



Nurse Aide Registry
FY 2017 First Quarter Statistics

Prepared for
Long Term Advisory Board
Wednesday, October 12, 2016

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Nurse Aide Registry

**If you have any questions regarding
Nurse Aide Registry, please call (405) 271-4085**

Long Term Care Advisory Board Meeting
 Nurse Aide Registry Activity Report
 First Quarter FY 2017
 July 1, 2016 – September 30, 2016



Nurse Aide Registry
 Oklahoma State
 Department of Health

Count of Certificates by Type as of 10/10/16

Types of Certifications	Unexpired Certifications	Certifications Eligible for Renewal	Total Certifications
ADC	30	180	210
LTC	37,747	94,984	132,736
CMA	5,948	16,151	22,105
CMA Gastro	2,684	2,291	4,980
CMA GM	1,113	627	1,740
CMA IA	791	463	1,254
CMA R	2,770	2,384	5,161
Feeding Assistant	651	1,778	2,430
HHA	13,881	43,168	57,050
DDCA	1,341	9,402	10,745
RCA	76	1,007	1,083
TOTALS	67,032	172,435	239,494

Number of Walk-Ins (Individuals) Processed Same Day on the First Floor Nurse Aide Registry Desk For Certification for FY17

Per Quarter	First Floor NAR Aides Walk-ins Processed
1 st	1,224
2 nd	
3 rd	
4 th	
Total	1,224

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Substantiated Abuse - FY 2017

Added Per Quarter	Physical	Sexual	Verbal	Mistreatment	Neglect	Misappropriation of Property	Total
1 st	2	0	0	0	5	13	20
2 nd							
3 rd							
4 th							
Totals	2	0	0	0	5	13	20

Number of Approved Training Programs by Type as of 10/10/16

Long Term Care Aides	Home Health Aides*	Developmentally Disabled Direct Care Aides	Residential Care Aides	Adult Day Care Aides	Certified Medication Aides	Total
133	0	11	1	0	47	192

Home Health Aides are going through HHA Deeming Programs to become Certified

Advanced CMA and CMA/CEU Training Programs as of 10/10/16

CMA Respiratory	CMA Respiratory/ Gastrostomy	CMA Gastrostomy	CMA Glucose Monitor	CMA Insulin Administration	CMA/CEU	Total
2	25	1	2	20	35	85

Grand Total Number of Approved Nurse Aide Registry Programs - 277

**Long Term Care Advisory Board Meeting
Nurse Aide Registry Activity Report
First Quarter FY 2017
July 1, 2016 – September 30, 2016**



Nurse Aide Registry
Oklahoma State
Department of Health

Number of LTC Training Program Onsite Reviews Performed FY 2017

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total
31				31

**Number of Nurse Aide Certification Revoked or Non-Renewal Due to Criminal
Background Checks FY 2017**

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total
2				2

Abuse/Neglect/Misappropriation (ANM) Findings												
	FY 2015		FY16-Q1 7/1/15 to 9/30/15		FY16-Q2 10/1/15 to 12/31/15		FY16-Q3* 1/1/16 to 3/31/16		FY16-Q4 4/1/16 to 6/30/16		FY17-Q1 7/1/16 to 9/30/16	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Findings	30	100%	10	100%	9	100%	32	100%	23	100%	20	100%
Default Judgement Service to Address on File					1	11%	22	69%	16	70%	11	55%
Years From Certification to Finding												
Average	6		6		11		7		7		9	
Minimum	1		2		1		2		0		1	
Maximum	19		16		18		22		22		27	
Age at Finding												
Average	34		33		38		36		33		38	
Minimum	19		22		19		20		19		19	
Maximum	60		45		54		62		51		63	
Gender	30	100%	10	100%	9	100%	32	100%	23	100%	20	100%
Male	11	37%	3	30%	1	11%	6	19%	3	13%	1	5%
Female	19	63%	7	70%	8	89%	26	81%	20	87%	19	95%
Type Certification	30	100%	10	100%	9	100%	32	100%	23	100%	20	100%
LTC/HHA	23	76.7%	7	70.0%	7	77.8%	28	87.5%	22	95.7%	17	85.0%
CMA	6	20.0%	1	10.0%	2	22.2%	0	0.0%	0	0.0%	2	10.0%
DDCA	1	3.3%	1	10.0%	0	0.0%	1	3.1%	1	4.3%	0	0.0%
NTSW	0	0.0%	1	10.0%	0	0.0%	3	9.4%	0	0.0%	1	5.0%
Finding Type	30	100%	10	100%	9	100%	32	100%	23	100%	20	100%
Misappropriation												
Misappropriation/Meds	4	13.3%	1	10.0%	1	11.1%	3	9.4%	1	4.3%	2	10.0%
Misappropriation/Cash	3	10.0%	3	30.0%	3	33.3%	2	6.3%	0	0.0%	0	0.0%
Misappropriation/Property	9	30.0%	0	0.0%	1	11.1%	16	50.0%	11	47.8%	11	55.0%
Neglect												
Services	6	20.0%	1	10.0%	1	11.1%	6	18.8%	2	8.7%	2	10.0%
Transfer	3	10.0%	3	30.0%	1	11.1%	1	3.1%	3	13.0%	3	15.0%
Abuse												
Physical	3	10.0%	2	20.0%	1	11.1%	3	9.4%	6	26.1%	2	10.0%
Sexual	1	3.3%	0	0.0%	0	0.0%	1	3.1%	0	0.0%	0	0.0%
Verbal	1	3.3%	0	0.0%	1	11.1%	0	0.0%	0	0.0%	0	0.0%
Mistreatment	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Facility Type	30	100%	10	100%	9	100%	32	100%	23	100%	20	110%
Nursing	22	73%	9	90%	4	44%	19	59%	17	74%	15	75%
Assisted Living	3	10%	0	0%	1	11%	9	28%	4	17%	5	25%
Home Care	3	10%	0	0%	1	11%	2	6%	1	4%	1	5%
Hospice	0	0%	0	0%	0	0%	1	3%	0	0%	0	0%
ICF/IID	1	3%	1	10%	1	11%	1	3%	1	4%	1	5%
Private	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%
Training Source	30	100%	10	100%	9	100%	32	100%	23	100%	20	100%
Career Tech	15	50%	4	40%	4	44%	17	53%	12	52%	9	45%
Provider Based	7	23%	2	20%	3	33%	6	19%	4	17%	6	30%
Private	3	10%	2	20%	1	11%	1	3%	3	13%	1	5%
Unknown	3	10%	1	10%	0	0%	2	6%	3	13%	3	15%
Reciprocity	0	0%	0	0%	1	11%	3	9%	1	4%	0	0%
OSU	2	7%	0	0%	0	0%	0	0%	0	0%	0	0%
NA: Non-technical	0	0%	1	10%	0	0%	3	9%	0	0%	1	5%
Hearings	30	100%	10	100%	9	100%	32	100%	23	100%	20	100%
Appeared	12	40%	6	60%	1	11%	6	19%	3	13%	8	40%
No Appearance	16	53%	3	30%	8	89%	26	81%	20	87%	12	60%
Agreed Order	2	7%	1	10%	0	0%	0	0%	0	0%	0	0%

