



Oklahoma State
Department of Health

LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting

October 14, 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 1:35 p.m. Wednesday, October 14, 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 October 14, 2009 meeting agenda was posted October 06, 2009 on the OSDH website and at OSDH building's front entrance on October 14, 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; Jane Mershon; Esther Houser; Cassell Lawson; Dr. Peter Winn; and Dr. Jean Root.

The following members were absent: Dewey Sherbon; JoAnne Sellars; Chris Kincaid; Ginny Bond; and Clara Haas.

A quorum was not met. While discussion was in progress regarding the continuance or the rescheduling of the meeting, members arrived; therefore enough members were available to compose a quorum.

The following members arrived during the course of the meeting: Donna Bowers, Dawn Ann Mendenhall, Diane Hambric and Mich Magness

Currently, there are seven vacancies on the Board.

Identified OSDH staff present were: Henry F. Hartsell Jr., PHS; Dorya Huser, LTC; Jim Buck, LTC; Lisa McAlister, NAR; Donna Shumar, NAR; Darlene Simmons, HRDS; James Joslin, HRDS; Mary Womack, OSDH; Leslie Elliott, Caring Hearts; Kathryn Waller, OSDH; and Gayle Freeman, LTC.

Identified guests present were: Mary Brinkley, OKAHSa; Rebecca Moore, OAHCP; Jackye Ward, Okla.

Meetings are posted at:

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

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

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

Board of Nursing; Janine Handler, ORALA; Lauren Shelton; Joyce Clark, Achievis; Marilyn Kipps; Janice Burlison; Wayne Wood, Wood Manor; Annette Prince, FMC; Harry Tolliver, Wood Manor; Janice Shively, Wood Manor; Greg Frogge, McAfee & Taft; and Crystal Mappes, OAHCP; Shelba Murray, Francis Tuttle Technology.

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

3) Review and Action to Approve/Amend the April 8, 2009 Regular Meeting Minutes.

Approval/Amendment of minutes for April 8, 2009 regular meeting. A quorum was not met at the July 8, 2009 meeting, therefore the minutes for the April 8, 2009 meeting were brought forward to the October 14, 2009 meeting.

Agenda

Item #3

Vote 1

After brief discussion, Jane Mershon made a motion to approve the April 8, 2009 regular meeting minutes. Seconded by: Cassell Lawson. Motion: carried.

Aye: 14 Abstain: 0 Nay: 0 Absent: 5

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 checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant	<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	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 checked="" 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
Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dewey Sherbon	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Clara Haas	<input 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 checked="" type="checkbox"/> Aye <input 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 checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		*Arrived after the vote
Mich Magness*	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		Shading = Absent

4) Ad Hoc Rules and Regulations Committee Report

James Joslin filled in for Dewey Sherbon; Mr. Sherbon was originally scheduled to speak. Mr. Joslin thanked those who participated in the ad hoc committee for rule review. The ad hoc committee met several times during 2009 and reviewed financial data during the six months they met, regarding survey process, financing of surveys etc. Mr. Joslin provided several handouts, including a power point, "Financial Status Summary". The committee looked at how the department might streamline and implement in rule or statute the changes to assist the Department financially and to potentially assist the industry. Mr. Joslin said that the committee had a few proposals in terms of rules. A discussion about the finances for the programs in long term care, inspection and licensure of nursing homes, assisted living

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centers, residential care homes and adult day care centers was reviewed. The first part of Mr. Joslin’s presentation covered the financial status of long term care at OSDH. Causes of deficits, fee change history, fees changed for inflation, allocation of state licensure & inspection costs to facility type, nursing and specialized facilities, continuum of care and assisted living, residential care, adult day care, FY 2010 general revenue allocations to PHS, proportion of PHS general state revenues allocated to long term care, general revenue allocated to long term care and 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 FY 08, examples of efficiencies achieved, planned efficiencies, inspection mandates and requirements were items presented and explained by Mr. Joslin. The handout, “Proposal for Consideration of the Broad Review Ad Hoc Committee to the Long Term Care Advisory Board”, was the next item covered by Mr. Joslin. The proposals represented in the handout were brought forward for the Boards’ consideration. Mr. Joslin reviewed and answered questions concerning the proposed amendments to Chapters 675 and 677. The proposals were brought forth by the Association of Health Care Providers, and included changes to: Medication services, 310:675-9-9.1 (10); Nursing Service change regarding the Director of Nursing, Nursing Service change regarding the certified medication aide, Nursing Service change regarding inservice, 310:675-13-5 (c), (f), and (i); General requirements, 310:677-13-1; Deemed to meet state certification requirements, 310:677-13-2; Competency and practice standards, 310:677-13-6; and Certification and recertification, 310:677-13-8.

**.Agenda Item #4
 Vote 2**

Motion: I move that we take the proposed amendments to chapter 675 and 677 to the State Board of Health.

Motion Made by: Dawn Ann Mendenhall **Seconded:** Cassell Lawson **Motion Carried:** Yes
Aye: 14 Abstain: 0 Nay: 0 Absent: 5

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 checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
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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 checked="" 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
Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dewey Sherbon	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Clara Haas	<input 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
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Cassell Lawson	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		*Arrived after the vote
Mich Magness*	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		Shading = Absent

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Wendell thanked the members of the Rule Review Ad Hoc committee for their hard work. The ad hoc committee was suspended effective October 14, 2009.

5) Nomination and Election of 2010 Officers

The nominating committee for the 2010 Long Term Care Facility Advisory Board Officers were Kay Parsons, Cassell Lawson and Esther Houser. The committee recommended the 2009 officers continue in the same positions for the year 2010. By unanimous consent, the committee chooses to re-elect the existing officers: Wendell Short, Chair; Kay Parsons, Vice-Chair and Margaret Wallace, Secretary. Kay Parsons made the recommendation from the nominating committee and Esther Houser seconded the motion.

