at skilled nursing facilities (SNF), nursing facilities (NF), skilled nursing facilities/nursing facilities (SNF/NF), or intermediate care facilities for the mentally retarded (ICF/MR).

The IDR panel is made up of five members:

- a. Two members shall be impartial representative volunteers who have experience in the operation of a long-term care setting, such as an administrator, operator or director of nursing.
- b. One member shall be an employee of the Department who has experience in the survey process.
- c. One member shall be a person representing the aging or disabled community, and
- d. One member shall be an impartial person who is not employed by the Protective Health Services, Long-Term Care Division of the State Health Department.

I anticipate using a rotating schedule for members with the IDR panels to be held on the third Monday of each month.

Thank you for taking the time to consider being a part of this Panel. Your time and service are greatly appreciated. If you are interested in serving on the panel please submit your request in writing by October 5, 2009 to:

Commissioner of Health
Terry L Cline, PhD

Barry L Smith, JD, President
Alfred Baldwin, Jr
Haskell L Evans, Jr, RPH

Board of Health

Jenny Alexopoulos, DO, Vice President
Cris Hart-Wolfe
Kenneth R Miller, MD

R Murali Krishna, MD, Secretary-Treasurer
Michael L Morgan, DDS
Ann A Warn, MD

1000 NE 10th St
Oklahoma City, OK 73117-1299
www.health.ok.gov
An Equal Opportunity Employer

**Dorya Huser, Chief, Long Term Care
Oklahoma State Department of Health
Protective Health Services
1000 N.E. 10th
Oklahoma City, OK 73117
Or Doryah@health.ok.gov
Fax: 405.271.3442**

Panel members will be notified and expected to be available to travel to the informal dispute resolution panel location or be available by conference call on the third Monday of each month beginning in November, 2009. If additional time is warranted, more days will be scheduled.

Please feel free to contact me if you have any questions at 405.271.6868 or at the above email address.

Sincerely,



**Dorya Huser, Chief
Long Term Care
Protective Health Services**

**C: State Ombudsman Office
Oklahoma Association of Health Care Providers
Oklahoma Homes and Services for the Aging
VOR – Voice of the Retarded
Oklahoma State Board of Examiners for Long Term Care Administrators
Oklahoma Health Care Authority
AARP**



Oklahoma State Department of Health

Nurse Aide Registry

Statistics

Prepared for

Long Term Care Advisory Board

Wednesday, October 14, 2009

**Lisa McAlister, BSN, RN
Director, Nurse Aide Registry**

**For Questions Regarding:
Nurse Aide Registry, Call (405) 271-4085**

Oklahoma State Department of Health - Nurse Aide Registry

Number of Individuals on the Nurse Aide Registry as of October 13, 2009
97,243

Total Nurse Aide Certifications on the Registry as of October 13, 2009

Date	Adult Day Care	Certified Medication Aide	Home Health Aide	Developmentally Disabled Direct Care Aide	Long Term Care Aide	Residential Care Aide	CMA GM	CMA IA	CMA R	CMA G	Total Certifications & Registrations
10/13/2009	195	16,280	36,019	8,979	86,543	1,039	515	402	2,140	2,106	154,218*

Total Registered Feeding Assistants - 824 - Nontechnical Service Worker - 6

Initial Nurse Aide Certifications by Quarter FY 2010

Per Quarter	Adult Day Care	Certified Medication Aide	Home Health Aide	Developmentally Disabled Direct Care Aide	Long Term Care Aide	Residential Care Aide	CMA GM	CMA IA	CMA R	CMA G	Total Certifications & Registrations
1 st	0	265	891	165	2,026	2	17	13	51	49	3,479*
2 nd											
3 rd											
4 th											

Registered Feeding Assistants: First Quarter 55 Second Quarter _____ Third Quarter _____ Fourth Quarter _____ TOTAL: 55

Initial Nurse Aide Certifications for FY 2009

Per Quarter	Adult Day Care	Certified Medication Aide	Home Health Aide	Developmentally Disabled Direct Care Aide	Long Term Care Aide	Residential Care Aide	CMA GM	CMA IA	CMA R	CMA G	Total Certifications & Registrations
FY 2009	1	1,182	3,296	631	7,481	37	101	69	335	325	13,458*

Total Registered Feeding Assistants - 185

Initial Nurse Aide Certifications for FY 2008

Per Quarter	Adult Day Care	Certified Medication Aide	Home Health Aide	Developmentally Disabled Direct Care Aide	Long Term Care Aide	Residential Care Aide	CMA GM	CMA IA	CMA R	CMA G	Total Certifications & Registrations
FY 2008	8	1,053	2,849	418	6,679	49	50	49	639	364	12,048*

Total Registered Feeding Assistants - 160

Nursing Facility Survey Citation Report - FFY 2009

Dorya Huser, Chief
Long Term Care

James Buck, Assistant Chief
Long Term Care

October 14, 2009



Oklahoma
State
Department
of Health

LONG TERM CARE SERVICES

Scope and Severity Levels for Health Inspections Deficiency Citations.