* This quarter represented the first complete quarter in which 63 O.S. § 1-1951(D)(8) applied. This new law provided legal service exists when delivery of the petition and order for hearing were sent to the address on file for a nurse aide.

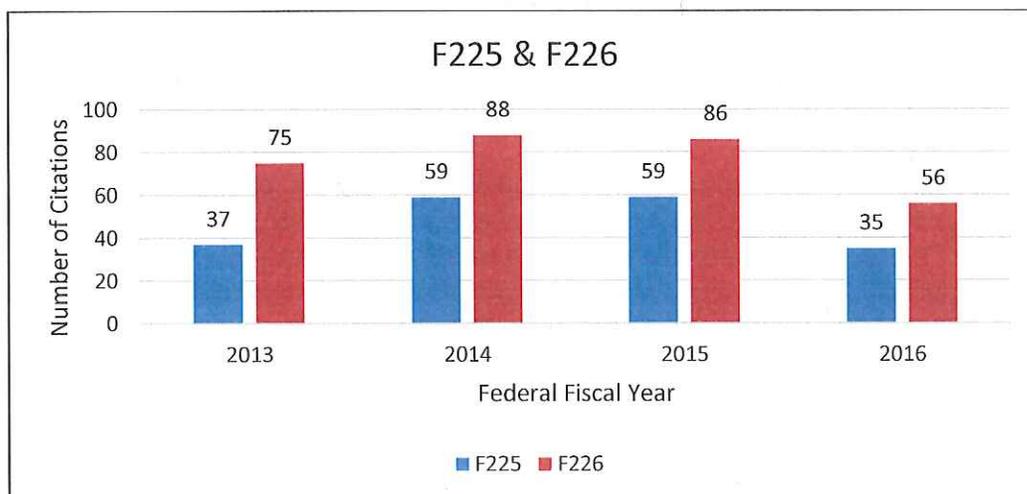
OKSCREEN and Abuse, Neglect, and Misappropriation (ANM) Findings												
	FY15		FY16-Q1 7/1/15 to 9/30/15		FY16-Q2 10/1/15 to 12/31/15		FY16-Q3* 1/1/16 to 3/31/16		FY16-Q4 4/1/16 to 6/30/16		FY17-Q1 7/1/16 to 9/30/16	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Findings & OK-SCREEN Applicant Reviews												
Persons with ANM findings	30	100%	10	100%	7	100%	31	100%	23	100%	20	100%
ANM Applicant's with Status in OKS	11	37%	5	50%	2	29%	10	32%	10	43%	15	75%
No applicant record in OKS	19	63%	5	50%	5	71%	21	68%	13	57%	5	25%
ANM Applicant's with Status in OKS												
ANM Applicants with Status in OKS	11	100%	5	100%	2	100%	10	100%	10	100%	15	100%
Had prior eligible determination in OKS prior to finding	7	64%	2	40%	2	100%	7	70%	9	90%	12	80%
Had pending determination with provisional employment	0	0%	1	20%	0	0%	0	0%	0	0%	0	0%
Had incomplete or withdrawn application(s) or pending not eligible determination	4	36%	2	40%	0	0%	3	30%	1	10%	3	20%
Prior Criminal History for ANM Cases w/ prior Eligible Determination in OKS												
ANM Cases with prior eligible determination in OKS	7	100%	2	100%	2	100%	7	100%	9	100%	12	100%
Had prior eligible criminal history	1	14%	0	0%	0	0%	2	29%	2	22%	3	25%
Had no prior criminal history	6	86%	2	100%	2	100%	5	71%	7	78%	9	75%
OKS Employment History for ANM Cases w/ prior Eligible Determination in OKS												
ANM Cases with prior eligible determination in OKS	7	100%	2	100%	2	100%	7	100%	9	100%	12	100%
Discharged @ Allegation	0	0%	0	0%	0	0%	0	0%	4	44%	4	33%
Terminated in OKS prior to ANM Finding	3	43%	1	50%	1	50%	5	71%	4	44%	3	25%
Terminated in OKS after ANM Finding	4	57%	0	0%	1	50%	0	0%	1	11%	4	33%
Termination date pending	0	0%	1	50%	0	0%	0	0%	0	0%	0	0%
Never employed	0	0%	0	0%	0	0%	1	14%	0	0%	1	8%
Employed with Pending Allegation Prior to ANM Finding									4		6	
* This quarter represented the first complete quarter in which 63 O.S. § 1-1951(D)(8) applied. This new law provided legal service exists when delivery of the petition and order for hearing were sent to the address on file for a nurse aide.												