**Agenda Item #5
 Vote # 3**

Motion: Nomination of the 2010 Officers **Chair:** Wendell Short **Vice-Chair:** Kay Parsons
Secretary: Margaret Wallace.

Motion Made by: Kay Parsons Seconded: Esther Houser Motions Carried: Yes
Aye: 14 Abstain: 0 Nay: 0 Absent: 5

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 checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
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Vacant-NH Adm	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dr. Jean Root	<input checked="" 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
Vacant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dewey Sherbon	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
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Cassell Lawson	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		*Arrived after the vote
Mich Magness*	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay		Shading = Absent

6) Nursing Facility Transfer Forms/End of Life Task Force Recommendations

Annette Prince brought to the Board for review a patient transfer form for nursing facilities and hospital emergency departments. The form was one of the recommendations of the Attorney General’s task force to improve end of life care. There have been a number of studies on this issue and there have been some piloting projects throughout the state. Until the form is required by the Board of Health it will not be effectual. Ms. Prince urged the Board to recommend this form. Dr. Winn and Dr. Root suggested the Medical Directors Best Practice sub-committee would be an excellent venue to review the transfer form and the Physicians Order for Life Sustaining Treatment (POLST) form.

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7) Specialized Facilities or Units for Residents with Alzheimer's Disease or Related Dementias

Esther Houser presented information and explained the handout provided on Specialized facilities or Units for residents with Alzheimer's disease or related dementias was drafted in November 1992, but was not adopted. It was the recommendation of Ms. Houser to form an Ad Hoc committee to look at the original draft. An Ad Hoc Committee was formed to look at Specialized Facilities for Alzheimer's and Related Dementias. The following are members of the committee: Kay Parson, Chair; Margaret Wallace; Theo Crawley; Esther Houser; Dr. Winn; Mich Magness; Mary Brinkley; Cassell Lawson; Wendell Short; Rebecca Moore; Janine Handler; Diane Hambric and Janice Shively.

Esther Houser provided a copy of the Ombudsman bi-annual report.

8) Announcement of the 2010 Regular Meeting Schedule

Wendell Short announced the 2010 regular meetings of the Long Term Care Facility Advisory Board would be as follows: January 13, 2010; April 14, 2010; July 14, 2010 and October 13, 2010.

9) Update from Long Term Care

Dorya Huser and James Buck gave an update concerning the most recent events pertaining to Long Term Care. Mr. Buck presented information regarding Immediate Jeopardy (IJs), the scope and severity grid information on the top twenty five deficiencies, CNA II career ladder and the implantation of the IDR panel as a permanent part of the IDR process.

10) New Business

Not reasonably anticipated 24 hours in advance of meeting.

11) Public Comment

Public comment was made throughout the meeting.

12) Adjournment

The meeting adjourned at 4:36 p.m.

The next regular Long Term Care Facility Advisory Board Meeting is scheduled for January 13, 2010. At 1:30 p.m. in room 1102 of the Oklahoma State Department of Health

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Oklahoma State
Department of Health

LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting

January 13, 2010 at 1:30 p.m. in Room 1102

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

Draft Minutes Informational Only

1) Call to Order

Wendell Short, Chair, called the meeting to order at 1:45 p.m., Wednesday, January 13, 2010. The 2010 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, 2009. The January 13, 2010 meeting agenda was posted January 6, 2010 on the OSDH's website and at the OSDH building's front entrance on January 13, 2010.

2) Roll Call

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

The following members were absent: JoAnne Sellars; Chris Kincaid; Ginny Bond; Gayla Campbell; Jane Mershon; H.F. Timmons; and Clara Haas.

Currently, there are seven (7) vacancies on the Board.

A quorum was not reached. Introduction of LTC Facility Advisory Board members and attendees commenced.

Identified OSDH staff present were: James Buck, LTC; James Joslin, HRDS; Dr. Tim Cathy, OSDH; Mary Womack, OSDH; Mary Fleming, LTC; Lisa McAlister, NAR; Sue Davis, LTC; Karen Gray, LTC; Pam Hall, LTC; Michelle Raney, LTC; Paula Terrel, LTC; Patty Scott, LTC; Terri Doughtie, HRDS; and Leslie Roberts, HRDS.

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Identified guests present were: Rebecca Moore, OAHCP; Mary Brinkley, OKAHSa; Marietta Lynch, OAHCP; Oralene Sherbon; Shelba Murray, Francis Tuttle Technology; Patricia Shidler, Areawide Aging Agency; Penny Ridenour, OKALA; Nathan Purifoy, BVC; Sara Gaither, Gold Medallion; Sherryl White, Brookdale Senior Living; Renee Hoback, Brookdale Senior Living; Brian Wolff, ORALA; Marilyn Kipps; Mary Richards, Scroggins & Cross; Joyce Clark, Achievis Sr. Living; Jackye Ward, OBN; Ann Osborne, Francis Tuttle.

Wendell Short welcomed all and thanked them for taking the time to attend the meeting.

3) Review and Action to Approve/Amend the October 14, 2009 Regular Meeting Minutes

A quorum was not reached therefore a vote was not taken on the October 14, 2009 minutes. The approval of the minutes will be addressed at the April 14, 2010 meeting. A change to the draft minutes was requested by Shelba Murray, who asked that her name be removed from the identified staff paragraph and replaced under the identified guest paragraph. Oralene Sherbon asked that her name be struck from the identified guest paragraph due to the fact that she was not present at the last meeting. Carla Cook advised she would make the change.