Immediate Jeopardy to Resident Health or Safety	SEVERITY LEVEL 4 "I" IMMEDIATE JEOPARDY TO RESIDENT HEALTH & SAFETY ISOLATED ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED	SEVERITY LEVEL 4 "K" IMMEDIATE JEOPARDY TO RESIDENT HEALTH & SAFETY PATTERN MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED	SEVERITY LEVEL 4 "L" IMMEDIATE JEOPARDY TO RESIDENT HEALTH & SAFETY WIDESPREAD PERVASIVE PROBLEMS THROUGHOUT THE FACILITY
Actual Harm that is not Immediate Jeopardy	SEVERITY LEVEL 3 "G" ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY ISOLATED ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED	SEVERITY LEVEL 3 "H" ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY PATTERN MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED	SEVERITY LEVEL 3 "T" ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY WIDESPREAD PERVASIVE THROUGHOUT THE FACILITY
No Actual Harm with Potential for More than Minimal Harm that is not Immediate Jeopardy	SEVERITY LEVEL 2 "D" NO ACTUAL HARM WITH POTENTIAL FOR MORE THAN MINIMAL HARM ISOLATED ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED	SEVERITY LEVEL 2 "E" NO ACTUAL HARM WITH POTENTIAL FOR MORE THAN MINIMAL HARM PATTERN MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED	SEVERITY LEVEL 2 "F" NO ACTUAL HARM WITH POTENTIAL FOR MORE THAN MINIMAL HARM WIDESPREAD PERVASIVE THROUGHOUT THE FACILITY
No Actual Harm with Potential for Minimal Harm	SEVERITY LEVEL 1 "A" NO ACTUAL HARM WITH POTENTIAL FOR MINIMAL HARM ISOLATED ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED	SEVERITY LEVEL 1 "B" NO ACTUAL HARM WITH POTENTIAL FOR MINIMAL HARM PATTERN MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED	SEVERITY LEVEL 1 "C" NO ACTUAL HARM WITH POTENTIAL FOR MINIMAL HARM WIDESPREAD PERVASIVE THROUGHOUT THE FACILITY

Isolated Pattern Widespread

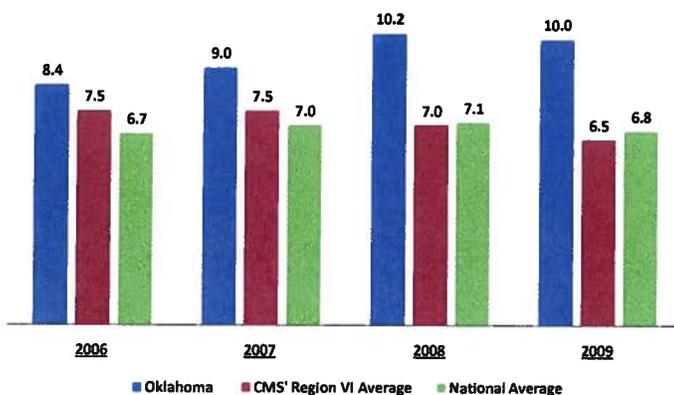
Shaded areas indicate substandard quality of care (SQC)



Oklahoma
State
Department
of Health

Nursing Facility Surveys FFY 2009

Average # of Citations per Standard Health Survey



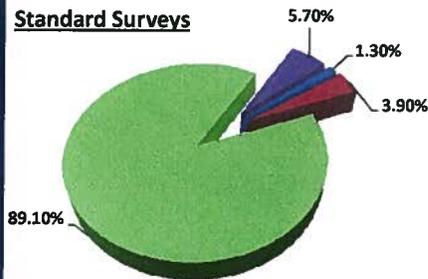
Source: Aspen Central Office (PDQ)