Ad Hoc Committee on Standards, Practices and Procedures of the Oklahoma State Department of Health Relating to Nurse Aides of the Long Term Care Facility Advisory Board
Executive Summary
October 12, 2016

The Ad Hoc Committee on Standards, Practices and Procedures of the Oklahoma State Department of Health Relating to Nurse Aides held their thirteenth meeting on October 12, 2016. Long Term Care Facility Advisory Board members present were Jimmy McWhirter, Joanna Martin and Wendell Short. Others present were David Rising, Janine McCullough, Henry Hartsell, Alex Hart-Smith, Lois Baer, James Joslin, Patricia Shidler, Diane Henry, Michael Cook, Becky Moore, Don Maisch, Esther Houser, Naresh Bhandari, Julie Myers, Dee Downer. From the OU Center for Public Management, Ginger Thompson facilitated the meeting.

The committee reviewed data on formal findings of abuse, neglect or misappropriation made against nurse aides and non-technical services workers by an administrative law judge following either a hearing or opportunity for hearing. From July 1, 2015 through September 30, 2016, 94 findings of abuse, neglect or misappropriation were made against nurse aides and non-technical services workers. This number is less than the previous quarter. (Please see minutes of the meeting to view this data in detail).

The Committee also reviewed data on citations of violations of federal regulations at F225 (employee, investigate, report abuse/neglect) and F226 (develop and implement abuse/neglect policies). Further, projections indicate decreases in both allegations and deficiency citations. After reviewing the data, the Committee determined that citations are trending downward. The year-to-date citations (federal fiscal year, September 1, 2015 through June 30, 2016) for F225 and F226 are lower than federal fiscal years 2013, 2014 and 2015. (See Figure 1.) Figure 1 illustrates the decrease in all citations related to F225 and F226. Of those citations 4 citations of F226 were at level H and higher (actual harm or immediate jeopardy) and one F225 citation was at level H and higher. The number of these high level citations in 2015 was 15 each.



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Figure 1: F225 & F226 Citations against Okla. Nursing Facilities, FFY2013-FFY2016

Data were presented and reviewed relative to abuse and failure-to-report data for assisted living, residential care and intermediate care facility for individuals with intellectual disability. The ratios are approximate to that of nursing facilities.

The Committee heard a status report on the processing of allegations of abuse, neglect and misappropriation, and placements of pending notations on the nurse aide registry. From January 1, 2016 through September 30, 2016, the Oklahoma State Department of Health posted 94 allegations of abuse on the nurse aide registry within an average of 8 calendar days during that period. The AIM is 10 days or less. (See Figure 2.)

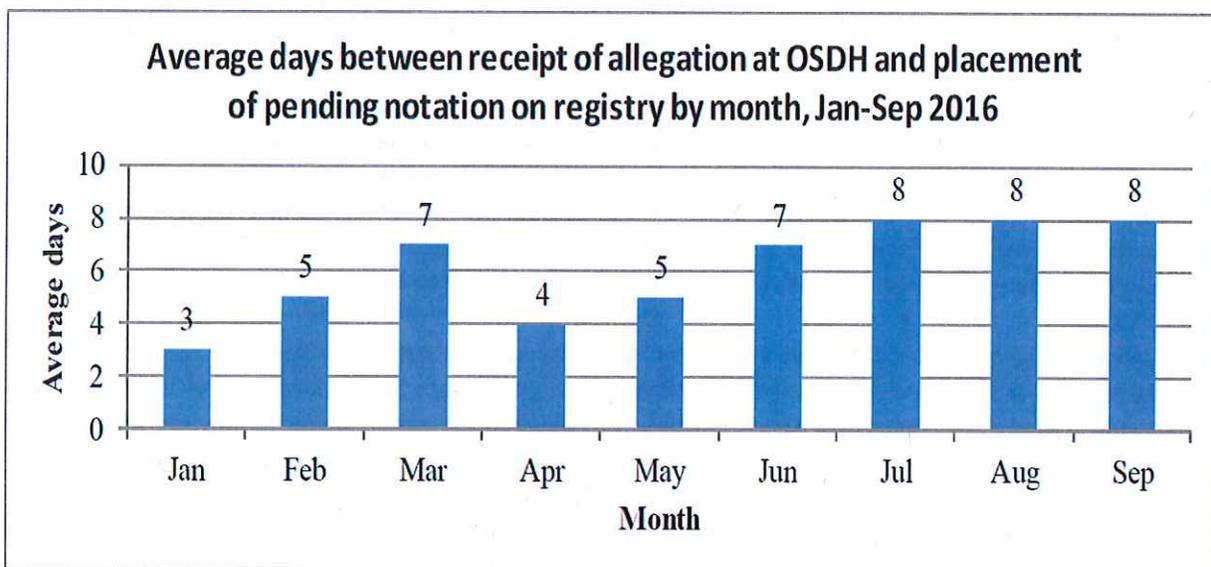


Figure 2: Days between receipt of allegation at OSDH and placement of pending notation on registry by month, Jan-Sep 2016

The Committee discussed whether or not it would be more effective for the Committee to focus on a different AIM and objective given the projected 58% decrease in F225, which is a measure of failure to report to abuse. Upon review of the data, the Committee recognized that pursuing a quality improvement initiative related to this issue would not be the most efficient use of the Committee's resources.

