



Oklahoma State Department of Health
Creating a State of Health

LONG-TERM CARE FACILITY ADVISORY BOARD
Regular Meeting
April 11, 2018 at 1:30 in Room 1102
Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1299

AGENDA

1. Call to Order.....Alan Mason, Chair
2. Roll Call.....Lori Bautista
3. Review and Action to Approve/Amend the January 10, 2018 Regular Meeting minutes
.....Alan Mason, Chair
4. Licensure, Resident Assessment, Nurse Aide Registry, and Background Check Update
.....James Joslin
Updates on program activity and new developments.
5. Long Term Care Service Update.....Mike Cook
6. New Business.....Alan Mason, Chair
7. Public Comment
8. Adjourn



LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting

January 10, 2018 at 1:30 in Room 1102

Oklahoma State Department of Health, 1000 NE 10th Street, Oklahoma City, OK 73117-1299

MINUTES

January 10, 2018

1) **Call to Order**

Alan Mason, Chair, called the meeting to order at 1:33 p.m.

2) **Roll Call**

Lori Bautista called roll with the following LTCFAB members present: Joanne Alderman; Christean Bolding; Jonathan Bushman; Joyce Clark; Dustin Cox; Theo Crawley; Ivoria Holt; Adam Jordan; Joanna Martin; Alan Mason; Jim McWhirter; Jacki Millspaugh; Kay Parsons; Charles Schwarz; Dewey Sherbon; William Whited; and Denise Wilson.

The following LTCFAB members were absent: Willie Burkhardt; Tracy Chlouber; Terry Ferrel; Krisinda Housh; Pamela Humphreys; Patricia Ingram; and Diana Sturdevant.

The following guests were present: Michael Cook, OSDH; Julie Myers, OSDH; Esther Houser, general public; Henry Hartsell, OSDH; Wendell Short, Baptist Village; Mary Brinkley, Leading Age OK; James Joslin, OSDH; Dee Downer, OKALA; Melissa Holland, OKALA; Alexandria Hart-Smith, OSDH; Lois Baer, Leading Age OK; Natashia Mason, OAHCP; Vicki Kirtley, OSDH; Scott Chisholm, OSDH; Beverly Clark, OSDH; Debbie Zamarripa, OSDH; Natalie Smith, OSDH; Lisa McAlister, OSDH; Sandra Terry, TMF Health Quality Institute; Alisa West Cahill, OU; and Lori Bautista, OSDH.

Currently, there are three vacancies on the LTCFAB, which consists of 27 members.

A quorum was met with 17 members present.

3) **Review and Action to Approve/Amend October 11, 2017 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/ltcab.html>

Motion: Approval of the October 11, 2017 Regular Meeting Minutes

Motion Made by: Theo Crawley Seconded: Christean Bolding Motion Carried: Yes
Aye: 13 Abstain: 2 Nay: 0 Absent: 9

Aye: 13 Abstain: 2 Nay: 0 Absent: 9

Joanne Alderman	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Patricia Ingram	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Christean Bolding	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Adam Jordan	<input type="checkbox"/> Aye <input checked="" type="checkbox"/> Abstain <input type="checkbox"/> Nay
Willie Burkhart	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Joanna Martin	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Jonathan Bushman	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Alan Mason	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Tracy Chlouber	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Jim McWhirter	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Joyce Clark	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Jacki Millspaugh	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Dustin Cox	<input checked="" 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
Theo Crawley	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Charles Schwarz	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Terry Ferrel	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dewey Sherbon	<input type="checkbox"/> Aye <input checked="" type="checkbox"/> Abstain <input type="checkbox"/> Nay
Ivorla Holt	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Diana Sturdevant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Krisinda Housh	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	William Whited	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Pamela Humphreys	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Denise Wilson	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay

Shading = Absent

4) Licensure, Resident Assessment, Nurse Aide Registry, and Background Check Update:

James Joslin, Director of Health Resources Development Services, went over the departments and projects that he oversees that pertain to the LTCFAB. James provided three reports on the Nurse Aide Registry Statistics: 1) Composite Scorecard for Oklahoma Nursing Homes: Long-stay metrics for the period ending September 30th, 2017; 2) Nurse Aide Registry Second Quarter Fiscal Year 2018 Statistics; and 3) Abuse, Neglect, Misappropriation (ANM) Findings through Second Quarter FY2018.

The first report James Joslin presented was the composite Scorecard for Oklahoma Nursing Homes: Long-stay metrics for the period ending September 30th, 2017. On the handout, green lights show significant improvement, yellow lights show no significant change and any red lights show significant decline. Nine metrics of the 14 showed significant improvement over the last year. Four metrics showed no significant change. One metric showed significant decline. Concerns were made about the metric for Low-Risk Residents who Lose Control of Their Bowels or Bladder showing significant decline. Staffing issues were related to the decline in the metric. A summary of the metrics is presented on page two of the handout. The table on page two showed improved performance measures for the current year from the previous year for the following: 1) Self-reported pain; 2) Catheter in bladder; 3) Residents whose need for help with activities of daily living (ADL) has increased; 4) Residents Receiving Antipsychotic Medications; 5) Influenza vaccination; 6) Residents who have depressive symptoms; 7) Pneumococcal vaccination; 8) Urinary tract infections and 9) State Composite Score. The same table showed worsened performance for low-risk residents who lose control of their bowels or

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bladder. The combined composite score in Table 14 (page 1) shows a statistically significant improvement from 9.6% (September 2016) to 8.8% as of September 2017. The gap between the national and Oklahoma percentages has been narrowed from 1.6 to 1.1.

The next report provided by James Joslin was the Nurse Aide Registry (NAR) Second Quarter Fiscal Year 2018 Statistics handout. Nurse Aide Registry Statistics are prepared by Vicki Kirtley, where data can be compared quarter to quarter and from year to year. James spoke about revoking the program for Certified Medication Aides (CMAs). James then spoke about the use of probations. James discussed CMAs not documenting the destruction of medication. Issues with Nurse Aides had to do with allegation of abuse, neglect and misappropriation. 13 revocations were made in Third Quarter Fiscal Year 2018, which will show up in the next report.

The final report James Joslin presented was Abuse, Neglect, Misappropriation (ANM) Findings through Second Quarter FY2018. For First Quarter and Second Quarter SFY18, there were 14 findings and 18 findings, respectively. From event to final administrative order for less than 9 months, six were counted for Second Quarter SFY18. James mentioned that there has been some headway with improving the processing time. The numbers will continue to be monitored, consider additional analysis, and looking at training programs. There seems to more of a problem with new nurse aides needing a better training program. James briefly went over the screening process and did an overview, as well as clarified some of the data. A question was posed about the average time pending notations show up in the system. When employers look someone up in OK Screen, they would see the pending screen, but the members of the public would not. A question was asked about a member of the public looking to hire a nurse aide, and why they would not be able to see the pending notation. James pointed out that rules and regulations only allows certain entities to be able to see the pending notation. Vicki Kirtley commented that Nurse Aides are not supposed to be privately hired, so that could be part of the reason the public does not get access to see pending notations.

5) Long Term Care Service Update:

Mike Cook, Director Long Term Care Services, presented the Long Term Care update.

- 1) *Long Term Care Staff Introductions:* Beverly Clark, Head of LTC Training Department; Debbie Zamarripa, Manager of Survey for NH/ICF-IID; Lisa McAlister, Manager of Survey for Licensure; and Natalie Smith, Compliance Officer.
- 2) *Oklahoma State Department of Health Furlough:*
 - Furlough: Ended December 23rd, 2017
 - Reduction In Force: Loss of 3 Licensure Positions
 - Focus on completing IJs and Recertification Surveys
 - Revisits were moved from 60 days to 90 days+
 - Mike Cook is working with Debbie Zamarripa and Lisa McAlister to be back on track by March 1st, 2018
- 3) *Long Term Care New Survey Process:* The new recertification survey process started the end of November 2017. A comparison was made between QIS and the new process for the number of care areas that needed to be observed. With QIS, the number of care areas was

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25-30, but with the new survey process the number of care areas is about 40. Every month a conference call is conducted between all the states and CMS to troubleshoot the process. A re-certification survey is supposed to take four surveyors about a week to complete, depending on the size of the facility. Troubleshooting occurs as problems appear with the computer software. There have been 2 or 3 updates to the software since November 2017. The new survey process is running much smoother than QIS. CMS provides the software for LTC to use. Contractors, hired by CMS, will be in Oklahoma next week to consult with LTC about restructuring the software to a whole new design.

- 4) *LTC Life Safety Code (LSC) Emergency Preparedness – Alternate Power Source, Generators and Risk Assessment Tool*: Mike referred to a new house bill that addresses several issues in relation to Emergency Preparedness. A Scope and Severity of level C is given for facilities without an alternate power source or power generator, which is at the level of substantial compliance. The risk assessment tool is used to gauge what needs to be done in an emergency and is supposed to cover all kinds of catastrophes. An example was presented about evacuating a facility with 10 residents versus evacuating a facility that has 100 residents. The House of Representatives will be looking at Life Safety Code – Emergency Preparedness, again. Mike mentioned that onsite power back-up may be required. A question was posed about the CMS S&C Letter dated July 28th, 2017, concerning fire and smoke door annual testing requirements in health care occupancies. Mike said that LTC had not received guidance from CMS, yet, but will look into it.
- 5) *Incident and Head Injury Reporting – March 2017 thru December 2017*: The rule became effective October 1, 2017. The average amount of incidents per month between March 2017 and September 2017 was 4239. The reduction during the months of October, November and December 2017 was significant as shown in the table in the LTC update handout with a 24% reduction, specifically for December 2017. The average amount of head injuries reported per month between March 2017 and September 2017 was 1614. The reduction for the months of October, November and December 2017 was highly significant as shown in the table in the LTC update handout with an 82% reduction, specifically for December 2017. Clarification was made by Mike Cook, about the severity of head injuries and whether they needed to be reported to LTC. Mike mentioned that providers spend more time on reporting head injuries than any other incident. The facilities have to still complete incident reports, but the level of head injury depends on whether or not they need to report the incident to LTC.
- 6) *Long Term Care Investigations – Calendar Year 2014 thru 2017*: Mike spoke about Quality, Certification and Oversight Reports (QCOR), a new CMS data source, which is available for the public to access. The QCOR website replaces the previously known Survey and Certification Providing Data Quickly (S&C PDQ) system. The QCOR website can be accessed at <https://qcor.cms.gov>. The three tables in the back page of the LTC update handout were split into 1) Standard Investigations; 2) Complaint Investigations; and 3) Combined Investigations, Deficiencies and Civil Monetary Penalties (CMP). Mike used calendar years for the data. For Standard Investigations, the number of investigations was similar between 2014 and 2017. The table is separated by Scope & Severity of B-L (minimal harm) and G-L (actual harm and immediate jeopardy.) The data shows that there has been a reduction in G-L Scope & Severity, as well as the number of deficiencies cited between 2014 and 2017. Mike mentioned complaints can be generated by anybody, which includes, relatives, residents, staff, etc. Complaint investigations from 2014 reduced yearly