4) Alzheimer's Ad Hoc Committee Report

Kay Parsons informed the LTC Facility Board as well as other parties that the Alzheimer's Ad Hoc Committee was formed in the prior board meeting on October 14, 2009. Ms. Parsons also informed the LTC Facility Advisory Board that the first scheduled committee meeting would be on January 25, 2009. Wendell Short, Chair, clarified to the Board that the committee was charged to review the definition of a specialized unit, the training and staffing requirements for this type of unit, and what, if any, type of special regulations that should be in place. Esther Houser further suggested that the Oklahoma Department of Health (ODH) Form 613 be reviewed for any needed changes. Ms. Houser also asked that there be further review of the proposed rules from 1992 that were presented at the last board meeting. Ms. Parson's identified those individuals who had volunteered to be on the committee: Margaret Wallace, Theo Crawley, Esther Houser, Dr. Peter Winn, Mich Magness, Mary Brinkley, Cassell Lawson, Wendell Short, Becky Moore, Janine Handler, Diane Hambric, and Janice Shively.

5) Emergency Rule Proposal OAC 310:675-5-21.4 – Nurse Call System

Jim Buck, Long Term Care Assistant Chief, discussed the proposed rule as it relates to the Nurse Call System. Mr. Buck stated that several new technologies have been demonstrated at trade shows that would hopefully help foster culture change within long term care facilities. Mr. Buck also stated that these new technologies may help provide for a more home-like environment for the residents of facilities. A handout was provided identifying the proposed rule amendment to OAC 310:675-5-21.4. The proposed language was recited and subsequent discussion commenced.

6) Chapter 675 Waiver

Jim Buck presented proposed new rule language to Chapter 675, Nursing and Specialized Facilities, relating to waiver requirements as directed by House Bill 1510. Discussions on the proposed amendment lead to recommendations to include language regarding existing hardwired systems.

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7) Proposed Rule Changes

Jim Buck discussed proposed rule changes to Chapter 663, Continuum of Care and Assisted Living; Chapter 675, Nursing and Specialized Facilities; and Chapter 680, Residential Care Homes.

- The proposed rule changes to Chapter 663 address abuse, neglect and the misappropriation of resident's property by requiring written policy statements to include investigation protocol and actions to be taken when incidents of abuse, neglect and misappropriation of resident's property occur and the amendment further addresses training criteria and timeframes for staff. Handouts were provided. Mr. Buck reviewed the information within the handouts and fielded questions and recommendations as requested. Recommendations were made by the board to address numerous language changes within the proposed rule change.
- The proposed rule changes to Chapter 675 address in-service training intervals for direct care staff in the areas of pain screening, management and assessment; amends the requirement for Intermediate Care Facilities for the Mentally Retarded (ICF/MR) to use a minimum data set (MDS) form for resident assessments. Handouts were provided. Mr. Buck reviewed the information within the handouts and fielded questions and recommendations as requested.
- The proposed rule changes to Chapter 680 address a requirement for licensed facilities to comply with the definition of "Residential Care"; reference to OAC 310:257 (food service establishment rules) as it pertains to the storage, preparation and serving of food; clarifies the term "critical" incidents as it relates to incidents reportable to the Department. Handouts were provided. Mr. Buck reviewed the information within the handouts and fielded questions as requested.

The LTC Facility Advisory was unable to take any action for approval due to no quorum.

8) Long Term Care Involuntary Transfer and Discharge Notice

Jim Buck introduced and discussed the Long Term Care Involuntary Transfer and Discharge Form. Handouts were provided that included the proposed form and also the references that were used in the creation of the form. Mr. Buck fielded questions and concerns involving the form and subsequent references. Due to time constraints Mr. Buck asked that the Board compile their concerns and suggestions and provide them to the department for further review.

9) Hospice Services

Dorya Huser, Long Term Care Chief, discussed Hospice Services in long term care facilities as it relates to resident rights in the choice of a hospice provider. There was discussion relating to the number of choices that facilities should be required to provide to residents. Comments were received from the Board members and general public for consideration. Wendell Short made a notice to extend discussion on the topic into the next scheduled Board meeting on April 14, 2010.

10) Immediate Jeopardy Report

Mary Fleming, Long Term Care Services Director of Survey, introduced and discussed the Immediate Jeopardy Report. Handouts were made available to the public as well as LTC Facility Advisory Board members. Ms. Fleming explained the definition of the term "Immediate Jeopardy" as well as what constitutes an "Immediate Jeopardy". Ms. Fleming explained the processes in which an "Immediate Jeopardy" is determined and the penalties that are assessed to facilities. Ms. Fleming fielded questions from the Board and the public as they pertained to the report.

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11) Update From Long Term Care

Dorya Huser provided an update from Long Term Care. Ms. Huser stated that the Informal Dispute Resolution (IDR) Panel has been put in place. Ms. Huser also stated that there has been a very enthusiastic response from individuals to serve as panel members. Panel members have been through a training exercise on the IDR process.

12) New Business

Marietta Lynch discussed rules that were to go before the Board of Pharmacy. These rules will be an agenda item at the next Board meeting. Dr. Peter Winn stated that Best Practices Medical Director Sub Committee met on November 19th, 2009, and provided a short synopsis of issues that discussed.

13) Public Comment

Public comment was made throughout the meeting.

14) Adjournment

The meeting adjourned.

The next regular Long Term Care Facility Advisory Board Meeting is scheduled for April 14th, 2010. At 1:30 p.m. in room 1102 of the Oklahoma State Department of Health.

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LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting

April 14, 2010 at 1:30 p.m. in Room 1102

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

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1) Call to Order

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2) Roll Call

Jacob Booth called roll with the following members present: Wendell Short, Chair; Kay Parsons, Vice Chair; Donna Bowers; Jane Carlson; Theo Crawley; Diane Hambric; Esther Houser; Cassell Lawson; Joanne Sellars; Dewey Sherbon; H.F. Timmons; and Dr. Peter Winn.

The following members were absent: Chris Kincaid; Mich Magness; Dawn Mendenhall; Jane Mershon; Margaret Wallace, Secretary-Treasurer.

Currently, there are ten (10) vacancies on the Board.

A quorum was not reached. Introduction of LTC Facility Advisory Board members and attendees commenced.