The Committee agreed to survey the Advisory Board members to assess, prioritize, and recommend future projects to the larger Board. The Ad Hoc Committee plans to utilize Survey Monkey to prioritize pertinent issues. The group will assess the results and identify related data sources. The Committee agreed to bring its findings to the Long Term Care Facility Advisory Board for discussion and recommendations following its next meeting (January 11 at 10 a.m.).

The meeting convened at 9:40 a.m. and adjourned at 11:45 a.m. The next meeting will be held beginning at 10:00 a.m. on January 11, 2017.

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**Ad Hoc Committee on Healthy Aging
Long Term Care Facility Advisory Board
Executive Summary
October 12, 2016**

The Ad Hoc Committee on Healthy Aging held their tenth, eleventh, and twelfth meetings on March 3, May 23, and August 23 respectively. The Long Term Care Facility Advisory Board member present was Andrew Dentino, MD. Others present at these meetings were Nancy Atkinson, Lois Baer, Mary Brinkley, Timothy Cathey, Mike Cook, Terry Cothran, Mickie Craven, Mimi DeRonda, Claire Dowers-Nichols, Andrew Dentino, Laura Gamino, Hank Hartsell, Alexandria Hart-Smith, Bethany Holderread, Gayla Middlestead, Rebecca Moore, Julie Myers, Marisa New, Avy Redus, David Rising, Teri Round, Crystal Rushing, Diane M. Wood, and Debra Yellseagle.

The committee had two objectives this past year. The first was to monitor the progress of the nursing home fall prevention pilot program designed by the committee last year. The second objective was to formulate an approach to increase concurrently the percent of nursing home residents assessed and appropriately given the influenza and pneumococcal vaccines. The fall prevention pilot has demonstrated initial success with room for refinement. The vaccination initiative is in the information gathering stage. Further details about both initiatives follow.

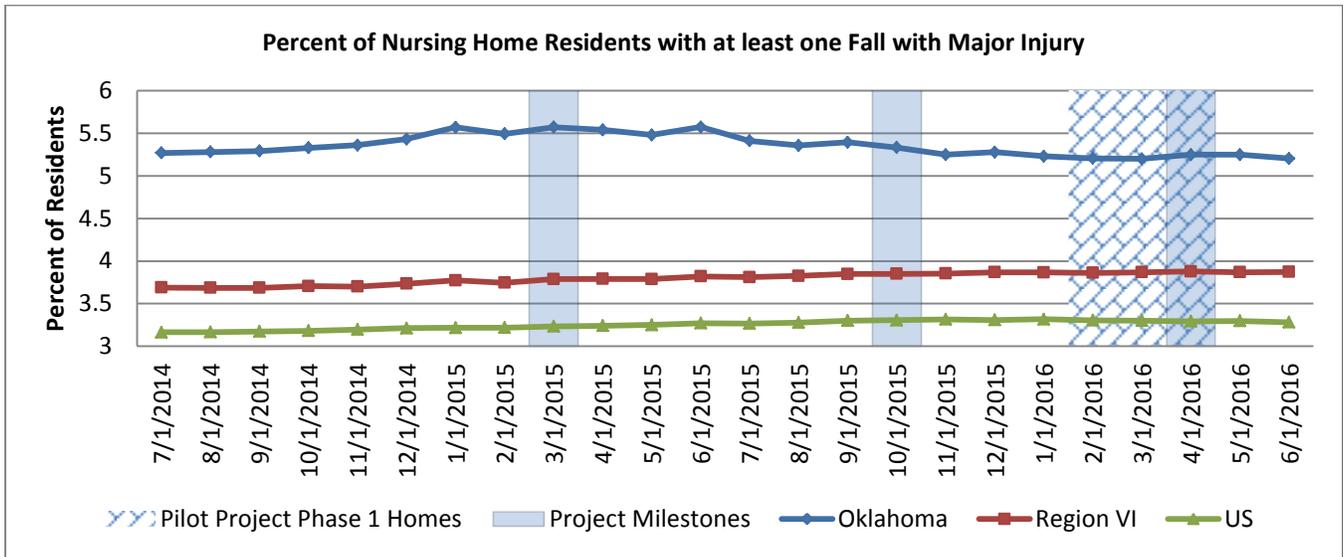
Fall Prevention Initiative:

Due largely to the collaborative efforts of this ad hoc work group, fewer nursing home residents have experienced falls with major injury in Oklahoma. Collaborative efforts to educate providers and enhance existing projects began in March 2015 and continue to date. The initial project design for a 12-week comprehensive program was completed in October 2015. Collaboration to reduce falls in nursing homes and in the community continued at the 2016 Governor's Summit on Healthy Aging this past April. The baseline for reducing falls with major injury was set at 5.3% (09/30/2014). The trend of falls continued upward, peaking at 5.6%, before work began.¹

