

Nurse Aide Registry 4th Quarter Report
Long Term Care Facility Advisory Board Meeting for October 9, 2019



CURRENT CERTIFICATIONS

TYPES OF CERTIFICATIONS	FY2017	FY2018	FY19-Q1	FY19-Q2	FY19-Q3	FY19-Q4
Adult Day Care (ADC)	28	24	24	39	39	39
Long Term Care (LTC)	37,855	37,942	38,685	38,147	34,460	38,368
Certified Medication Aide (CMA)	6,068	6,074	6,221	6,116	6,432	6,247
Advanced CMA Gastrology (CMA/G)	2,821	3,061	3,154	3,165	3,327	3,292
Advanced CMA Glucose Monitoring (CMA/GM)	1,191	1,293	1,367	1,377	1,463	1,447
Advanced CMA Insulin Administration (CMA/IA)	862	951	1,006	1,002	1,066	1,060
Advanced CMA Respiratory (CMA/R)	2,907	3,134	3,212	3,222	3,385	3,350
Feeding Assistant (FA)	603	576	526	483	496	460
Home Health Aide (HHA)	13,839	13,707	13,827	13,482	14,023	13,288
Developmentally Disabled Direct Care Aides (DDDCA)	1,268	1,248	1,228	1,187	1,186	1,163
Residential Care Aide (RCA)	69	57	57	55	54	50
TOTALS	67,511	68,067	69,307	68,275	65,931	68,764

WALK-INS FOR RENEWAL	FY2017	FY2018	FY2019	FY19-Q1	FY19-Q2	FY19-Q3	FY19-Q4
First Floor - NAR Walk-Ins	5,026	6,647	20,954	1,730	1,110	1,300	1,572

NEW CERTIFICATIONS	FY2017	FY2018	FY2019	FY19-Q1	FY19-Q2	FY19-Q3	FY19-Q4
INBOUND RECIPROCITY CERTIFICATIONS							
LTC	1,001	1,369	1,539	439	387	347	366
HHA	6	1	10	0	5	2	3
NEW CERTIFICATIONS FROM TRAINING							
LTC	5,568	5,291	4,687	1,286	1,144	1,067	1,190
HHA	2,791	2,851	2,817	525	732	610	950
DDDCA	209	240	207	70	43	45	49
RCA	0	19	0	0	0	0	0
ADCA	0	1	0	0	0	0	0
CMA	1,102	1,229	1,088	325	306	188	269
FA	230	198	80	28	15	6	31
TOTALS	9,900	9,829	8,879	2,234	2,240	1,916	2,489
NEW ADVANCED CMA							
CMA-R	1024	1322	589	149	176	115	149
CMA-G	992	1315	554	147	150	111	146
CMA-GM	399	538	289	81	71	64	73
CMA-IA	304	399	198	54	50	37	57
TOTALS	2719	3574	1,630	431	447	327	425

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RETEST	FY2017	FY2018	FY2019	FY19-Q1	FY19-Q2	FY19-Q3	FY19-Q4
Retest - CMA	148	61	54	19	16	12	7
Retest - LTC	400	250	200	61	58	43	38
Retest - HHA	128	76	72	18	18	9	27
Retest - DDCA	1	0	0	0	0	0	0
TOTALS	677	387	326	98	92	61	72
OUTBOUND RECIPROCITY							
Reciprocity - LTC	417	401	373	96	86	74	117