Identified OSDH staff present were: Dorya Huser, LTC; James Buck, LTC; Dr. Tim Cathy, OSDH; Mary Womack, OSDH; Mary Fleming, LTC; Lisa McAlister, NAR; Sue Davis, LTC; Karen Gray, LTC; Patty Scott, LTC; Donna Gregg, NAR.

Identified guests present were: Mary Brinkley, OKAHSAs; Oralene Sherbon; Shelba Murray, Francis Tuttle Technology; Patricia Shidler, Areawide Aging Agency; Nathan Purifoy, BVC; Sara Gaither, Gold Medallion; Sherryl White, Brookdale Senior Living; Renee Hoback, Brookdale Senior Living; Brian

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

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Wolff, ORALA; Marilyn Kipps, General Public; Mary Richards, Scroggins & Cross; Joyce Clark, Achievis Sr. Living; Jackye Ward, OBN; Ann Osborne, Francis Tuttle.

Wendell Short welcomed all and thanked them for taking the time to attend the meeting.

3) Review and Action to Approve/Amend the October 14, 2009 Regular Meeting Minutes & Review of the January 13, 2010 Informational Meeting Minutes

A quorum was not reached therefore a vote was not taken on the October 14, 2009 minutes and there was a review of the January 13, 2010 informational minutes. The approval of the minutes will be addressed at the July 14, 2010 meeting.

4) Hospice Services

Tom Welin provided a report to the LTC Facility Advisory Board on his recent meeting with the Hospice Board. Several topics were discussed at the Hospice Board meeting that included disclosure of services available, continuance of services currently instated, and coordination of care. Brief discussion about the topics that were introduced by Mr. Welin commenced.

5) Alzheimer's Ad Hoc Committee Report

Kay Parsons informed the LTC Facility Advisory Board, as well as other parties, that the Alzheimer's Ad Hoc Committee would reconvene on May 12th, 2010 at 1:00 p.m. for continued review and discussion of OSDH Form 613, Alzheimer's Disease or Related Disorders Special Care Disclosure Form.

6) Proposed Rule Changes

Jim Buck, LTC, discussed proposed changes to rule sections in Chapter 675, Nursing and Specialized Facilities.

- The proposed rule changes address notification system for residents to directly contact nursing staff; amends the requirement for facilities to submit policies and procedures for safe and appropriate storage and application of powdered over-the-counter medication to the Department of Health for approval prior to implementation; authorizing the Commissioner of Health to waive provisions of the Nursing Home Care Act and this Chapter, affecting facilities twelve (12) beds or less, to foster the development of resident autonomy, individualization, and culture change. Handouts were provided. Mr. Buck reviewed the information provided in the handouts and fielded questions and recommendations as requested.

The LTC Facility Advisory Board was unable to take any action for approval due to no quorum.

7) Update from LTCFAB Best Practices Medical Directors Subcommittee

Dr. Peter Winn and his guest, Dr. Robert Salinas, provided an update on the universal transfer form and use of the POLST for the State of Oklahoma. Dr. Salinas cited both Oklahoma Senate Bill 1357 and the Medicare Transitional Care Act in his discussion about the universal transfer form. The Senate bill requires a universal transfer form to be created by the Oklahoma State Department of Health. Dr. Salinas provided a handout and fielded questions and recommendations from the Long Term Care Facility Advisory Board. Dr. Salinas discussed use of the POLST (Physician's Orders for Life Sustaining Treatment) for the State of Oklahoma. Dr. Salinas noted that there are several POLST programs that have

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been implemented across the nation. Dr. Salinas made a special note that the program that was implemented in California took between two to three years to develop and implement. Dr. Salinas fielded questions from the LTC Facility Advisory Board members and the general public.

8) Update From Long Term Care

Dorya Huser provided updates from Long Term Care that included information on upcoming Provider Trainings with subsequent dates, times, and locations of the trainings; survey activity for Assisted Living, Residential Care, and Adult Day Cares; and the progress of providing accessibility to surveys online. Ms. Huser further stated that the Department was still in the process of uploading surveys and that the completion of the project will be completed in the near future.

Jim Buck provided an update on the Insider Chat (Long Term Care Newsletter). Mr. Buck stated that we had successfully completed the first edition of the newsletter and that the Department had begun to send out the newsletter to providers around the state.

9) New Business

Jackye Ward, with the Oklahoma Board of Nursing, brought forth and discussed a proposed continuing competence model for review by the LTC Facility Advisory Board. Ms. Ward stated that the Board of Nursing is currently moving forward with developing a continuing competence model for all active licensed nurses around the State of Oklahoma. Ms. Ward provided a handout to the LTC Facility Advisory Board members and the general public that provided an in-depth review of the proposed model and also a link to a survey that has been set up on the Board of Nursing's website for feedback. Ms. Ward made note of all recommendations made by the LTC Facility Advisory Board and the general public and fielded questions as requested.

Joanne Sellars provided a handout from the State Fire Marshal's office. The handout was a press release discussing the budget shortfall and the coming changes that are being implemented due to the current budget shortfall. Ms. Sellars fielded questions and concerns related to the press release.

10) Public Comment

Public comment was made throughout the meeting.

11) Adjournment

The meeting adjourned.

The next regular Long Term Care Facility Advisory Board Meeting is scheduled for July 14th, 2010. At 1:30 p.m. in room 1102 of the Oklahoma State Department of Health.

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ALZHEIMER'S DISEASE OR RELATED DISORDERS SPECIAL CARE DISCLOSURE FORM

All questions relate to the specialized Alzheimer's disease or related disorders care the individual facility provides. The use of the word "resident" refers to residents with Alzheimer's disease or related disorders.

What types of providers must furnish a Disclosure Form?

The Disclosure Form is part of the facility licensure application. State rules require the Disclosure Form be provided by any nursing or specialized nursing facility, residential care home, assisted living center, continuum of care facility, or adult day care center that advertises, markets or otherwise promotes they provide care or treatment to residents with Alzheimer's disease or related disorders in a special unit or under a special program.