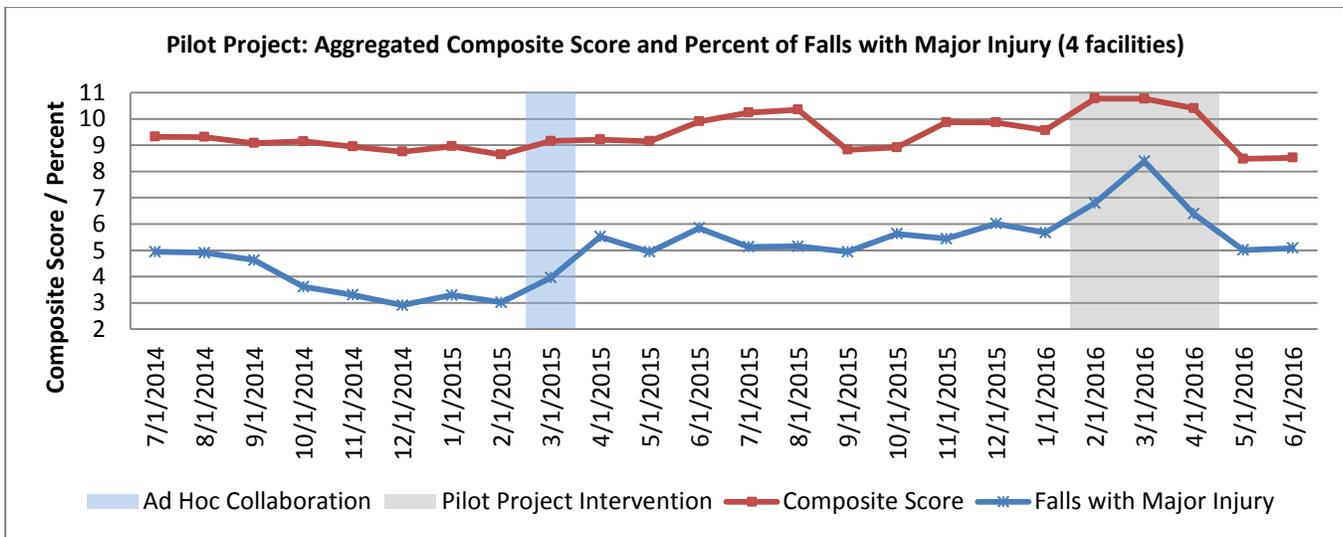
AIM Statement for Fall Prevention: To reduce the rate of falls with major injury in Oklahoma nursing facilities starting with a rate of 5.3% in September 2014, moving through 5.0% by June 2016, to 3.0% by June 2019. This effort should improve physical, mental, social, and emotional well-being and functioning of residents of nursing facilities as currently measured in the composite score.

Continued on the next page

¹ Source: CMS Minimum Data Set accessed 9/8/2016



The fall prevention pilot *It's not OK to Fall* concluded phase one this June. The pilot included four facilities around the Oklahoma City area. The preliminary results indicate net positive results. The fall rate of the homes averaged 6% (12/31/2015) before the intervention and 5% (6/30/2016) two months post-intervention. The program employs a multifaceted design that empowers staff through culture change principles. This multifaceted design may have played a role in improving the participants' composite score (a lower score is a better score). The aggregated composite score for pilot homes improved from 9.9 (12/31/2015) to 8.5 (6/30/2016).² The pilot program was presented as a poster at the Surgeon General's 2016 U.S. Public Health Service conference and was well received.



² Source: CMS Minimum Data Set accessed 9/8/2016



Vaccination Initiative:

The Centers for Disease Control and Prevention (CDC) estimates that “between 71 percent and 85 percent of seasonal flu-related deaths have occurred in people 65 years and older and between 54 percent and 70 percent of seasonal flu-related hospitalizations have occurred among people in that age group.”³ Additionally, the CDC reports that each year “pneumococcal disease kills thousands of adults, including 18,000 adults 65 years or older. Thousands more end up in the hospital because of pneumococcal disease.”⁴

Therefore the Ad Hoc on Healthy Aging elected to focus on Influenza and Pneumococcal vaccinations in long-term care settings. The data available to measure improvement in this area is limited to nursing facilities. The measures are the percent of long-stay residents appropriately assessed and given the influenza and pneumococcal vaccines as reported in the CMS Minimum Data Set 3.0. Inoculating residents is only one part of a comprehensive prevention program. Additional prevention measures include hand-hygiene and the vaccination of all individuals in the community (short-stay and long-stay residents, staff, and visitors).

The ad hoc committee continues its work to define project parameters. The OSDH has tasked a current contractor (also an ad hoc participant) to pilot initial efforts. The contractor will also collect information related to successes and barriers to appropriately assessing and giving the vaccinations to 100% of long-stay residents. The information collected during this flu season will inform project design with effective, practice-based solutions for Oklahoma nursing homes.

Matters of concern:

- Even among homes where 100% of the resident population is assessed and appropriately given
 - Approximately 11% of residents decline Pneumococcal vaccination
 - Approximately 15% of residents decline Influenza vaccination
 - No tracking mechanism in place for cost/rate of staff vaccinations
 - No current data about handwashing/hand hygiene practices
 - Documentation issues with care transitions for short and long stay
 - Varying policies relative to inoculating upon admission