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until 2017. There was an increase in the G-L Scope & Severity from 2016 to 2017, which occurred for the first time in three years. But overall, the data shows a reduction in the total number of cited deficiencies between 2014 and 2017. The final table displays the combination of table 1 and table 2. In the combined table, a reduction is showing for both investigations and deficiencies between 2014 and 2017. The table, also shows an increase in CMPs due to the rule change to increase CMP fees, for inflation, as well as the change of G-I Scope & Severity being changed to “no opportunity to correct.” Penalties are enforced immediately when the Scope & Severity of a deficiency is level G-L. Mike went on to say that there has been a reduction in complaints, an improvement in enforcement and an increase in compliance within the last four years.

6) New Business:

1. *CMS S&C Letter dated December 22nd, 2017:* Mike is waiting on interpretive guidelines and training to be released by CMS and would like to table the topic pertaining to the CMS letter. The letter did not change any conditions concerning involuntary discharge where a facility discharges a resident illegally and inappropriately. William Whited would like to see CMP fees high enough applied, so facilities would not want to be cited for the deficiency in relation to illegally or inappropriately discharging a resident. Mike mentioned that he would supply CMP fine information. Mike explained that for a CMP fine to be imposed there must be proof of actual harm. If enforcement actions need to be changed, then an S&C Letter must be released that would change what is considered actual harm and whether CMP fees can be applied. William Whited went over the specific reasons a resident could be legally and appropriately discharged. One of the main illegal/inappropriate reasons facilities involuntary discharge residents is due to disagreements with family members.

7) Public Comment:

1. *LTC Workforce and Family Councils:* Alisa West Cahill, with the Knee Center for Strong Families, at the Anne and Henry Zarrow School of Social Work, briefly updated/overviewed the Workforce of the Future Study. All members of the Long-Term Care Facility Advisory Board (and State Council on Aging) are invited to participate in the Study as key informants. The purpose of the Study is to collect and synthesize information from experts in the field of aging about the principal workforce challenges, core inter-professional competencies, and needed solutions to help Oklahomans age well (inclusive of home and supported living environments, health, and social services). If you think you may be interested in participating in the Study, please contact Alisa for additional information at Alisa.W.Cahill-1@ou.edu or (405) 638-1524.

8) Adjournment

The meeting adjourned at 2:39 p.m.

Composite Scorecard for Oklahoma Nursing Homes

Select Long-stay metrics for the period ending December 31, 2017



This scorecard provides an overview of Oklahoma nursing home performance with comparative data from the region and nation. The data comes from the Minimum Data Set National Repository, which is referred to as MDS 3.0. The data for this scorecard edition was retrieved on March 13, 2018, for the period ending December 31, 2017. It includes a five quarter review of performance on key quality measures. These 13 metrics comprise the composite score as designated by the Centers for Medicare and Medicaid Services. The composite score is a snapshot of overall quality in nursing homes and is featured as table 14 on the bottom right of the scorecard. Whether the change from previous to current year for Oklahoma is statistically significant or not is indicated by the traffic light indicator where 'Red' indicates change for worse, 'Yellow' indicates no significant change and 'Green' indicates change for better.

Those measures showing statistically significant change last quarter showed the same result this quarter. Nine of 14 measures show statistically significant improvement from the same quarter last year (green lights), while one shows a downturn in performance (red light). Among those improving, residents with urinary tract infections (Table 13) declined by 23% over the year while residents who have depressive symptoms (Table 11) declined by 19%. Two other measures saw strong gains over the year. Residents who self-report moderate to severe pain (Table 1) declined by 15% while residents requiring a catheter (Table 2) declined by 13%.

Residents at low-risk who lose control of their bowel or bladder (Table 4) saw a six tenths of a point increase over last quarter, with the number increasing by 6% for the year. However, Oklahoma continues to be more than eight points below the regional and national averages.

For the fifth consecutive quarter our combined composite score (Table 14) shows statistically significant improvement and we recorded a 6% improvement for the year. This improvement is consistent with the region and nation.

Statistically Significant Change: Previous to Current Year - Oklahoma

Improved Performance Measures:	Worsened Performance
Self-reported pain (Table 1)	Low-Risk Residents Who Lose Control of Their Bowels or Bladder (Table 4)
Catheter in Bladder (Table 2)	
High Risk Residents with Pressure Ulcers (Table 3)	
Residents Receiving Antipsychotic Medications (Table 9)	
Influenza vaccination (Table 10)	
Residents with Depressive Symptoms (Table 11)	
Pneumococcal vaccination (Table 12)	
Urinary tract infections (Table 13)	
State Composite Score (Table 14)	

Note: Statistical significance was determined based on the 95% confidence interval.
Email QIEShelpdesk@health.ok.gov for more information.

Composite Scorecard for Oklahoma Nursing Homes

Long-stay metrics for the period ending December 31, 2017

Source: Minimum Data Set (MDS) National Repository

Run Date: 03/13/2018

	<p>Residents Who Self-Report Moderate to Severe Pain (N=13,125)</p> <p>Table 1</p> <p style="text-align: center;">Desired ↓</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> <th>Sep 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>7.3%</td> <td>7.1%</td> <td>6.9%</td> <td>6.8%</td> <td>6.7%</td> </tr> <tr> <td>Region 6</td> <td>6.9%</td> <td>6.6%</td> <td>6.3%</td> <td>6.2%</td> <td>5.9%</td> </tr> <tr> <td>Oklahoma</td> <td>13.0%</td> <td>11.9%</td> <td>11.1%</td> <td>11.2%</td> <td>11.0%</td> </tr> </tbody> </table>		Dec 2016	Mar 2017	Jun 2017	Sep 2017	Dec 2017	Nation	7.3%	7.1%	6.9%	6.8%	6.7%	Region 6	6.9%	6.6%	6.3%	6.2%	5.9%	Oklahoma	13.0%	11.9%	11.1%	11.2%	11.0%		<p>Residents With Catheter Inserted or Left in Bladder (N=16,626)</p> <p>Table 2</p> <p style="text-align: center;">Desired ↓</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> <th>Sep 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>3.0%</td> <td>2.9%</td> <td>2.8%</td> <td>2.6%</td> <td>2.6%</td> </tr> <tr> <td>Region 6</td> <td>3.4%</td> <td>3.3%</td> <td>3.2%</td> <td>3.0%</td> <td>2.9%</td> </tr> <tr> <td>Oklahoma</td> <td>4.0%</td> <td>4.0%</td> <td>4.0%</td> <td>3.9%</td> <td>3.5%</td> </tr> </tbody> </table>		Dec 2016	Mar 2017	Jun 2017	Sep 2017	Dec 2017	Nation	3.0%	2.9%	2.8%	2.6%	2.6%	Region 6	3.4%	3.3%	3.2%	3.0%	2.9%	Oklahoma	4.0%	4.0%	4.0%	3.9%	3.5%
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	<p>High Risk Residents with Pressure Ulcers (N=10,039)</p> <p>Table 3</p> <p style="text-align: center;">Desired ↓</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> <th>Sep 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>6.23%</td> <td>6.36%</td> <td>6.27%</td> <td>6.11%</td> <td>6.10%</td> </tr> <tr> <td>Region 6</td> <td>7.01%</td> <td>7.03%</td> <td>6.95%</td> <td>6.78%</td> <td>6.62%</td> </tr> <tr> <td>Oklahoma</td> <td>8.28%</td> <td>7.66%</td> <td>7.78%</td> <td>7.92%</td> <td>7.69%</td> </tr> </tbody> </table>		Dec 2016	Mar 2017	Jun 2017	Sep 2017	Dec 2017	Nation	6.23%	6.36%	6.27%	6.11%	6.10%	Region 6	7.01%	7.03%	6.95%	6.78%	6.62%	Oklahoma	8.28%	7.66%	7.78%	7.92%	7.69%		<p>Low-Risk Residents Who Lose Control of Their Bowels or Bladder (N=8812)</p> <p>Table 4</p> <p style="text-align: center;">Desired ↓</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> <th>Sep 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>47.0%</td> <td>47.3%</td> <td>47.3%</td> <td>47.4%</td> <td>47.8%</td> </tr> <tr> <td>Region 6</td> <td>45.2%</td> <td>45.4%</td> <td>45.1%</td> <td>45.5%</td> <td>46.1%</td> </tr> <tr> <td>Oklahoma</td> <td>35.0%</td> <td>36.8%</td> <td>36.7%</td> <td>36.7%</td> <td>37.3%</td> </tr> </tbody> </table>		Dec 2016	Mar 2017	Jun 2017	Sep 2017	Dec 2017	Nation	47.0%	47.3%	47.3%	47.4%	47.8%	Region 6	45.2%	45.4%	45.1%	45.5%	46.1%	Oklahoma	35.0%	36.8%	36.7%	36.7%	37.3%
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	<p>Residents Physically Restrained (N=17,658)</p> <p>Table 5</p> <p style="text-align: center;">Desired ↓</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> <th>Sep 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>0.54%</td> <td>0.49%</td> <td>0.44%</td> <td>0.40%</td> <td>0.39%</td> </tr> <tr> <td>Region 6</td> <td>0.40%</td> <td>0.35%</td> <td>0.30%</td> <td>0.24%</td> <td>0.24%</td> </tr> <tr> <td>Oklahoma</td> <td>0.36%</td> <td>0.28%</td> <td>0.32%</td> <td>0.29%</td> <td>0.31%</td> </tr> </tbody> </table>		Dec 2016	Mar 2017	Jun 2017	Sep 2017	Dec 2017	Nation	0.54%	0.49%	0.44%	0.40%	0.39%	Region 6	0.40%	0.35%	0.30%	0.24%	0.24%	Oklahoma	0.36%	0.28%	0.32%	0.29%	0.31%		<p>Residents Who Lose Too Much Weight (N=17,455)</p> <p>Table 6</p> <p style="text-align: center;">Desired ↓</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> <th>Sep 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>7.6%</td> <td>8.2%</td> <td>7.9%</td> <td>7.4%</td> <td>7.4%</td> </tr> <tr> <td>Region 6</td> <td>6.8%</td> <td>7.5%</td> <td>7.2%</td> <td>6.8%</td> <td>6.9%</td> </tr> <tr> <td>Oklahoma</td> <td>8.3%</td> <td>9.5%</td> <td>9.4%</td> <td>8.6%</td> <td>8.6%</td> </tr> </tbody> </table>		Dec 2016	Mar 2017	Jun 2017	Sep 2017	Dec 2017	Nation	7.6%	8.2%	7.9%	7.4%	7.4%	Region 6	6.8%	7.5%	7.2%	6.8%	6.9%	Oklahoma	8.3%	9.5%	9.4%	8.6%	8.6%
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	<p>Residents With One or More Falls with Major Injury (N=17,751)</p> <p>Table 7</p> <p style="text-align: center;">Desired ↓</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> <th>Sep 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>3.33%</td> <td>3.35%</td> <td>3.33%</td> <td>3.32%</td> <td>3.33%</td> </tr> <tr> <td>Region 6</td> <td>3.84%</td> <td>3.87%</td> <td>3.79%</td> <td>3.77%</td> <td>3.82%</td> </tr> <tr> <td>Oklahoma</td> <td>5.50%</td> <td>5.26%</td> <td>5.16%</td> <td>5.26%</td> <td>5.46%</td> </tr> </tbody> </table>		Dec 2016	Mar 2017	Jun 2017	Sep 2017	Dec 2017	Nation	3.33%	3.35%	3.33%	3.32%	3.33%	Region 6	3.84%	3.87%	3.79%	3.77%	3.82%	Oklahoma	5.50%	5.26%	5.16%	5.26%	5.46%		<p>Residents Whose Need for Help with Activities of Daily Living (ADL) has Increased (N=13,892)</p> <p>Table 8</p> <p style="text-align: center;">Desired ↓</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> <th>Sep 2017</th> <th>Dec 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>15.4%</td> <td>15.9%</td> <td>15.4%</td> <td>14.9%</td> <td>15.4%</td> </tr> <tr> <td>Region 6</td> <td>17.6%</td> <td>18.2%</td> <td>17.9%</td> <td>17.7%</td> <td>18.0%</td> </tr> <tr> <td>Oklahoma</td> <td>14.9%</td> <td>16.7%</td> <td>15.9%</td> <td>15.1%</td> <td>15.1%</td> </tr> </tbody> </table>		Dec 2016	Mar 2017	Jun 2017	Sep 2017	Dec 2017	Nation	15.4%	15.9%	15.4%	14.9%	15.4%	Region 6	17.6%	18.2%	17.9%	17.7%	18.0%	Oklahoma	14.9%	16.7%	15.9%	15.1%	15.1%
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Legend N = OK Denominator for current period