What is the purpose of the Disclosure Form?

This Disclosure Form gives families and other interested persons the facility description of the services it provides and how these services target the special needs of residents with Alzheimer's disease or related disorders. Although the information categories are standardized, the information reported is facility-specific. This format gives families and other interested persons consistent categories of information so they can compare facilities and services. The Disclosure Form is *not* intended to take the place of visiting the facility, talking with other residents' family members, or meeting one-on-one with facility staff. This form contains additional information which families can use to make more informed decisions about care.

Facility Instructions

1. Complete this Disclosure Form according to the care and services your facility provides. You may **not** amend the form, but you may attach an addendum to expand on your answers.
2. Provide copies of the Disclosure Form to anyone who requests information on Alzheimer's or related disorders care in your facility.

Facility Information

Date: 7/8/10

Facility Name: _____

License Number: _____ Phone Number: _____

Address: _____

Administrator: _____

Completed By: _____ Title: _____

Number of Alzheimer Related Beds: _____ Facility Type: _____

Maximum Number of participants for Alzheimer Adult Day Care: _____

Check the appropriate box below.

- New application. Complete this form in its entirety and submit with your initial application.
- No change, since previous application submittal. Complete the *Facility Information* section above and submit this form with your renewal application.
- Limited change, since previous application submittal. Only respond to the form items changed and submit this form with your renewal application.

PRE-ADMISSION PROCESS

A. What is involved in the pre-admission process?

- Visit to facility Home assessment Medical records assessment
 Written application Family interview Other: _____

B. Services (see following chart)

Service	Is it offered? Yes/No	If yes, is it included in the base rate or purchased for an additional cost?
Assistance in transferring to and from a wheelchair	<input type="checkbox"/> Y <input type="checkbox"/> N	
Intravenous (IV) therapy	<input type="checkbox"/> Y <input type="checkbox"/> N	
Bladder incontinence care	<input type="checkbox"/> Y <input type="checkbox"/> N	
Bowel incontinence care	<input type="checkbox"/> Y <input type="checkbox"/> N	
Medication injections	<input type="checkbox"/> Y <input type="checkbox"/> N	
Feeding residents	<input type="checkbox"/> Y <input type="checkbox"/> N	
Oxygen administration	<input type="checkbox"/> Y <input type="checkbox"/> N	
Behavior management for verbal aggression	<input type="checkbox"/> Y <input type="checkbox"/> N	
Behavior management for physical aggression	<input type="checkbox"/> Y <input type="checkbox"/> N	
Meals (____ per day)	<input type="checkbox"/> Y <input type="checkbox"/> N	
Special diet	<input type="checkbox"/> Y <input type="checkbox"/> N	
Housekeeping (____ days per week)	<input type="checkbox"/> Y <input type="checkbox"/> N	
Activities program	<input type="checkbox"/> Y <input type="checkbox"/> N	
Select menus	<input type="checkbox"/> Y <input type="checkbox"/> N	
Incontinence products	<input type="checkbox"/> Y <input type="checkbox"/> N	
Incontinence care	<input type="checkbox"/> Y <input type="checkbox"/> N	
Home Health Services	<input type="checkbox"/> Y <input type="checkbox"/> N	
Temporary use of wheelchair/walker	<input type="checkbox"/> Y <input type="checkbox"/> N	
Injections	<input type="checkbox"/> Y <input type="checkbox"/> N	
Minor nursing services provided by facility staff	<input type="checkbox"/> Y <input type="checkbox"/> N	
Transportation (specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	
Barber/beauty shop	<input type="checkbox"/> Y <input type="checkbox"/> N	

C. Do you charge more for different levels of care? Yes No

If yes, describe the different levels of care. _____

I. ADMISSION PROCESS

- A. Is there a deposit in addition to rent? Yes No
If yes, is it refundable? Yes No
If yes, when? _____
- B. Do you have a refund policy if the resident does not remain for the entire prepaid period? Yes No
If yes, explain _____
- C. What is the admission process for new residents?
 Doctor's orders Residency agreement History and physical Deposit/payment
 Other: _____
- Is there a trial period for new residents? Yes No
If yes, how long? _____
- D. Do you have an orientation program for families? Yes No
If yes, describe the family support programs and state how each is offered.

II. DISCHARGE/TRANSFER

- A. How much notice is given? _____
- B. What would cause temporary transfer from specialized care?
 Medical condition requiring 24 hours nursing care Unacceptable physical or verbal behavior
 Drug stabilization Other: _____
- C. The need for the following services could cause permanent discharge from specialized care:
 Medical care requiring 24-hour nursing care Sitters Medication injections
 Assistance in transferring to and from wheelchair Bowel incontinence care Feeding by staff
 Behavior management for verbal aggression Bladder incontinence care Oxygen administration
 Behavior management for physical aggression Intravenous (IV) therapy Special diets
 Other: _____
- D. Who would make this discharge decision?
 Facility Manager Other: _____
- E. Do families have input into these discharge decisions?..... Yes No
- F. Do you assist families in making discharge plans? Yes No

III. PLANNING AND IMPLEMENTATION OF CARE (check all that apply)

- A. Who is involved in the service plan process?
 Nursing assistants Activity director Administrator Licensed nurses
 Social worker Dietary Family members Resident
 Physician
- B. How often is the resident service plan assessed?
 Monthly Quarterly Annually As needed
 Other: _____

C. What types of specialized programs are scheduled?

- Music program Arts program Crafts Exercise Cooking

Other: _____

How often is each program held, and where does it take place?