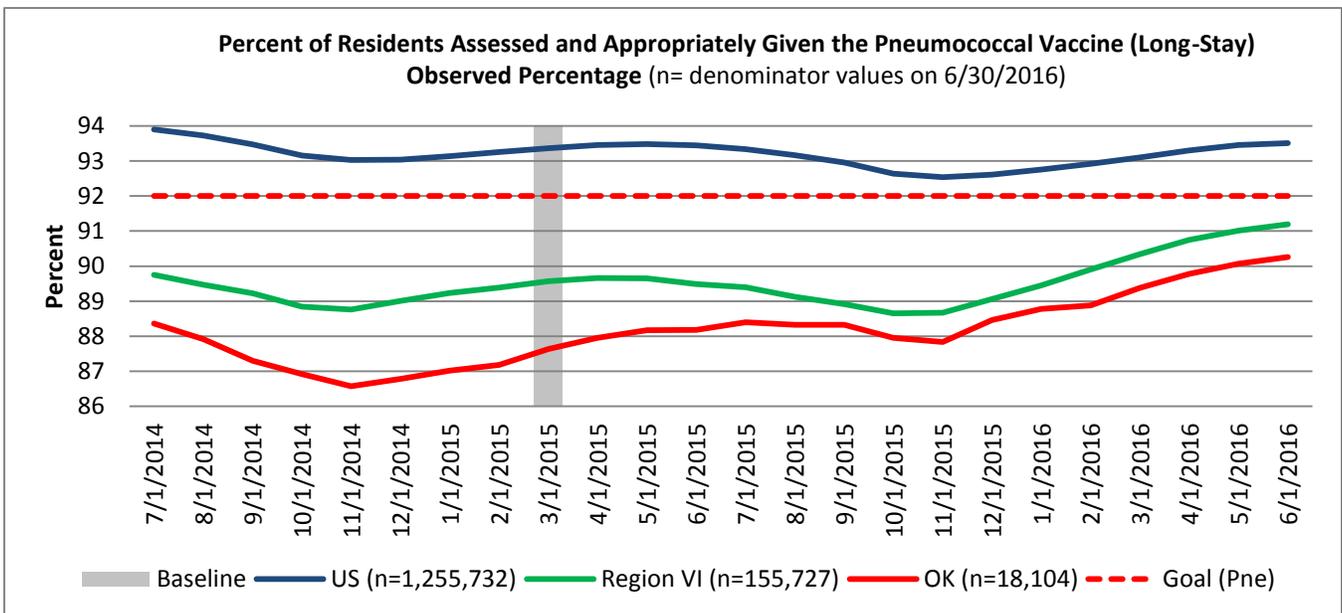
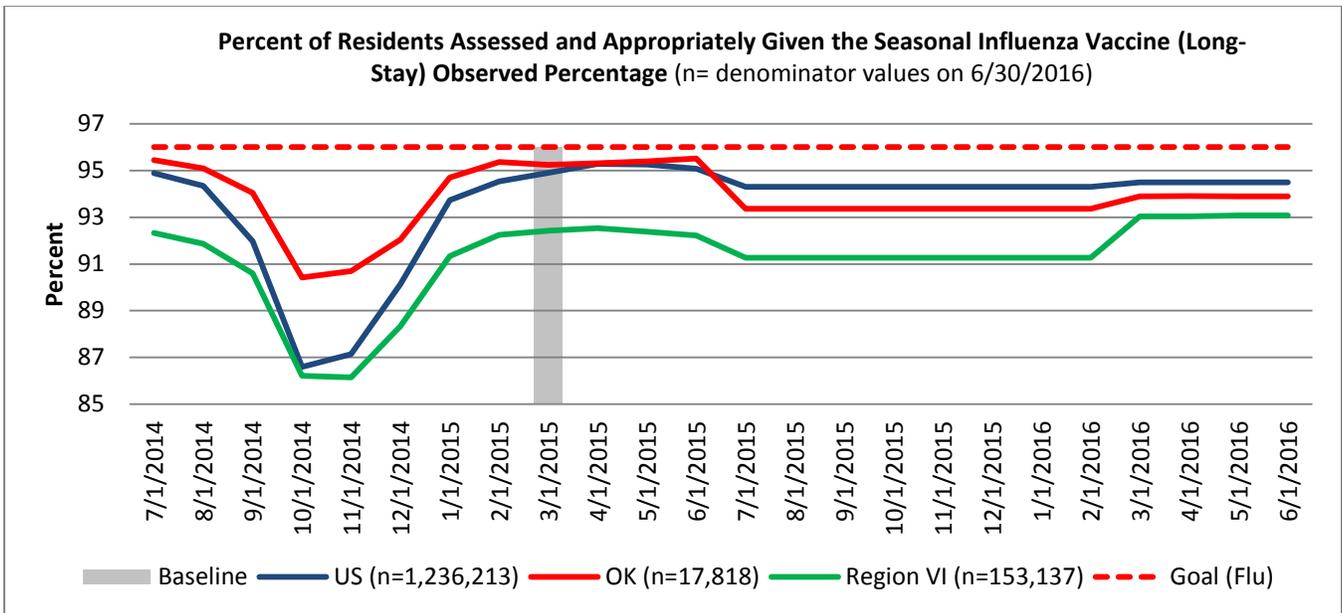
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³ <http://www.cdc.gov/flu/about/disease/65over.htm> accessed 9/29/2016

⁴ <https://www.cdc.gov/features/adult-pneumococcal/> accessed 9/29/2016



AIM Statement for Vaccinations: As specifically measured by the Minimum Data Set 3.0, the current goals of the ad hoc committee are to increase the percentage of long-stay residents in Oklahoma nursing facilities that are assessed and appropriately given the seasonal influenza and pneumococcal vaccines. Starting with a rate for **seasonal influenza** of 95.2% in March 2015, the aim is to improve to 96% by March 2018 with a stretch goal of 98% by March 2019. Starting with a rate for **pneumococcal** vaccinations of 87.6% in March 2015, the aim is to improve to 92% by March 2018, with a stretch goal of 94% by March 2019. This effort should improve physical, mental, social, and emotional well-being and functioning of residents of nursing facilities as currently measured in the composite score.