Nursing Facility Surveys FFY 2009

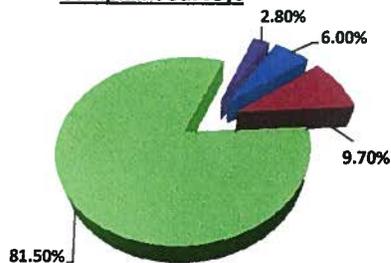
Charts display percent of citations at each scope and severity level.
(Health Surveys)

Standard Surveys



N=2540

Complaint Surveys



N=672

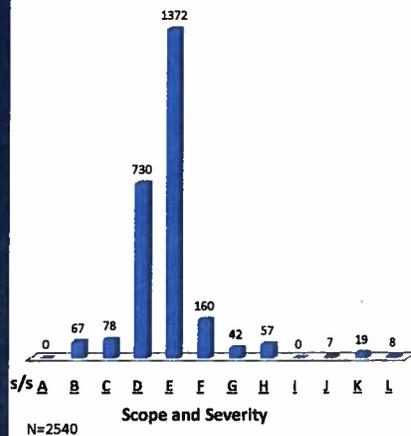


Source: Aspen Central Office (PDQ)

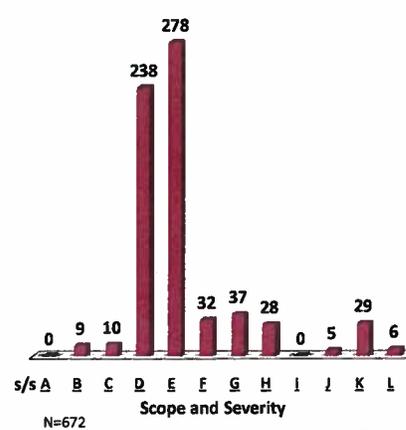
Nursing Facility Surveys FFY 2009

Citations by Scope and Severity (Health Surveys)

Standard Surveys



Complaint Surveys



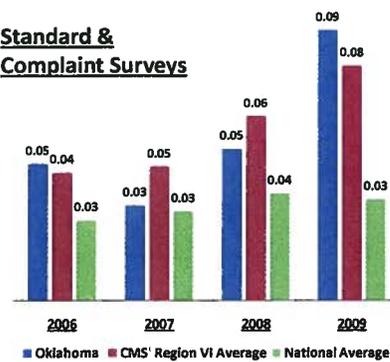
Source: Aspen Central Office (PDQ)



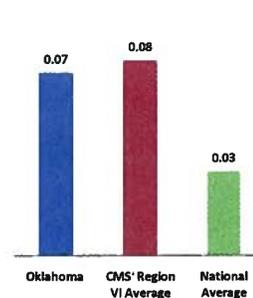
Nursing Facility Surveys FFY 2009

Average # IJs Cited per Survey (Health Surveys)

Standard & Complaint Surveys



FFY 2009



Four facilities accounted for fourteen (19%) of total IJs cited. With these outliers removed, average drops from .09 to .07

Source: Aspen Central Office (PDQ)



Nursing Facility Surveys FFY 2009

Citation Frequency Report

<u>Ranking</u>	<u>Tag</u>	<u>Tag Description</u>
1	F0323	FACILITY IS FREE OF ACCIDENT HAZARDS
2	F0309	PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
3	F0371	STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
4	F0281	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
5	F0279	DEVELOP COMPREHENSIVE CARE PLANS
6	F0514	CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
7	F0441	FACILITY ESTABLISHES INFECTION CONTROL PROG
8	F0329	DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
9	F0314	PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
10	F0253	HOUSEKEEPING & MAINTENANCE SERVICES
11	F0315	RES NOT CATHETERIZED UNLESS UNAVOIDABLE
12	F0241	DIGNITY
13	F0157	INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
14	F0225	NOT EMPLOY PERSONS GUILTY OF ABUSE
15	F0282	SERVS BY QUALIFIED PERSONS IN ACCORD W/ CARE PLAN
16	F0431	PROPER LABELING OF DRUGS & BIOLOGICALS
17	F0425	FACILITY PROVIDES DRUGS & BIOLOGICALS
18	F0272	COMPREHENSIVE ASSESSMENTS
19	F0226	POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
20	F0312	ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
21	F0280	DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
22	F0444	WASH HANDS WHEN INDICATED
23	F0465	ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTABLE
24	F0278	ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
25	F0332	MEDICATION ERROR RATES OF 5% OR MORE



Oklahoma
State
Department
of Health

Source: Aspen Central Office (PDC)