Nation	Statistically significant change for worse from the first to the last period shown
Region	No Statistically significant change from the first to the last period shown
Oklahoma	Statistically significant change for better from the first to the last period shown

**FY18 3rd QTR. NURSE AIDE REGISTRY
LTC Advisory Board 04/11/2018**



CURRENT CERTIFICATIONS				
TYPES OF CERTIFICATIONS	FY2017	FY18-Q1	FY18-Q2	FY18-Q3
Adult Day Care (ADC)	28	28	29	29
Long Term Care (LTC)	37,855	38,144	38,035	38,363
Certified Medication Aide (CMA)	6,068	6,186	6,130	6,186
Advanced CMA Gastrology (CMA/G)	2,821	2,945	2,923	3,033
Advanced CMA Glucose Monitoring (CMA/GM)	1,191	1,244	1,250	1,304
Advanced CMA Insulin Administration (CMA/IA)	862	903	913	959
Advanced CMA Respiratory (CMA/R)	2,907	3,027	2,997	3,107
Feeding Assistant (FA)	603	631	619	580
Home Health Aide (HHA)	13,839	13,988	14,034	14,225
Developmentally Disabled Direct Care Aides (DDDCA)	1,268	1,270	1,265	1,283
Residential Care Aide (RCA)	69	65	66	65
TOTALS	67,511	68,431	68,261	69,134

WALK-INS FOR RENEWAL	FY2017	FY18-Q1	FY18-Q2	FY18-Q3
First Floor - NAR Walk-Ins	5,026	1,649	1,529	1,611

NEW CERTIFICATIONS/REGISTRATIONS	FY2017	FY18-Q1	FY18-Q2	FY18-Q3
RECIPROCITY - CERTIFICATIONS INTO THE STATE				
LTC	1,001	329	282	348
HHA	6	1	0	0

TRAINING PROGRAM TESTING AND/OR TRAINING				
LTC	5,568	1,161	1,282	1,173
HHA	2,791	664	639	693
DDDCA	209	35	112	61
RCA	0	10	9	0
ADCA	0	0	0	0
CMA	1,102	234	294	234
FA	230	72	57	51
TOTALS	9,900	2,176	2,393	2,212

NEW ADVANCED CMA				
CMA-R	1024	317	263	100
CMA-G	992	315	258	100
CMA-GM	399	116	118	51
CMA-IA	304	93	97	43
TOTALS	2719	841	736	294

RETEST	FY2017	FY18-Q1	FY18-Q2	FY18-Q3
Retest - CMA	148	10	14	21
Retest - LTC	400	63	48	79
Retest - HHA	128	18	12	20
Retest - DDCA	1	0	0	0
TOTALS	677	91	74	120

FY18 3rd QTR. NURSE AIDE REGISTRY
LTC Advisory Board 04/11/2018



RECIPROCITY - CERTIFICATIONS/OUTBOUND	FY2017	FY18-Q1	FY18-Q2	FY18-Q3
Reciprocity - LTC	417	108	82	87

TRAINING PROGRAMS

APPROVED TRAINING PROGRAMS	FY2017	FY18-Q1	FY18-Q2	FY18-Q3
LTCA	134	132	132	132
HHA	0	0	0	0
DDDCA	10	10	10	10
RCA	1	1	1	1
ADC	0	0	0	0
CMA	46	49	49	50
CMA/Continuing Education Units(CEUs)	36	36	36	36
CMA/IA	21	21	21	21
CMA/GM	4	4	4	4
CMA/R	2	2	2	2
CMA/RG	26	26	26	27
CMA/G	4	1	1	1
TOTALS	281	282	282	284
ONSITE SURVEYS PERFORMED	FY2017	FY18-Q1	FY18-Q2	FY18-Q3
LTCA	35	19	37	24
HHA	0	0	0	0
DDDCA	2	0	1	7
RCA	0	0	0	1
ADCA	0	0	0	0
CMA	16	0	7	0
CMA / CEU	14	0	6	0
CMA/IA	5	0	3	0
CMA/GM	2	0	0	0
CMA/R	1	0	0	0
CMA/RG	6	0	5	0
TOTALS	81	19	59	32

ABUSE	FY2017	FY18-Q1	FY18-Q2	FY18-Q3
Misappropriation	37	6	6	10
Neglect	32	5	6	3
Physical	7	2	5	0
Sexual	0	1	0	0
Mistreatment	0	0	0	0
Verbal	0	0	1	0
TOTALS	76	14	18	13