ASSISTED LIVING PENALTIES

<p>Sanctions</p> <p>63 OS 1-890.6(B) Ban on Admissions</p> <p>Deny, suspend, refuse to renew, or revoke license</p> <p>§63-1-890.6(C) Maximum Per Day Administrative Penalty \$500.00</p> <p>Assisted Living Center Surveys will be accompanied by the AL/RC/DC Surveyor Coversheet. The coversheet will include information regarding start dates for level 3 and 4 deficiencies, and the coversheet will include surveyor determinations of continuing non-compliance for severity levels 1 and 2 deficiencies re-cited upon revisit as defined by 63 OS 1-890.6(D)(4).</p>	<p><u>SEVERITY LEVEL 4 "J"</u> IMMEDIATE JEOPARDY TO RESIDENT HEALTH & SAFETY <u>ISOLATED</u> ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$500</p>	<p><u>SEVERITY LEVEL 4 "K"</u> IMMEDIATE JEOPARDY TO RESIDENT HEALTH & SAFETY <u>PATTERN</u> MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$500</p>	<p><u>SEVERITY LEVEL 4 "L"</u> IMMEDIATE JEOPARDY TO RESIDENT HEALTH & SAFETY <u>WIDESPREAD</u> PERVASIVE PROBLEMS THROUGHOUT THE FACILITY \$500</p>
	<p><u>SEVERITY LEVEL 3 "G"</u> ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY <u>ISOLATED</u> ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$100</p>	<p><u>SEVERITY LEVEL 3 "H"</u> ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY <u>PATTERN</u> MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$200</p>	<p><u>SEVERITY LEVEL 3 "I"</u> ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY <u>WIDESPREAD</u> PERVASIVE THROUGHOUT THE FACILITY \$300</p>
	<p><u>SEVERITY LEVEL 2 "D"</u> NO ACTUAL HARM WITH POTENTIAL FOR MORE THAN MINIMAL HARM <u>ISOLATED</u> ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$30*</p>	<p><u>SEVERITY LEVEL 2 "E"</u> NO ACTUAL HARM WITH POTENTIAL FOR MORE THAN MINIMAL HARM <u>PATTERN</u> MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$30*</p>	<p><u>SEVERITY LEVEL 2 "F"</u> NO ACTUAL HARM WITH POTENTIAL FOR MORE THAN MINIMAL HARM <u>WIDESPREAD</u> PERVASIVE THROUGHOUT THE FACILITY \$30*</p>
	<p><u>SEVERITY LEVEL 1 "A"</u> NO ACTUAL HARM WITH POTENTIAL FOR MINIMAL HARM <u>ISOLATED</u> ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED</p>	<p><u>SEVERITY LEVEL 1 "B"</u> NO ACTUAL HARM WITH POTENTIAL FOR MINIMAL HARM <u>PATTERN</u> MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED</p>	<p><u>SEVERITY LEVEL 1 "C"</u> NO ACTUAL HARM WITH POTENTIAL FOR MINIMAL HARM <u>WIDESPREAD</u> PERVASIVE THROUGHOUT THE FACILITY</p>
	<p>* Fines for continued non-compliance start on the exit date of the original survey. (Unrelated violations are not included in the penalty.)</p>		

Severity Levels:

- Severity Level 1** – No actual harm with the potential for minimal harm,
- Severity Level 2** – No actual harm with the potential for more than minimal harm,
- Severity Level 3** – Actual harm that is not immediate jeopardy, and
- Severity Level 4** – Immediate jeopardy to resident health and safety.

Scope:

Isolated: When one or a very limited number of residents or employees have been affected and/or a very limited number of area(s)/location(s) have/has been, or one or a very limited number of opportunity (ies) for compliance was/were missed,

Pattern: When more than a very limited number of residents or employees have been affected, and/or the situation(s) has/have occurred in more than a limited number of locations but the locations are not dispersed throughout the facility, and/or a pattern of non-compliance related to number of times (i.e. 8:00 am medications, evening meals, night shift, etc.) the violation(s) has/have occurred,

Widespread when the problems causing the deficiency (ies) is pervasive (affect many locations) throughout the facility and/or represent a systemic failure that affected, or has the potential to affect, a large portion or all of the residents or employees.

Penalty Amounts:

\$30 per day: Imposed with opportunity to correct (OTC) when continuing non-compliance (CNC) has been established upon revisit.

\$100 per day: Imposed with no opportunity to correct (NOTC) effective when the **ISOLATED** actual harm that is not immediate jeopardy occurred.

\$200 per day: Imposed with NOTC effective when the **PATTERN** of actual harm that is not immediate jeopardy first began.

\$300 per day: Imposed with NOTC, effective when the **WIDE SPREAD** actual harm that is not immediate jeopardy first began.

\$500 per day: Imposed with NOTC, effective when the **IMMEDIATE JEOPARDY (IJ)** first began.

Sanctions:

Severity Level 1: No administrative penalty

Severity Level 2: \$30.00 per day per violation up to a total maximum of \$500.00 per day

The facility will be given an opportunity to correct (OTC) level 2 deficiencies prior to assessment of administrative penalties. When level 2 deficiencies represent continuing non-compliance (CNC) as defined by 63 OS 1-890.6(D)(4), the \$30.00 per day per violation penalty will begin on the survey exit date of the original citation and continue until the correction date established by the revisit. If a deficiency is re-cited at a higher level, the per-day penalty will be increased on the revisit survey exit date that determined the higher scope and severity. Penalties will be recalculated upon each revisit.

Severity Level 3: \$100.00 - \$300.00 per day per violation up to a total maximum \$500.00 per day

The facility will **not** have an opportunity to correct (NOTC) level 3 deficiencies prior to assessment of administrative penalties. Level 3 deficiencies that represented an isolated scope will be calculated at \$100.00 per day per violation. Level 3 deficiencies that represented scope at a pattern will be calculated at \$200.00 per day per violation. Level 3 deficiencies that represented a widespread scope will be calculated at \$300.00 per day per violation. NOTC deficiencies will begin on the date identified as the first date actual harm occurred and continue until the correction date established by the revisit, or the survey exit date the violation was re-cited at a lower or higher level. Penalties will be recalculated upon each revisit.