TRAINING PROGRAMS

APPROVED TRAINING PROGRAM	FY2017	FY2018	FY19-Q1	FY19-Q2	FY19-Q3	FY19-Q4	
LTCA	134	131	132	127	127	126	
HHA	0	0	0	0	0	0	
DDDCA	10	10	9	9	10	10	
RCA	1	1	1	1	1	0	
ADC	0	0	0	0	0	0	
CMA	46	50	50	49	49	48	
CMA/Continuing Education Units(CEUs)	36	38	39	38	39	38	
CMA/IA	21	23	24	25	25	25	
CMA/GM	4	4	4	4	4	4	
CMA/R	2	2	2	2	2	2	
CMA/RG	26	29	28	29	30	30	
CMA/G	4	1	1	1	1	1	
TOTALS	281	289	290	285	288	284	
ONSITE SURVEYS PERFORMED							
	FY2017	FY2018	FY2019	FY19-Q1	FY19-Q2	FY19-Q3	FY19-Q4
LTCA	35	104	34	5	3	1	25
HHA	0	0	0	0	0	0	0
DDDCA	2	9	0	0	0	0	0
RCA	0	1	0	0	0	0	0
ADCA	0	0	0	0	0	0	0
CMA	16	7	26	5	11	2	8
CMA / CEU	14	6	19	4	10	0	5
CMA/IA	5	3	11	2	5	0	4
CMA/GM	2	0	2	1	1	0	0
CMA/R	1	0	1	0	0	0	1
CMA/RG	6	5	14	3	7	0	4
TOTALS	81	135	107	20	37	3	47

CURRENT TEMPORARY EMERGENCY WAIVERS	35
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REVOCATIONS OF CERTIFICATIONS DUE TO CRIMINAL BARRIERS	FY2017	FY2018	FY2019	FY19-Q1	FY19-Q2	FY19-Q3	FY19-Q4
	6	20	28	0	4	24	0

Abuse/Neglect/Misappropriation (ANM) Findings

Findings	SFY18-Q4 4/1 to 6/30		SFY18		SFY19-Q1 7/01 to 9/30		SFY19-Q2 10/01 to 12/31		SFY19-Q3 1/1 to 3/31		SFY19-Q4 4/1 to 6/30		SFY19	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Findings	7		53		31		8		11		7		57	
Default Judgement Service to Address on File	4	57%	32	60%	12	39%	4	50%	5	45%	4	57%	25	44%
Event to Final Administrative Order Less then 9 months	1	14%	18	34%	28	90%	2	25%	4	36%	7	100%	41	72%
Pending Notations														
Notations Posted	25		149		28		18		15		26		87	
Average Days to Posting	12.0		9.7		7.5		8.8		12.2		7.3		8.9	
Years: Certification to Finding														
Average	7		7		11		16		12		8		12	
Minimum	1		1		0		2		3		2		0	
Maximum	16		22		28		42		27		14		42	
Age at Finding														
Average	28		32		36		41		37		34		37	
Minimum	0		0		21		24		22		28		21	
Maximum	48		62		59		69		60		44		69	
Type Certification	7	100%	53	100%	31	100%	8	100%	11	100%	7	100%	57	100%
LTC/HHA	4	57%	39	74%	21	68%	7	88%	8	73%	4	57%	40	70%
CMA	0	0%	1	2%	10	32%	0	0%	2	18%	3	43%	15	26%
DDCA	1	14%	6	11%	0	0%	0	0%	0	0%	0	0%	0	0%
NTSW	2	29%	7	13%	0	0%	1	13%	1	9%	0	0%	2	4%
Finding Type	7	100%	53	100%	31	100%	8	100%	11	100%	7	100%	57	100%
Misappropriation														
Misappropriation/Meds	0	0%	6	11%	11	35%	0	0%	2	18%	1	14%	14	25%
Misappropriation/Cash	1	14%	7	13%	3	10%	1	13%	5	45%	2	29%	11	19%
Misappropriation/Property	2	29%	12	23%	2	6%	2	25%	0	0%	1	14%	5	9%
Neglect														
Services	2	29%	10	19%	1	3%	0	0%	0	0%	1	14%	2	4%
Transfer	0	0%	7	13%	11	35%	3	38%	3	27%	1	14%	18	32%
Abuse														
Physical	1	14%	8	15%	3	10%	2	25%	1	9%	0	0%	6	11%
Sexual	1	14%	2	4%	0	0%	0	0%	0	0%	1	14%	1	2%
Verbal	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%
Mistreatment	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Facility Type	7	100%	53	100%	31	100%	8	100%	11	100%	7	100%	57	100%
Nursing	4	57%	42	79%	19	61%	6	75%	8	73%	4	57%	37	65%
Assisted Living	0	0%	3	6%	11	35%	2	25%	2	18%	3	43%	18	32%
Home Care	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Hospice	1	14%	1	2%	0	0%	0	0%	1	9%	0	0%	1	2%
ICF/IID	2	29%	7	13%	1	3%	0	0%	0	0%	0	0%	1	2%
Private	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Training Source	7	100%	53	100%	31	100%	8	100%	11	100%	7	100%	57	100%
Career Tech	1	14%	19	36%	11	35%	0	0%	1	9%	2	29%	14	25%
Provider Based	2	29%	13	25%	2	6%	0	0%	0	0%	0	0%	2	4%
Private	0	0%	2	4%	0	0%	0	0%	2	18%	2	29%	4	7%
Unknown	2	29%	12	23%	18	58%	8	100%	7	64%	3	43%	36	63%
Reciprocity	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
OSU	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
NA: Non-technical	2	29%	7	13%	0	0%	0	0%	1	9%	0	0%	1	2%
Hearings	7	100%	53	100%	31	100%	8	100%	11	100%	7	100%	57	100%
Appeared	2	29%	21	40%	16	52%	1	13%	3	27%	1	14%	21	37%
No Appearance	5	71%	32	60%	15	48%	7	88%	8	73%	5	71%	35	61%
Agreed Order	0	0%	0	0%	0	0%	0	0%	0	0%	1	14%	1	2%