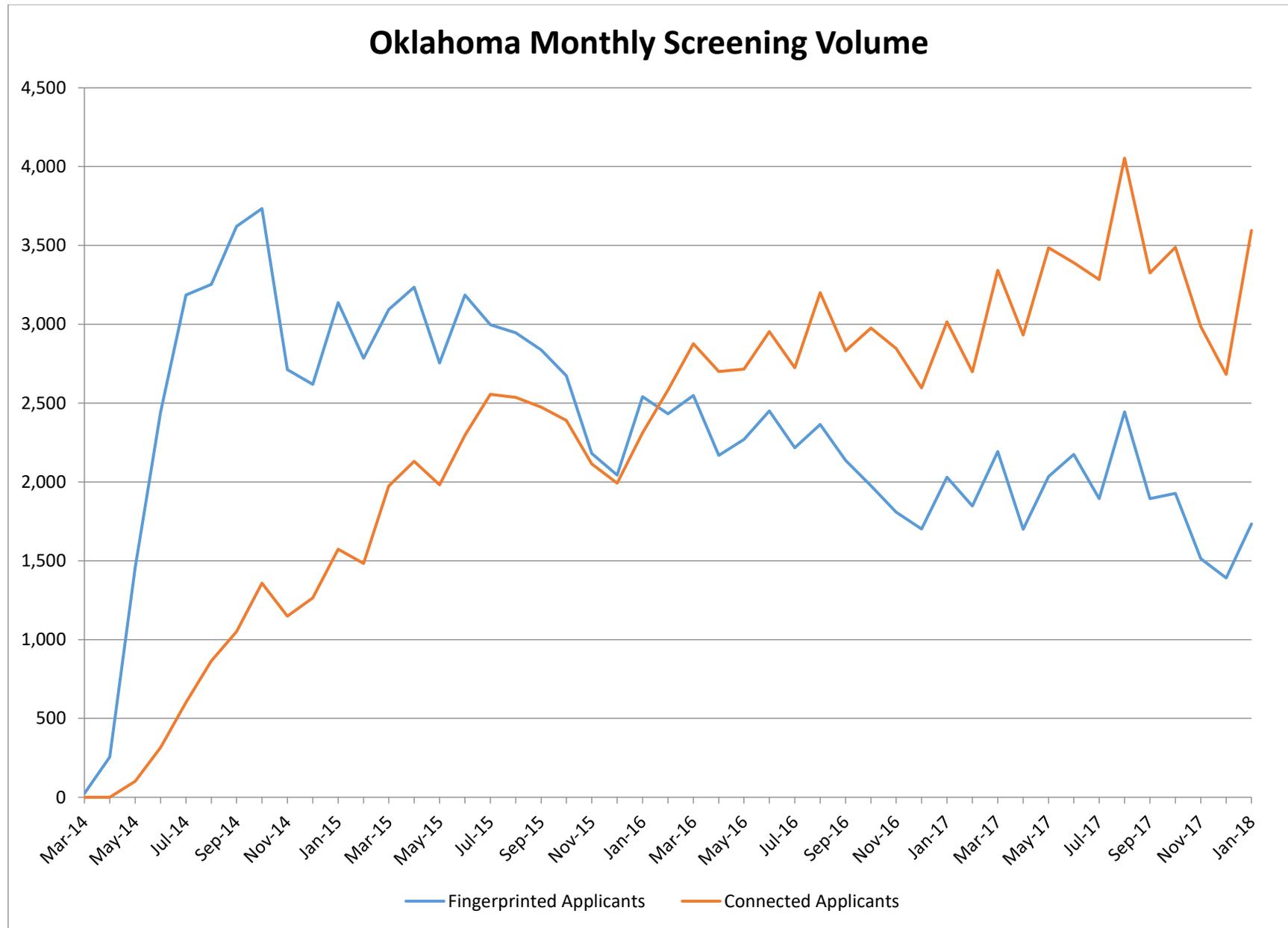
REVOCATIONS DUE TO CRIMINAL BARRIERS	FY2017	FY18-Q1	FY18-Q2	FY18-Q3
	6	11	8	1

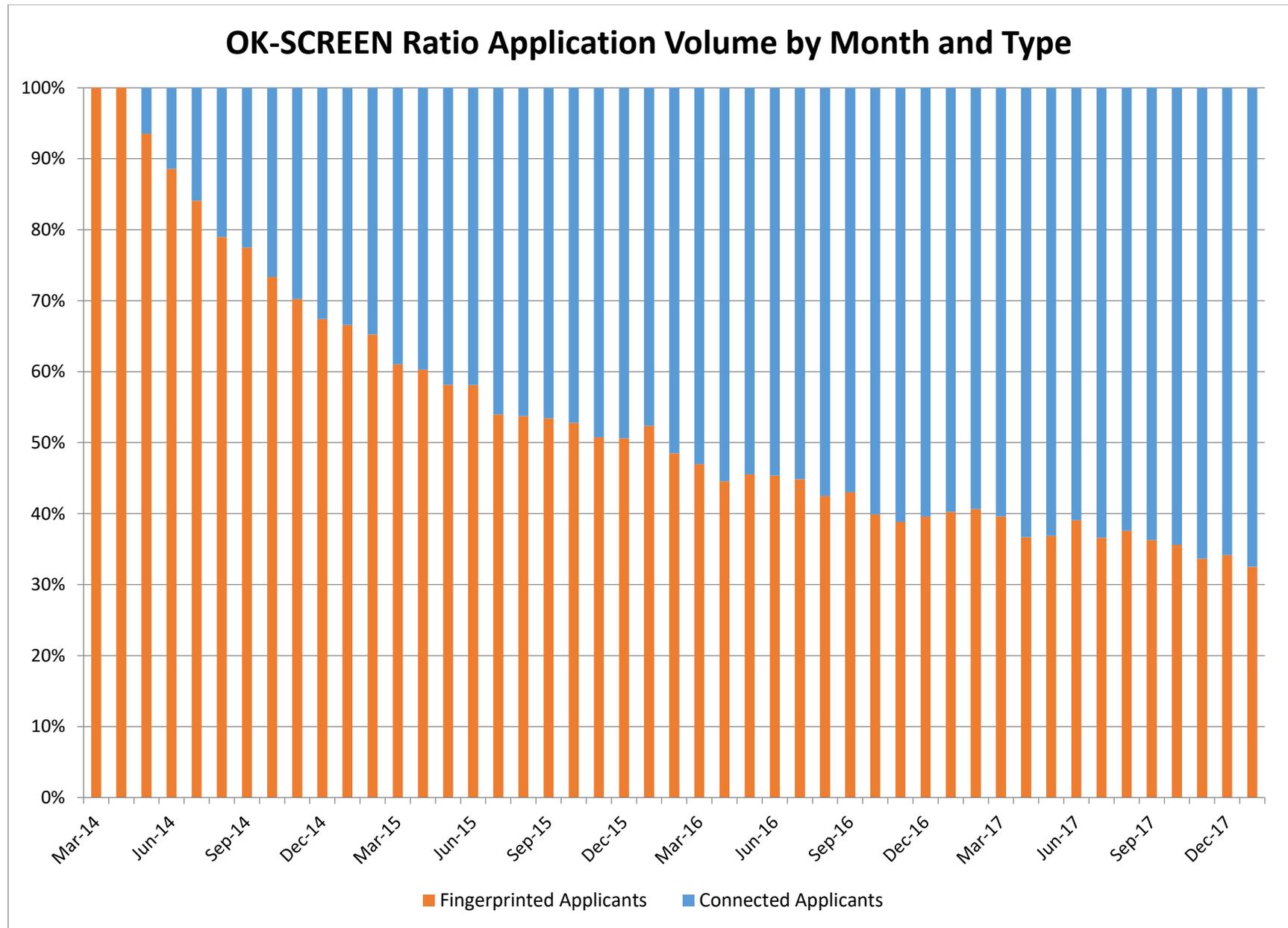
Abuse/Neglect/Misappropriation (ANM) Findings

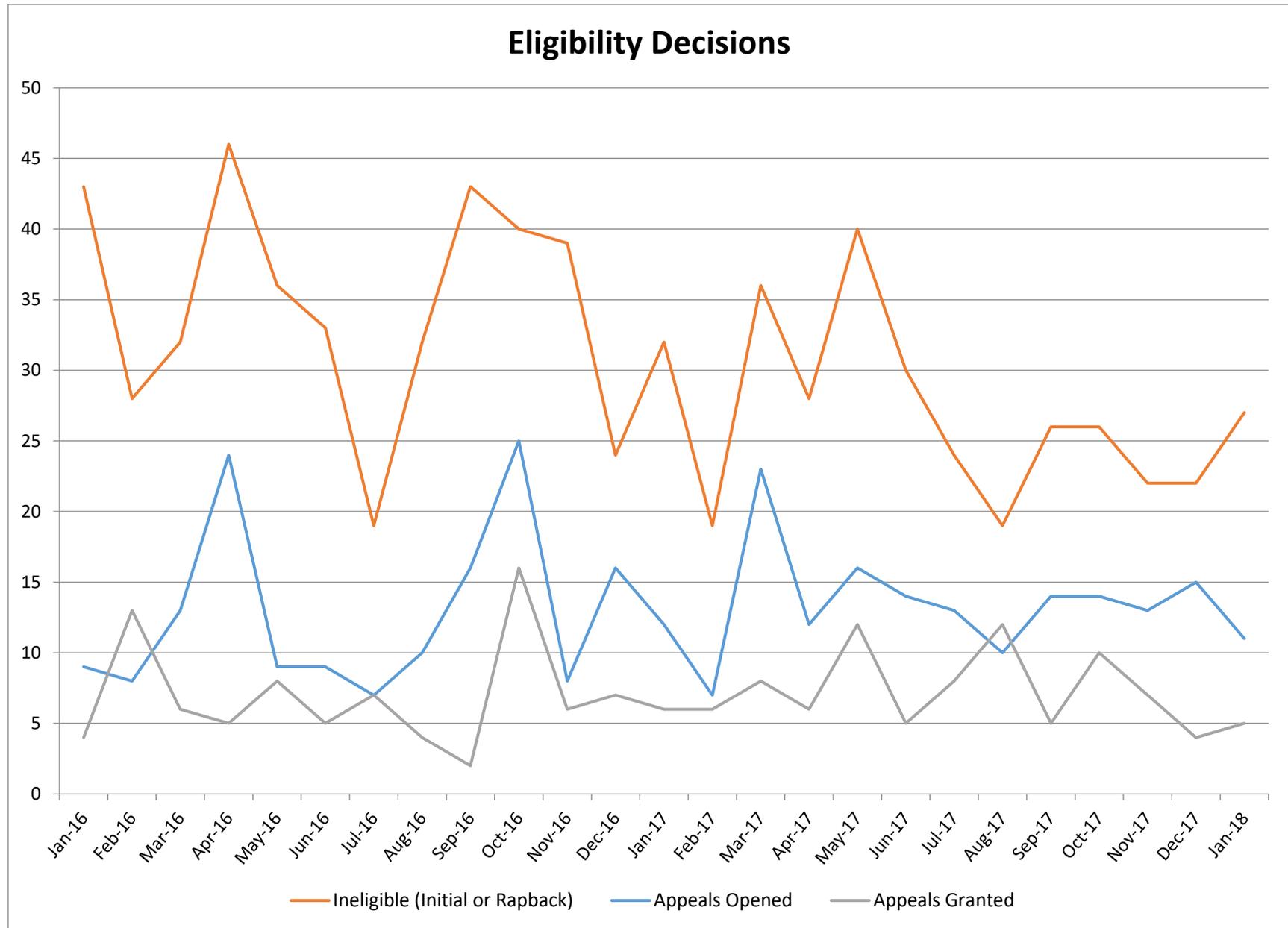
	SFY17-Q2 10/1/16 to 12/31/16		SFY17-Q3 1/1 to 03/31		SFY17-Q4 4/01 to 6/30		SFY18-Q1 7/01 to 9/30		SFY18-Q2 10/01 to 12/31		SFY18-Q3 1/1 to 3/31	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Findings	15	100%	24	100%	17	100%	14	100%	18	100%	13	100%
Default Judgement Service to Address on File	9	60%	15	63%	9	53%	11	79%	10	56%	7	54%
Event to Final Administrative Order Less then 9 months	10	67%	6	25%	6	35%	3	21%	6	33%	7	54%
Pending Notations												
Notations Posted	~		25		29		54		37		33	
Average Days to Posting	~		8.2		11.1		8.0		9.8		9.0	
Years: Certification to Finding												
Average	6		8		7		7		5		10	
Minimum	1		1		1		1		1		3	
Maximum	19		21		20		21		15		22	
Age at Finding												
Average	34		33		32		36		30		34	
Minimum	22		19		18		21		19		20	
Maximum	61		52		49		62		54		62	
Type Certification	15	100%	24	100%	17	100%	14	100%	18	100%	13	100%
LTC/HHA	13	87%	12	50%	16	94%	9	64%	13	72%	12	92%
CMA	0	0%	10	42%	1	6%	1	7%	0	0%	0	0%
DDCA	0	0%	0	0%	0	0%	3	21%	2	11%	0	0%
NTSW	2	13%	2	8%	0	0%	1	7%	3	17%	1	8%
Finding Type	15	100%	24	100%	17	100%	14	100%	18	100%	13	100%
Misappropriation												
Misappropriation/Meds	4	27%	5	21%	2	12%	1	7%	2	11%	3	23%
Misappropriation/Cash	1	7%	3	13%	0	0%	2	14%	1	6%	3	23%
Misappropriation/Property	4	27%	3	13%	2	12%	3	21%	3	17%	4	31%
Neglect												
Services	3	20%	3	13%	7	41%	2	14%	4	22%	2	15%
Transfer	3	20%	7	29%	4	24%	3	21%	2	11%	1	8%
Abuse												
Physical	0	0%	3	13%	2	12%	2	14%	5	28%	0	0%
Sexual	0	0%	0	0%	0	0%	1	7%	0	0%	0	0%
Verbal	0	0%	0	0%	0	0%	0	0%	1	6%	0	0%
Mistreatment	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Facility Type	15	100%	24	100%	17	100%	14	100%	18	100%	13	100%
Nursing	10	67%	22	92%	15	88%	11	79%	16	89%	10	77%
Assisted Living	3	20%	1	4%	1	6%	0	0%	0	0%	3	23%
Home Care	2	13%	0	0%	1	6%	0	0%	0	0%	0	0%
Hospice	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
ICF/IID	0	0%	1	4%	0	0%	3	21%	2	11%	0	0%
Private	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Training Source	15	100%	24	100%	17	100%	14	100%	18	100%	13	100%
Career Tech	9	60%	13	54%	14	82%	5	36%	7	39%	5	38%
Provider Based	0	0%	1	4%	1	6%	3	21%	6	33%	2	15%
Private	1	7%	4	17%	2	12%	2	14%	0	0%	0	0%
Unknown	1	7%	4	17%	0	0%	3	21%	2	11%	5	38%
Reciprocity	2	13%	0	0%	0	0%	0	0%	0	0%	0	0%
OSU	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
NA: Non-technical	2	13%	2	8%	0	0%	1	7%	3	17%	1	8%
Hearings	15	100%	24	100%	17	100%	14	100%	18	100%	13	100%
Appeared	5	33%	6	25%	8	47%	3	21%	8	44%	7	54%
No Appearance	10	67%	15	63%	9	53%	11	79%	10	56%	6	46%
Agreed Order	0	0%	3	13%	0	0%	0	0%	0	0%	0	0%