Severity Level 4: \$500.00 per day

The facility will **not** have an opportunity to correct level 4 deficiencies prior to assessment of administrative penalties. NOTC deficiencies that represented immediate jeopardy will begin on the date identified as the first date immediate jeopardy existed (or on the survey exit date if no discernable start date could be identified) for one or more residents and continue until the immediate jeopardy has been removed as verified onsite by a surveyor. Once a penalty for immediate jeopardy has begun, a per day penalty will continue at a minimum of \$30.00 per day (if no actual harm occurred) per violation, or \$100.00 per day per violation if isolated actual harm occurred, or \$200.00 per day per violation if actual harm at a pattern occurred until the correction date established by the revisit or the date the violation was re-cited at a lower level. Penalties will be recalculated upon each revisit.

63 OS 1-890.6 (C) *Any person who has been determined by the Commissioner to have violated any provision of the Continuum of Care and Assisted Living Act or any rule promulgated hereunder shall be liable for an administrative penalty of not more than Five Hundred Dollars (\$500.00) for each day that the violation occurs.*

63 OS 1-890.6(D) 4 *Any new violation unrelated to the original violation and not classified as actual harm or immediate jeopardy that is discovered upon a re-visitation of a continuum of care facility or assisted living center shall constitute a new action and shall not be included in the original citation or assessment of fines or penalties; provided, that a preexisting violation not corrected in compliance with the approved plan of correction shall be considered still in effect.*

Composite Scorecard for Oklahoma Nursing Homes

Long-stay metrics for the period ending 06/30/2016

<p>Residents Who Self-Report Moderate to Severe Pain</p> <table border="1"> <thead> <tr> <th></th> <th>Sep 2015</th> <th>Dec 2015</th> <th>Mar 2016</th> <th>Jun 2016</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>8.9%</td> <td>8.6%</td> <td>8.2%</td> <td>7.9%</td> </tr> <tr> <td>Region 6</td> <td>9.5%</td> <td>9.0%</td> <td>8.5%</td> <td>8.1%</td> </tr> <tr> <td>Oklahoma</td> <td>16.1%</td> <td>15.9%</td> <td>15.8%</td> <td>15.0%</td> </tr> </tbody> </table>		Sep 2015	Dec 2015	Mar 2016	Jun 2016	Nation	8.9%	8.6%	8.2%	7.9%	Region 6	9.5%	9.0%	8.5%	8.1%	Oklahoma	16.1%	15.9%	15.8%	15.0%	<p>Residents With Catheter Inserted or Left in Bladder</p> <table border="1"> <thead> <tr> <th></th> <th>Sep 2015</th> <th>Dec 2015</th> <th>Mar 2016</th> <th>Jun 2016</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>3.6%</td> <td>3.5%</td> <td>3.4%</td> <td>3.2%</td> </tr> <tr> <td>Region 6</td> <td>3.9%</td> <td>3.9%</td> <td>3.9%</td> <td>3.7%</td> </tr> <tr> <td>Oklahoma</td> <td>4.7%</td> <td>4.6%</td> <td>4.6%</td> <td>4.6%</td> </tr> </tbody> </table>		Sep 2015	Dec 2015	Mar 2016	Jun 2016	Nation	3.6%	3.5%	3.4%	3.2%	Region 6	3.9%	3.9%	3.9%	3.7%	Oklahoma	4.7%	4.6%	4.6%	4.6%
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Oklahoma State Department of Health
Creating a State of Health

Overview of Composite Scorecard Long-stay metrics for the period ending June 30, 2016

- **Data collected September 30th and based on a 6 month rolling average**
- **Top 3 Greatest Opportunities for Improvement:**
 - **Slide 1—Residents Who Self-Report Moderate to Severe Pain**
 - Oklahoma gradually decreasing, 15.8% in March and now 15.0%
 - Double the National average of 7.9%
 - Above Regional average of 8.1%
 - **Slide 9—Residents Who Received Antipsychotic Medications**
 - Oklahoma Nursing Homes higher than Nation at 19%
 - National average is 16.0%
 - Only slightly higher than Regional average of 18.1%
 - **Slide 12—Residents Assessed and Appropriately Given Pneumococcal Vaccine**
 - Oklahoma's nursing home residents not as protected from Pneumonia as Region and Nation; Oklahoma's average is 90.3%
 - National average (93.5%) and Regional average (91.2%)
- **Top 3 Quality Measures Better than National and/or Regional Average:**
 - **Slide 4—Low-Risk Residents Who Lose Control of Their Bowels or Bladder**
 - Oklahoma is far better than National or Regional averages
 - 11.6% difference in Oklahoma (34.8%) and National average (46.4%) and
 - 9.8% difference in Regional average (44.6%)
 - **Slide 5—Residents Physically Restrained**
 - Majority of residents are not restrained in OK (0.4%)
 - Better than Nation (0.7%) and Region (0.5%)
 - **Slide 8—Residents Whose Need for Help with ADLs Has Increased**
 - Only two-tenths of a point higher than Nation (15.6%) and OK is (15.8%)
 - 2.6% better than the Region at 18.4%

Board of Health

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Secretary of Health
and Human Services

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President
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Oklahoma State Department of Health
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October 12, 2016

All Members

The Long Term Care Facility Advisory Board meetings for 2016 have been set.
The dates and times are listed below.

11 January 2017, 1:30

12 April 2017, 1:30

12 July 2017, 1:30

11 October 2017, 1:30

Respectfully,

Natalie Smith
Administrative Assistant
Long Term Care