D. How many hours of structured activities are scheduled per day?

- 1-2 hours 2-4 hours 4-6 hours 6-8 hours 8+ hours

E. Are residents taken off the premises for activities?..... Yes No

F. What specific techniques do you use to address physical and verbal aggressiveness?

- Redirection Isolation

Other: _____

G. What techniques do you use to address wandering?

- Secured/supervised outdoor access Electro-magnetic locking system Wander Guard or similar system

Other: _____

H. What restraint alternatives do you use?

I. Who assists/administers medications?

- RN LPN Medication aide

Other: _____

IV. CHANGE IN CONDITION ISSUES

What special provisions do you allow for aging in place?

- Sitters Additional services agreements Hospice Home Health

If so, is it affiliated with your facility?..... Yes No

Other: _____

V. STAFF TRAINING ON ALZHEIMER'S DISEASE OR RELATED DISORDERS CARE

A. What training do new employees get before working in Alzheimer's disease or related disorders care?

- Orientation: _____ hours Review of resident service plan: _____ hours

On the job training with another employee: _____ hours

Other: _____

Who gives the training and what are their qualifications?

B. How much on-going training is provided and how often?

(Example: 30 minutes/month): _____

Who gives the training and what are their qualifications?

VI. VOLUNTEERS

Do you use volunteers in your facility?..... Yes No

What type of orientation/training do volunteers receive?

VII. PHYSICAL ENVIRONMENT

A. What safety features are provided in your building?

- Emergency pull cords Opening windows restricted Wander Guard or similar system
- Magnetic locks Locked doors on emergency exits
- Sprinkler system Built according to NFPA Life Safety Code, Chapter 12 Health Care
- Fire alarm system Built according to NFPA Life Safety Code, Chapter 21 Board and Care
- Other: _____

B. What special features are provided in your building?

- Wandering paths Rummaging areas Others: _____

C. What is your policy on the use of outdoor space?

- Supervised access Free daytime access (weather permitting)

VIII. STAFFING

A. What are the qualifications in terms of education and experience of the person in charge of Alzheimer's disease or related disorders care?

B. What is the daytime staffing ratio of direct care staff? _____

C. What is the daytime staffing ratio of licensed staff? _____

D. What is the nighttime staffing ratio of direct care staff? _____

E. What is the nighttime staffing ratio of licensed staff? _____

NOTE: Please attach additional comments on staffing policy, if desired.

IX. Describe the Alzheimer's disease special care unit's overall philosophy and mission as it relates to the needs of the residents with Alzheimer's disease or related disorders.

NOTICE TO APPLICANT AND OATH STATEMENT

Oklahoma Statutes require the applicant to provide true and complete information regarding the facility and the applicant.

63-1-1701.A.3. Any person who gives false information in an application for a license or permit, or to the Commissioner or a local health officer, shall, upon conviction, be guilty of a misdemeanor, and upon conviction thereof may be punished by a fine of not more than Two Hundred Dollars (\$200.00).

I certify the foregoing and attachments are true and complete to the best of my knowledge and belief.

Typed or Printed Name of Person Signing for Applicant

Signature of Applicant

Name of Corporation, Partnership or Association

Official Title or Position

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____.

Name(s) of person(s) making statement.

Signature of Notary Public

Seal or Stamp

My Commission Expires _____

My Commission Number is _____

1
2 **310:675-9-12.1. Dietary services**

3 (a) **Services.** The facility shall provide dietary services
4 to meet the resident's nutritional needs. There shall be a
5 designated staff person qualified by experience or
6 training, responsible for directing or supervising the
7 dietary services. The food service supervisor, in
8 conjunction with a qualified nutritionist or
9 registered/licensed dietitian, shall develop a dietary care
10 plan for each resident. There shall be sufficient dietary
11 staff to meet the needs of all residents.

12 (b) **Clinical record.** The dietary services provided to
13 residents needing dietary intervention shall be recorded in
14 the clinical record. Progress notes for these residents
15 shall be written at least monthly, or when a significant
16 change in the resident's condition occurs.

17 (c) **Nutritional assessment.** A nutritional assessment shall
18 be completed for each resident that addresses all pertinent
19 dietary problems such as chewing or swallowing,
20 elimination, appetite or eating habits, pertinent lab
21 results, weight and height, diet and medication
22 interactions, food preferences and assistive devices. The
23 dietary staff shall have input into the resident's
24 individual care plan.

25 (d) **Diet.** The facility shall provide a nourishing,
26 palatable, well-balanced diet that meets the resident's
27 daily nutritional and special dietary needs.

28 (1) **Meals**

29 (A) The facility shall serve at least three regularly
30 scheduled meals, or their equivalent daily. There
31 shall be at least four hours between each meal.

32 (B) Diets shall be prescribed by the resident's
33 physician and shall be planned, in writing, reviewed,
34 approved and dated by a qualified nutritionist or
35 registered/licensed dietitian. A therapeutic diet
36 shall be served with skillful attention to the diet
37 control system. Portioning of menu servings shall be
38 accomplished with portioned control serving utensils.

39 (C) Substitutes of similar nutritive value shall be
40 offered when a resident refuses served menu items.

41 (D) Residents at nutritional risk shall have timely
42 and appropriate nutrition intervention.

43 (E) Nourishments shall be available and may be offered
44 at any time in accordance with approved diet orders
45 and resident preference. Bedtime nourishment shall be
46 offered to all residents.

- 47 (F) There shall be an identification system
48 established and updated, as needed, to ensure that
49 each resident receives the prescribed diet.
50 (G) For residents at nutritional risk, the percentages
51 of consumed meals, supplements and meal replacements
52 ingested shall be observed and recorded in the
53 clinical record at the time of observation.

54

55 **310:675-9-9.1. Medication services**

56 (a) **Storage.**

57 (1) Medications shall be stored in a medication room, a
58 locked cabinet, or a locked medication cart, ~~that is~~
59 ~~convenient to the nursing station and~~ used exclusively
60 for medication storage.

61 (2) The medication storage area temperature shall be
62 maintained between 60° F. (15.5° C.) to 80° F. (26.6° C.)

63 (3) The medication room, the medication storage cabinet,
64 and medication cart shall be locked when not in use.