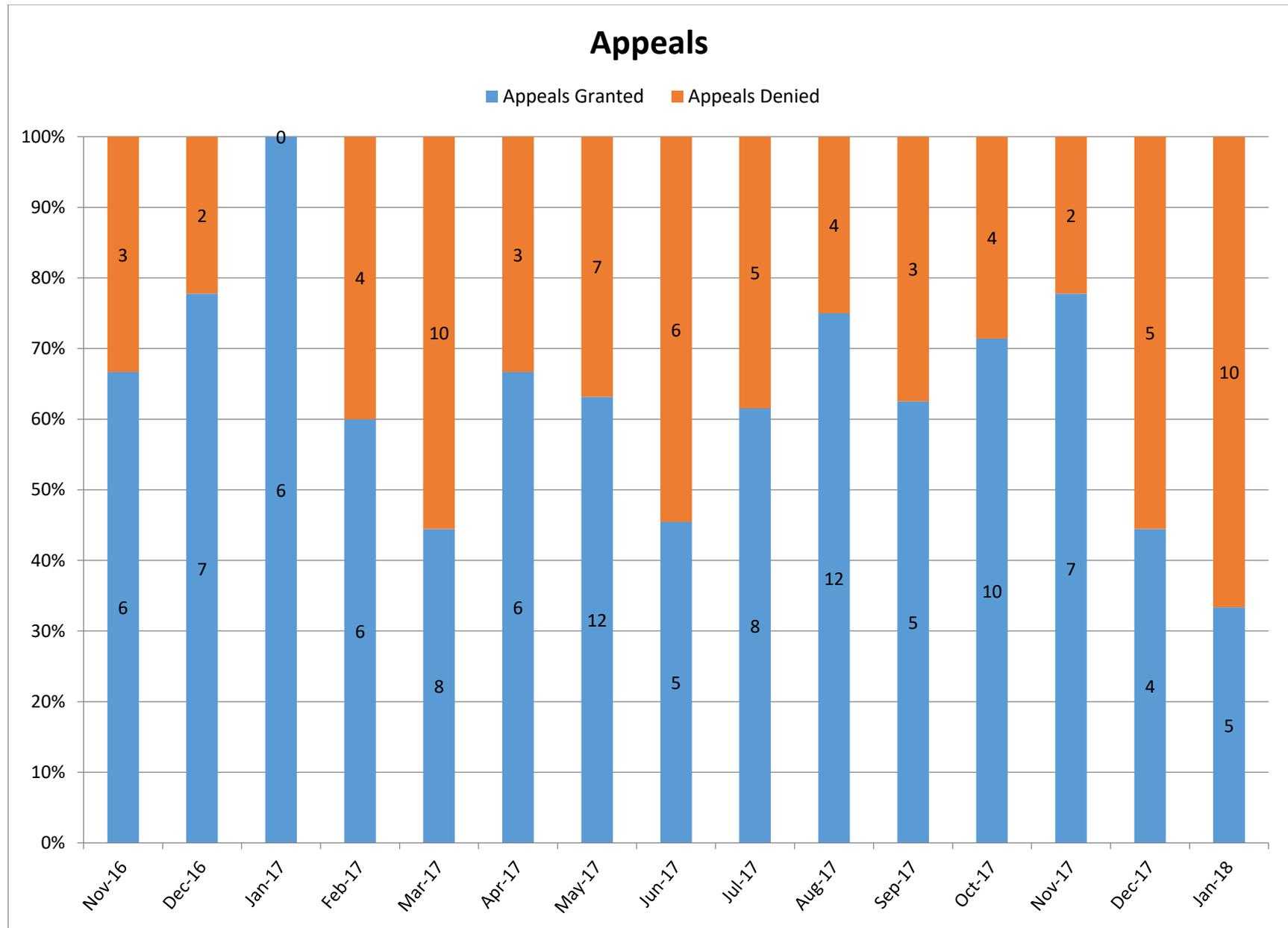
OKSCREEN and Abuse, Neglect, and Misappropriation (ANM) Findings

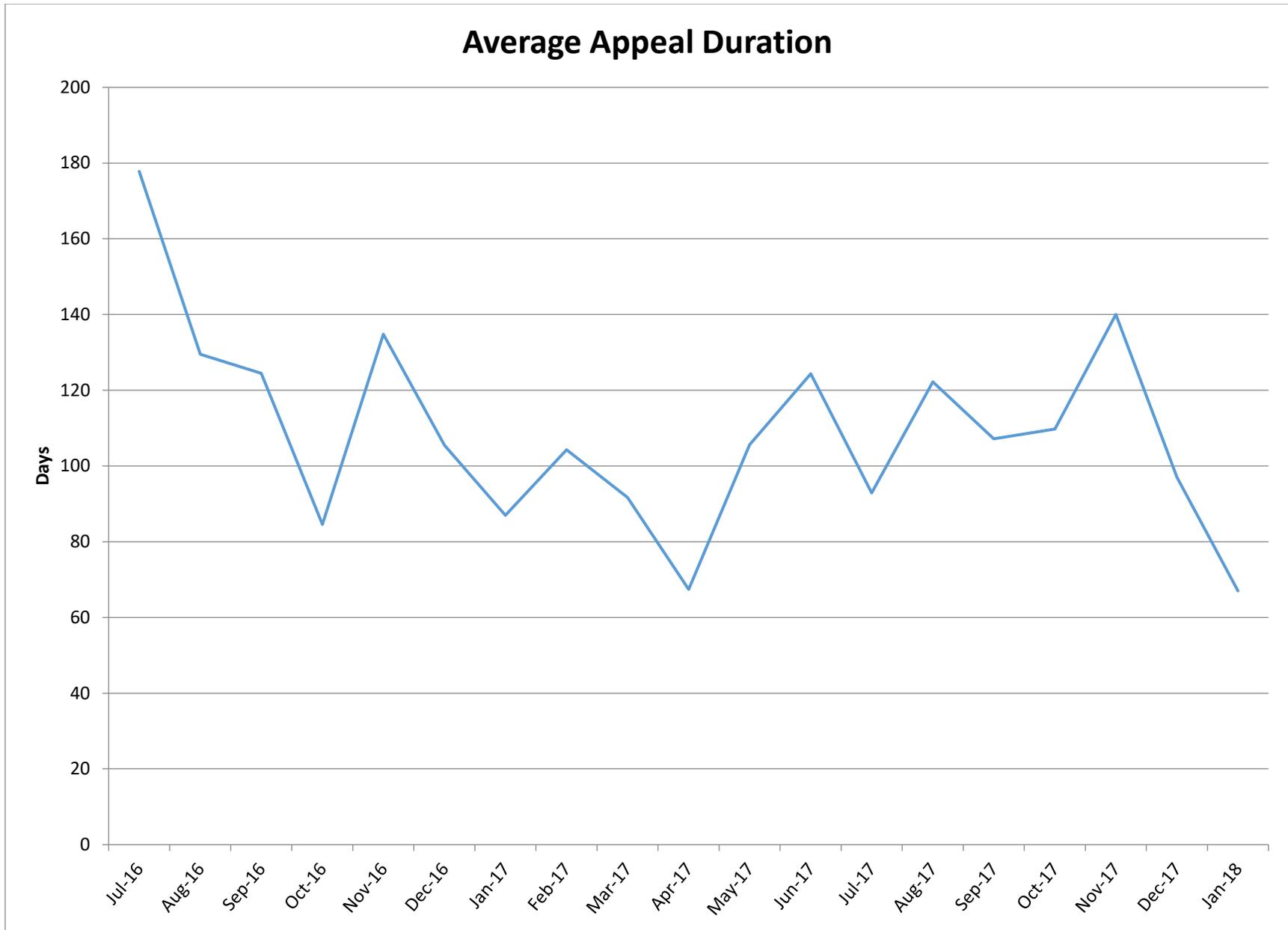
	SFY17-Q2 10/1 to 12/31		SFY17-Q3 01/01 to 03/31		SFY17-Q4 04/01 to 06/30		SFY18-Q1 07/01 to 09/30		SFY18-Q2 10/01 to 12/31		SFY-Q3 01/01 to 03/31	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Findings & OK-SCREEN Applicant Reviews												
Persons with ANM findings	18	100%	24	100%	17	100%	14	100%	18	100%	13	100%
ANM Applicant's with Status in OKS	15	83%	18	75%	14	82%	14	100%	15	83%	13	100%
No applicant record in OKS	3	17%	6	25%	3	18%	0	0%	3	17%	0	0%
ANM Applicant's with Status in OKS												
ANM Applicants with Status in OKS	15	100%	18	100%	14	100%	14	100%	15	100%	13	100%
Had eligible determination in OKS prior to finding	14	93%	14	78%	14	100%	14	100%	14	93%	12	62%
Had pending determination with provisional employment	0	0%	0	0	0	0	0	0	0	0	0	31%
Had incomplete or withdrawn application(s) or pending not eligible determination	1	7%	2	11%	0	0	0	0	1	7%	1	8%
Not eligible in OKS	0	0%	2	11%	0	0	0	0	0	0	0	0
Prior Criminal History for ANM Cases w/ prior Eligible Determination in OKS												
ANM Cases with prior eligible determination in OKS	14	100%	14	100%	14	100%	14	100%	14	100%	12	100%
Had prior eligible criminal history	4	29%	6	43%	6	43%	6	43%	4	27%	4	31%
Had no prior criminal history	10	71%	8	57%	8	57%	8	57%	10	73%	8	69%
OKS Employment History for ANM Cases w/ prior Eligible Determination in OKS												
ANM Cases with prior eligible determination in OKS	14	100%	14	100%	14	100%	14	100%	14	100%	12	100%
Discharged @ Allegation	5	36%	1	7%	4	29%	6	43%	5	40%	2	15%
Terminated in OKS prior to ANM Finding	3	21%	9	64%	5	36%	8	57%	3	20%	8	69%
Terminated in OKS at or after ANM Finding	4	29%	3	21%	5	36%	0	0%	4	27%	2	15%
Termination date pending	2	14%	1	7%	0	0%	0	0%	2	13%	0	0%
Never employed	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Employed with Pending Allegation Prior to ANM Finding	10		9		6		3		10		3	