65 (4) The key to the medication storage areas shall be in
66 the possession of the person responsible for
67 administering medications.

68 (5) Scheduled medications shall be in a locked box within
69 the locked medication area or cart.

70 (6) Medications for external use shall be stored
71 separately from medications for internal use.

72 (7) Medications requiring refrigeration shall be kept
73 within a temperature range of 36° F. (2.2° C.) to 48° F.
74 (8.8° C.) and separated from food and other items. There
75 shall be a method for locking these medications.

76 (8) The medication areas shall ~~have a work counter; the~~
77 ~~counter and cabinet shall~~ be well lighted, clean and
78 organized.

79 (9) Running water shall be in close proximity to the
80 medication area.

81 (10) Powdered over-the-counter medication for topical use
82 may be kept in the resident's room for administration by
83 a nurse aide if:

84 (A) The facility submits its develops and implements
85 policies and procedures for safe and appropriate storage
86 and application of the powder to the Department and
87 receives written approval from the Department prior to
88 implementation; and

89 (B) Each aide who applies the over-the-counter topical
90 medication is trained in accordance with the established
91 policies and procedures of the facility.

92 (b) **Emergency medications.** Emergency medication, policies
93 and equipment shall include but not be limited to:

94 (1) An electric suction machine with necessary aseptic
95 aspirator tips.

96 (2) An emergency tray or cart with the following items
97 labeled and accessible to licensed personnel only:
98 resuscitation bag; tongue depressors; and assorted
99 airways; sterile hypodermic syringes in 2 cc, 5 cc, and
100 20 cc or larger sizes and appropriate needles. The
101 content shall be limited to emergency medications and
102 contain no scheduled medications. Only two single dose
103 vials of the following medications may be on the tray or
104 cart: 50% Dextrose, respiratory stimulant, a cardiac
105 stimulant, injectable lasix, injectable dilantin and
106 injectable benadryl.

107 (3) A certified medication aide shall not administer
108 injectable medications from any emergency tray or cart,
109 but shall have access to resuscitation bags, tongue
110 depressors, and assorted sizes of airways.

111

112 **(c) Medication accountability.**

113 (1) Medications shall be administered only on a
114 physician's order.

115 (2) The person responsible for administering medications
116 shall personally prepare the dose, observe the swallowing
117 of oral medication, and record the medication.
118 Medications shall be prepared within one hour of
119 administration.

120 (3) An accurate written record of medications
121 administered shall be maintained. The medication record
122 shall include:

123 (A) The identity and signature of the person
124 administering the medication.

125 (B) The medication administered within one hour of the
126 scheduled time.

127 (C) Medications administered as the resident's
128 condition may require (p.r.n.) are recorded
129 immediately, including the date, time, dose,
130 medication, and administration method.

131 (D) Adverse reactions or results.

132 (E) Injection sites.

133 (F) An individual inventory record shall be maintained
134 for each Schedule II medication prescribed for a
135 resident.

136 (G) Medication error incident reports.

137 (4) A resident's adverse reactions shall be reported at
138 once to the attending physician.

139

140 **(d) Medication labels and handling.**

141 (1) All prescribed medications shall be clearly labeled
142 indicating the resident's full name, physician's name,
143 prescription number, name and strength of medication,
144 dosage, directions for use, date of issue and expiration,
145 and name, address and telephone number of pharmacy or
146 physician issuing the medication, and the quantity. If a
147 unit dose system is used, medications shall indicate, at
148 least, the resident's full name, physician's name and
149 strength of medication, and directions for use.

150 (2) When over-the-counter medications are prescribed and
151 obtained in the original manufacturer's container, the
152 package directions shall be considered part of the label.
153 The resident's name shall be on the package.

154 (3) Each resident's medications shall be kept or stored
155 in the originally received containers. Paper envelopes
156 shall not be considered containers.

157 (4) Medication containers having soiled, damaged,
158 illegible or makeshift labels shall be relabeled by the
159 issuing pharmacy or physician. Labels on containers shall
160 be clearly legible and firmly affixed. No label shall be
161 superimposed on another label on a medication container
162 except for over-the-counter medication containers.

163 (5) No person shall change labels on medication
164 containers. If the attending physician orders a change of
165 directions, there shall be a procedure to mark the
166 container indicating a label change is needed at the next
167 prescription refill.

168 (6) A pharmacist shall dilute, reconstitute and label
169 medications, whenever possible. If not possible, a
170 registered nurse may reconstitute, dilute and label
171 medications. A distinctive, indelible, supplementary
172 label shall be affixed to the medication container when
173 diluted or reconstituted for other than immediate use. A
174 licensed practical nurse may reconstitute oral
175 medications only. The label shall include the following:
176 resident's name, dosage and strength per unit/volume,
177 nurse's initials, expiration date, and date and time of
178 dilution or reconstitution

179 (7) When a resident is discharged, or is on therapeutic
180 leave, the unused medication shall be sent with the
181 resident, or with the resident's representative, unless
182 there is a written physician's order to the contrary, or
183 the medication has been discontinued, or unless the
184 resident or the resident's representative donates unused
185 prescription medications for dispensation to medically
186 indigent persons in accordance with the Utilization of
187 Unused Prescription Medications Act. The clinical record

188 shall document the quantity of medication sent, and
189 returned or donated, and the signature of the person
190 receiving or transferring the medications.

191 (8) All medication orders shall be automatically stopped
192 after a given time period, unless the order indicates the
193 number of doses to be administered, or the length of time
194 the medication is to be administered. The automatic stop
195 order may vary for different types of medications. The
196 facility shall develop policies and procedures, in
197 consultation with the medical director and pharmacist, to
198 review automatic stop orders on medications. The policy
199 shall be available to personnel administering
200 medications.

201 (9) No resident shall be allowed to keep any medications
202 unless the attending physician or interdisciplinary team
203 has indicated on the resident's clinical record that the
204 resident is mentally and physically capable of self-
205 administering medications.