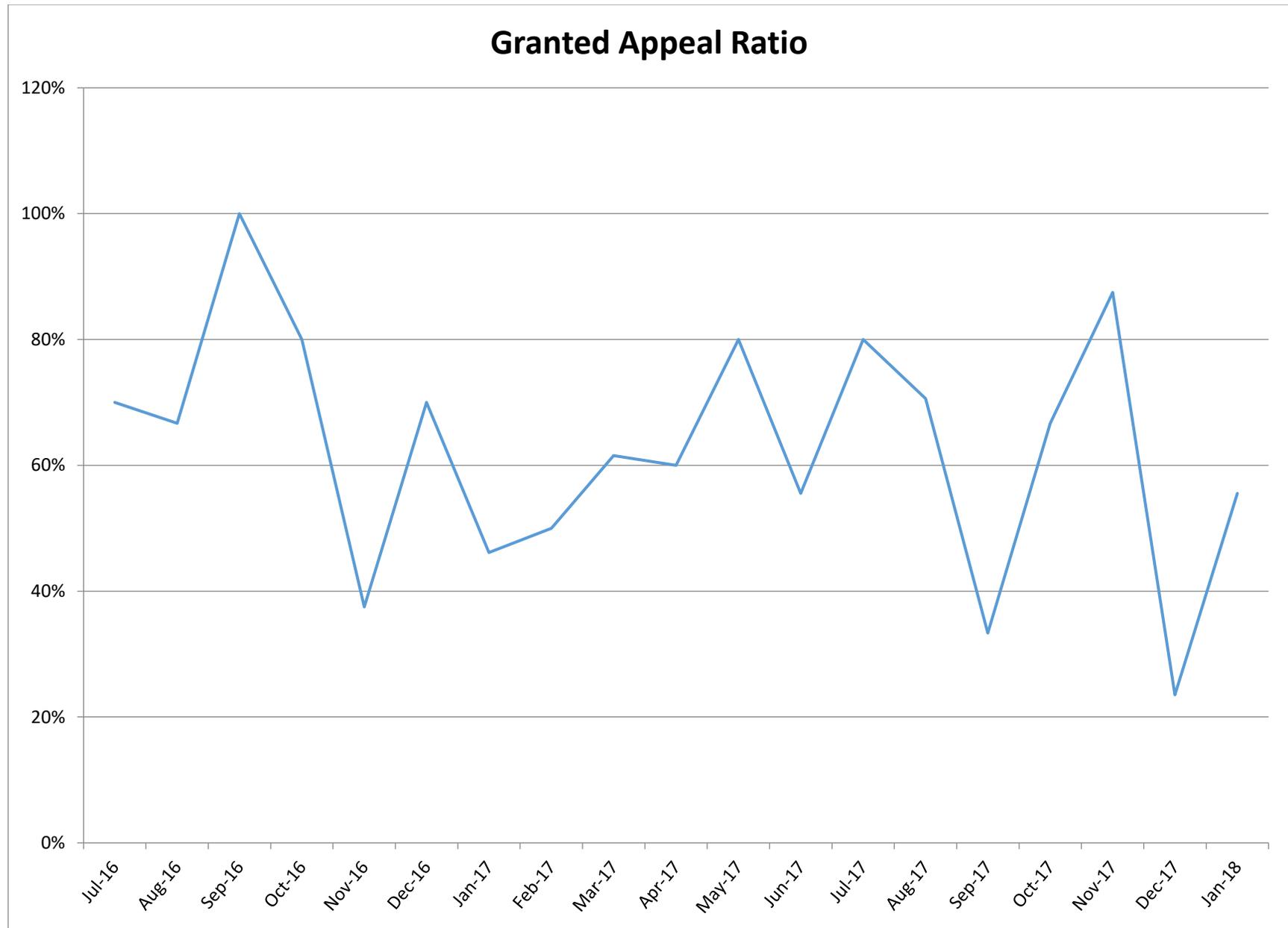


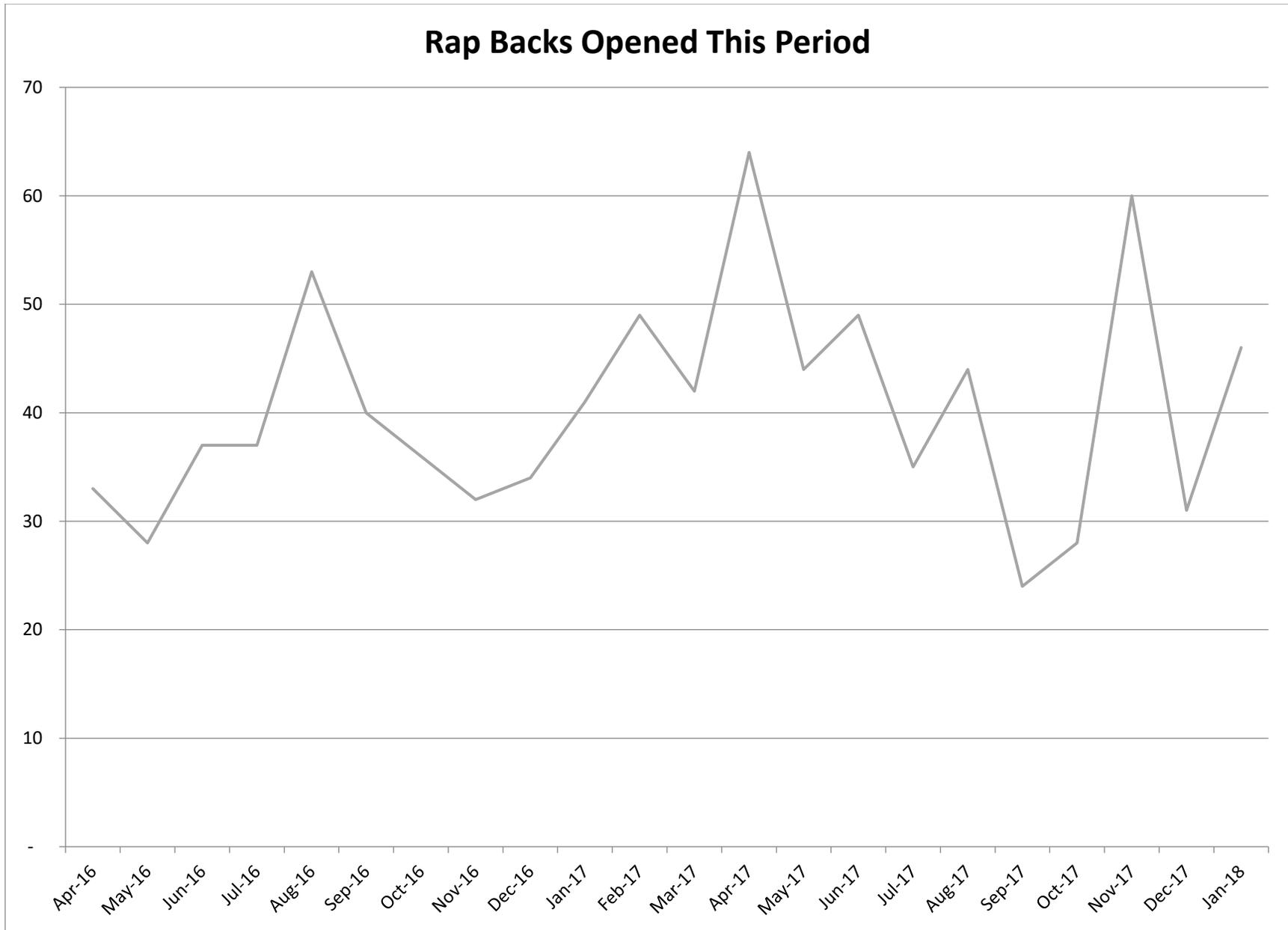


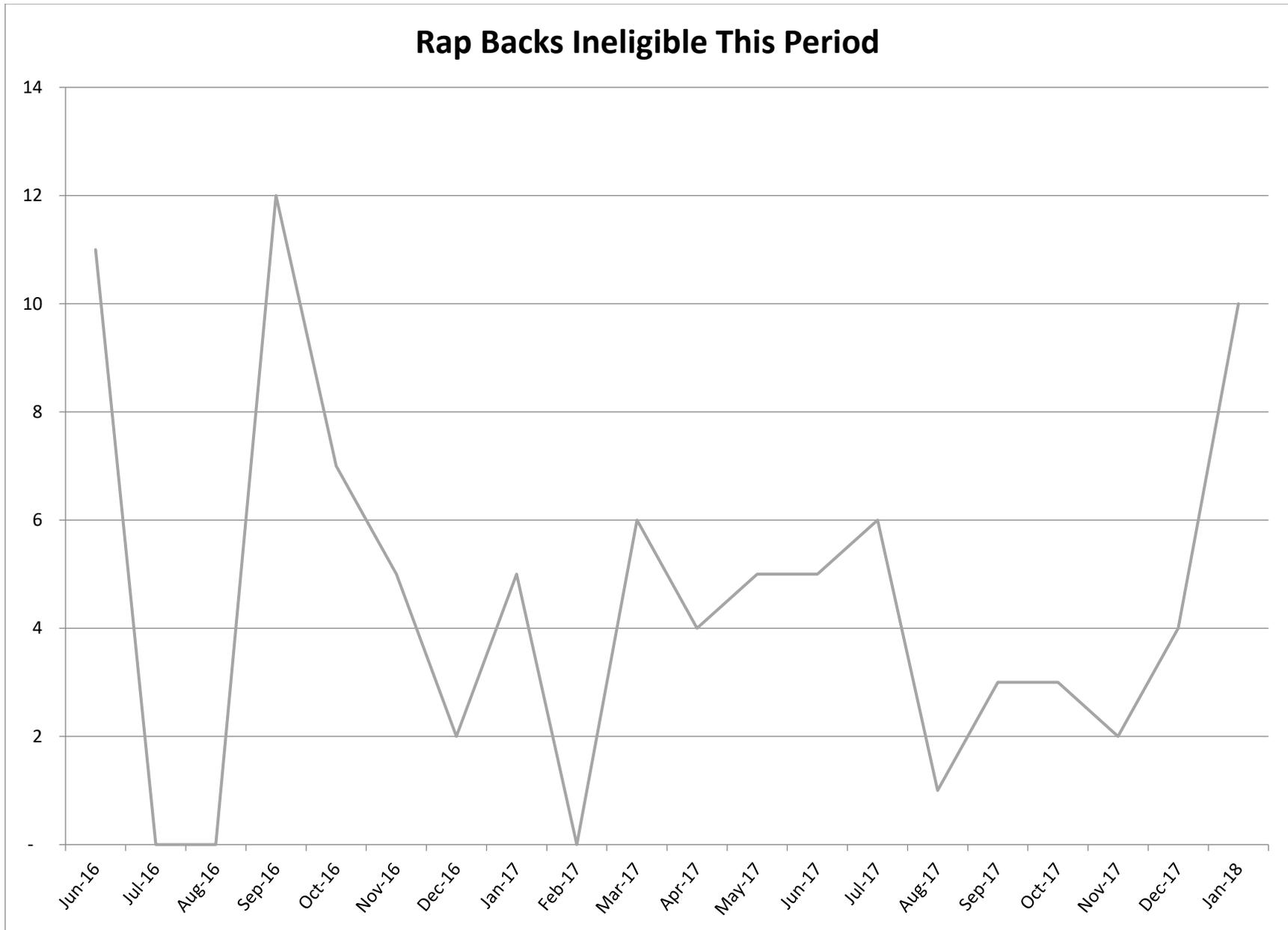


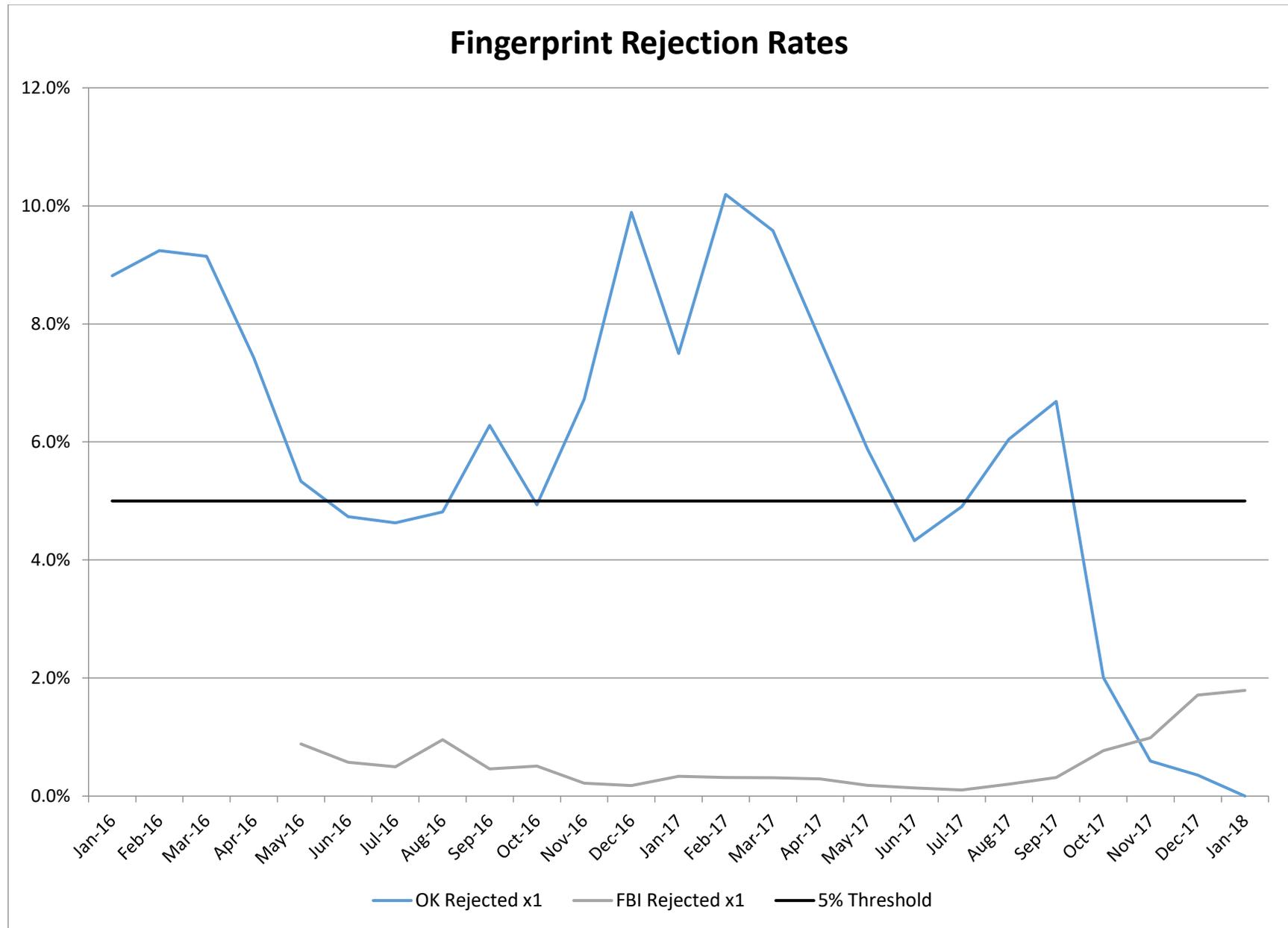




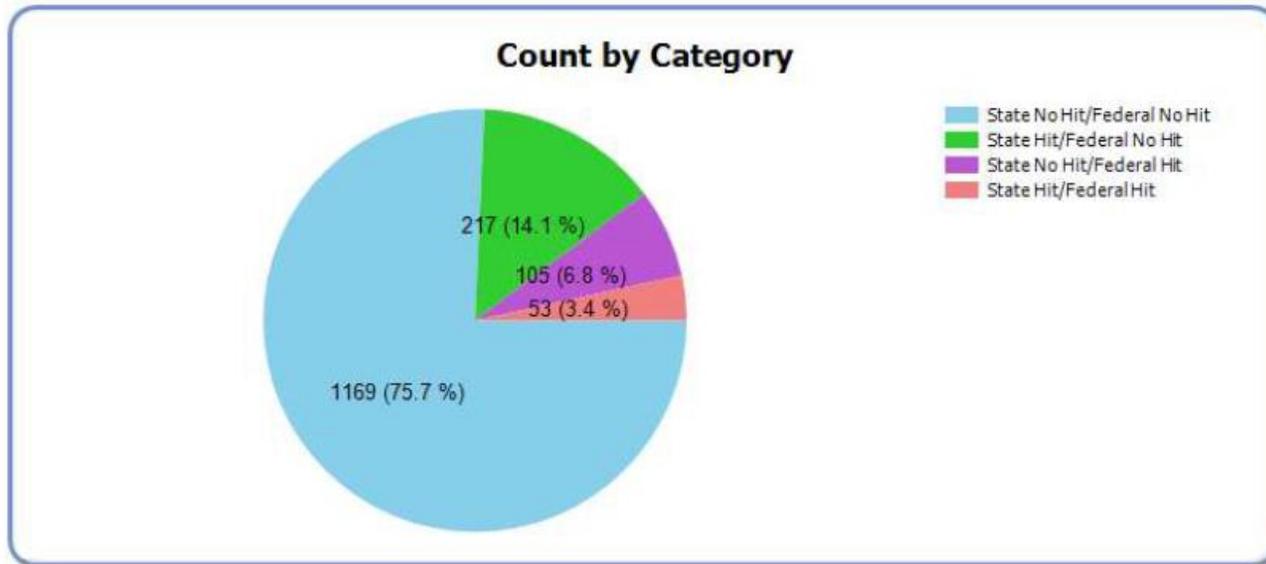
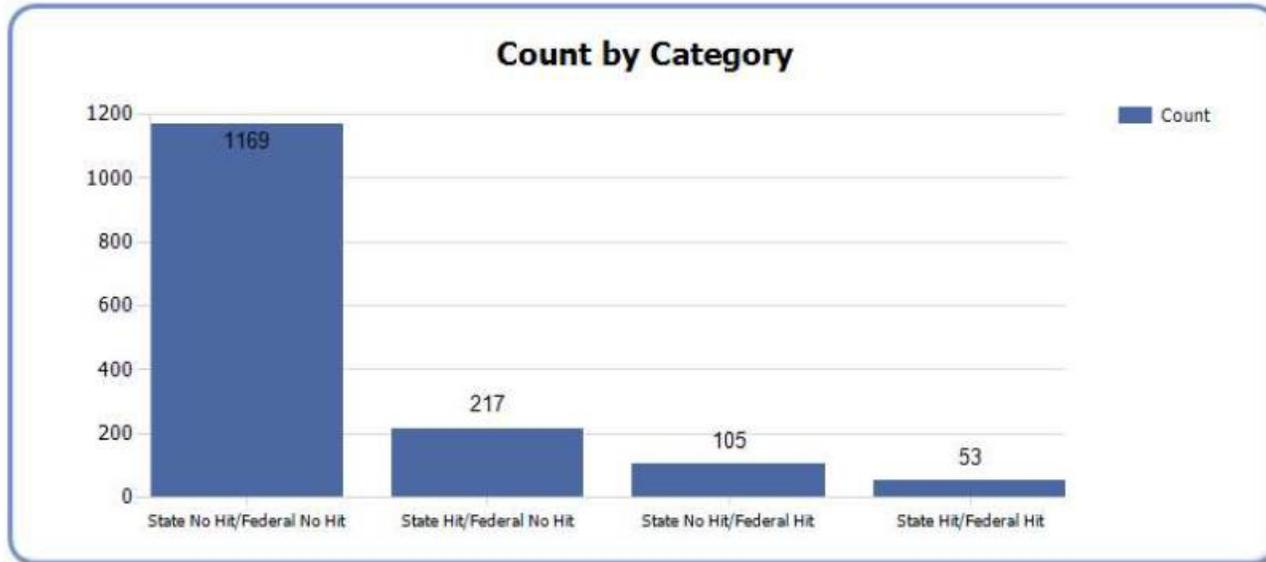






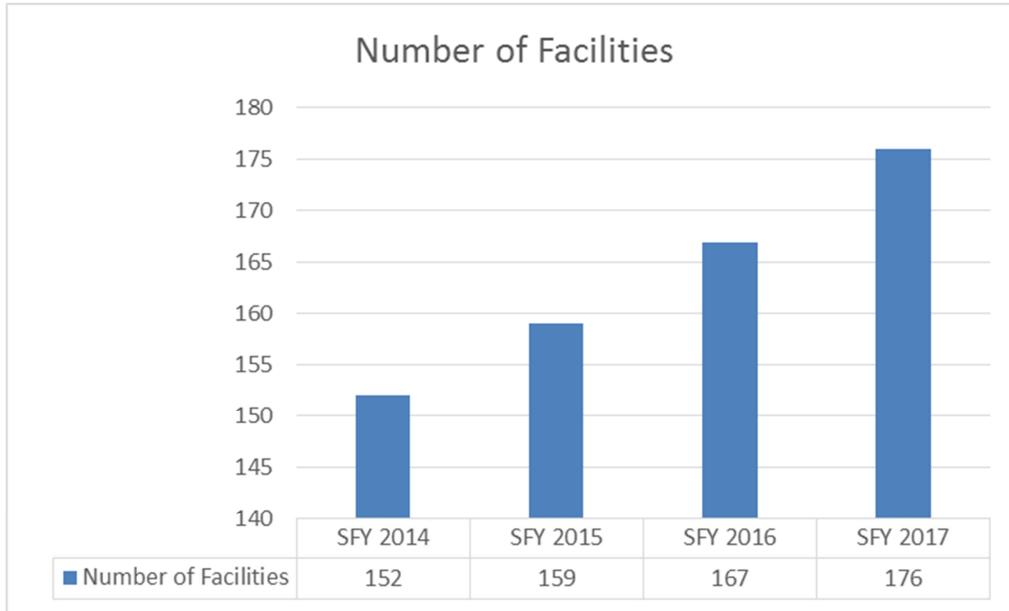


OK-SCREEN Criminal History Breakout: February 2018

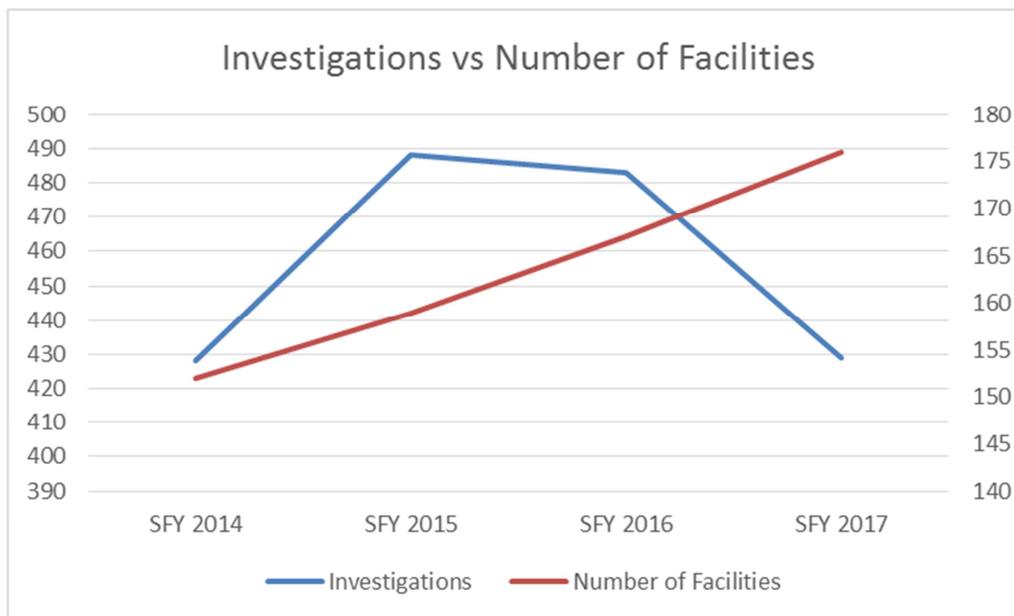


Long Term Care Facility Advisory Board April 11, 2018

Assisted Living Centers



Investigations	SFY 2014	SFY 2015	SFY 2016	SFY 2017	Graph
Initial	15	13	24	13	
Relicensure	135	140	157	162	
Complaint	113	100	109	95	
Revisit	165	235	193	159	
Total	428	488	483	429	



Scope & Severity

<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	<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	<u>SEVERITY LEVEL 4 "L"</u> IMMEDIATE JEOPARDY TO RESIDENT HEALTH & SAFETY <u>WIDESPREAD</u> PERVASIVE PROBLEMS THROUGHOUT THE FACILITY \$500
<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	<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	<u>SEVERITY LEVEL 3 "I"</u> ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY <u>WIDESPREAD</u> PERVASIVE THROUGHOUT THE FACILITY \$300
<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*	<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*	<u>SEVERITY LEVEL 2 "F"</u> NO ACTUAL HARM WITH POTENTIAL FOR MORE THAN MINIMAL HARM <u>WIDESPREAD</u> PERVASIVE THROUGHOUT THE FACILITY \$30*
<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	<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	<u>SEVERITY LEVEL 1 "C"</u> NO ACTUAL HARM WITH POTENTIAL FOR MINIMAL HARM <u>WIDESPREAD</u> PERVASIVE THROUGHOUT THE FACILITY

* Fines for continued non-compliance start on the exit date of the original survey.
 (Unrelated violations are not included in the penalty.)

Deficiencies

Scope & Severity	Inception	CY 2017		
A	0	0		
B	6	6		
C	0	0	6	0.6%
D	200	166		
E	684	596		
F	213	175	937	93.2%
G	34	32		
H	12	12		
I	2	2	46	4.6%
J	8	8		
K	6	6		
L	2	2	16	1.6%
Total	1167	1005		