206 (10) A resident who has been determined by the physician
207 or interdisciplinary team as capable of self-
208 administering medication may retain the medications in a
209 safe location in the resident's room. The facility shall
210 develop policies for accountability. Scheduled
211 medications shall not be authorized for self-
212 administration, except when delivered by a patient
213 controlled analgesia pump.

214 (11) A physician's telephone orders shall be conveyed to,
215 recorded in the clinical record, and initialed by the
216 licensed nurse receiving the orders.

217 (12) Medications shall be administered only by a
218 physician, registered nurse, a licensed practical nurse,
219 or a certified medication aide. The only injectables
220 which a certified medication aide may administer ~~are~~ is
221 insulin and ~~vitamin B-12 and~~ then only when specifically
222 trained to do so.

223 (13) A pharmacy, operating in connection with a facility,
224 shall comply with the State pharmacy law and the rules of
225 the Oklahoma State Board of Pharmacy.

226 (14) Powdered over-the-counter medication for topical use
227 may be administered by a trained nurse aide when
228 designated in writing by the attending physician and
229 delegated by a licensed nurse. The licensed nurse shall
230 ensure that the aide demonstrates competency in reporting
231 skin changes, storage, application and documentation
232 policies and procedures. The licensed nurse or the
233 attending physician shall document in the resident's

234 record a skin assessment at least twice each week and
235 more often if required by the facility's approved policy.

236 (e) **Medication destruction.**

237 (1) Non-controlled medications prescribed for residents
238 who have died and non-controlled medications which have
239 been discontinued shall be destroyed by both the director
240 of nursing and ~~the consultant pharmacist~~ another licensed
241 nurse. Controlled medication shall be destroyed by a
242 licensed pharmacist and the Director of Nursing.

243 ~~except that~~ ~~†~~The facility may transfer unused
244 prescription drugs to city-county health department
245 pharmacies or county pharmacies in compliance with the
246 Utilization of Unused Prescription Medications Act and
247 all rules promulgated thereunder. Medications shall not
248 be returned to the family or resident representatives.
249 The destruction and the method used shall be noted on the
250 clinical record.

251 (2) Medications prescribed for one resident may not be
252 administered to, or allowed in the possession of, another
253 resident.

254 (3) There shall be policies and procedures for the
255 destruction of discontinued or other unused medications
256 within a reasonable time. The policy shall provide that
257 medications pending destruction shall not be retained
258 with the resident's current medications. The destruction
259 of medication shall be carried out in the facility
260 jointly by the director of nursing and the licensed
261 pharmacist who shall sign a record of destruction that is
262 retained in the facility.

263 (f) **Medication regimen review.** The facility shall ensure
264 that each resident's medications are reviewed monthly, by a
265 registered nurse or a licensed pharmacist. The reviewer
266 shall notify the physician and director of nursing, in
267 writing, when irregularities are evident.

268 (g) **Consultant pharmacist.** The facility shall have a
269 consultant licensed pharmacist to assist with the
270 medication regimen review and medication destruction.
271 The consultant pharmacist shall discuss policies and
272 procedures for the administration, storage, and destruction
273 of medications with the administrator, director of nursing
274 and other appropriate staff.

275 (h) **Emergency ~~pharmacist~~. Pharmacy.** The facility shall have
276 a contract, or letter of agreement, with a licensed
277 ~~pharmacist or a hospital pharmacy,~~ pharmacy that agrees to
278 serve as the emergency ~~pharmacist pharmacy.~~ This licensed
279 ~~pharmacist shall practice in a licensed pharmacy within a~~
280 ~~ten-mile radius of the facility,~~ and shall be available

281 twenty-four hours a day. ~~If a licensed pharmacist is not~~
282 ~~available within a ten mile radius, the Department may~~
283 ~~approve a licensed pharmacist beyond the ten mile radius.~~

284 (i) **Bulk nonprescription drugs.** A facility may maintain
285 nonprescription drugs for dispensing from a common or bulk
286 supply if all of the following are accomplished.

287 (1) **Policy of facility.** The facility must have and follow
288 a written policy and procedure to assure safety in
289 dispensing and documentation of medications given to each
290 resident.

291 (2) Acquisition. The facility shall maintain records
292 which document the name of the medication acquired, the
293 acquisition date, the amount and the strength received
294 for all medications maintained in bulk.

295 (3) Dispensing. Only licensed nurses, physicians,
296 pharmacists or certified medication aides (CMA) may
297 dispense for administration these medications and only
298 upon the written order for as needed (p.r.n.) or
299 nonscheduled dosage regimens dosing from a physician as
300 documented in the clinical record of the resident.

301 (4) Storage. Bulk medications shall be stored in the
302 medication area and not in resident rooms.

303 (5) Records. The facility shall maintain records of all
304 bulk medications which are dispensed on an individual
305 signed medication administration record (MAR).

306 (6) Labeling. The original labels shall be maintained on
307 the container as it comes from the manufacturer or on the
308 unit-of-use (blister packs) package.

309 (7) Package size. The maximum size of packaging shall be
310 established by the facility in its policy and procedures
311 and shall insure that each resident receives the correct
312 dosage; provided however, that no liquid medications
313 shall be acquired nor maintained in a package size which
314 exceeds 16 fluid ounces.

315 (8) Allowed nonprescription drugs. Facilities may have
316 only oral analgesics, antacids, and laxatives for bulk
317 dispensing. No other categories of medication may be
318 maintained as bulk medications.

319

320 [Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency);
321 Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 11 Ok Reg
322 907, eff 12-17-93 (emergency); Amended at 11 Ok Reg 2645,
323 eff 6-25-94; Amended at 16 Ok Reg 2521, eff 6-25-99;
324 Amended at 18 Ok Reg 2533, eff 6-25-2001; Amended at 19
325 Ok Reg 524, eff 1-3-2002(emergency);