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

Findings & OK-SCREEN Applicant Reviews	SFY18-Q4 04/01 to 06/30		SFY18		SFY19-Q1 07/01 to 09/30		SFY19-Q2 10/01 to 12/31		SFY19-Q3 01/01 to 03/31		SFY19-Q4 04/01 to 06/30		SFY19	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Persons with ANM findings	7	100%	52	100%	31	100%	8	100%	11	100%	7	100%	57	100%
ANM Applicants with Status in OKS	7	100%	49	94%	29	94%	7	88%	10	91%	7	100%	53	93%
No applicant record in OKS	0	0%	3	6%	2	6%	1	13%	1	9%	0	0%	4	7%
ANM Applicants with Status in OKS														
ANM Applicants with Status in OKS	7	100%	49	100%	29	100%	7	100%	10	100%	7	100%	53	100%
Had eligible determination in OKS prior to finding	7	100%	47	96%	28	97%	6	86%	10	100%	7	100%	51	96%
Had pending determination with provisional employment	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Had incomplete or withdrawn application(s) or pending not eligible determination	0	0%	2	4%	1	3%	1	14%	0	0%	0	0%	2	4%
Not eligible in OKS	0	0%	0	0%	0	0%	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	7	100%	47	100%	28	100%	6	100%	10	100%	7	100%	51	100%
Had prior eligible criminal history	2	29%	16	33%	7	24%	1	14%	0	0%	2	29%	10	20%
Had no prior criminal history	5	71%	31	67%	21	76%	5	86%	10	100%	5	71%	41	80%
OKS Employment History for ANM Cases w/ prior Eligible Determination in OKS														
ANM Cases with prior eligible determination in OKS	7	100%	47	100%	28	100%	6	100%	10	100%	7	100%	51	100%
Discharged @ Allegation	5	60%	18	35%	2	8%	1	14%	7	70%	0	0%	10	20%
Terminated in OKS prior to ANM Finding	0	0%	19	43%	13	50%	4	57%	2	20%	3	43%	22	43%
Terminated in OKS at or after ANM Finding	1	20%	7	15%	4	8%	1	14%	1	10%	4	57%	10	20%
Termination date pending	1	20%	3	7%	8	31%	0	0%	0	0%	0	0%	8	16%
Never employed	0	0%	0	0%	1	4%	0	14%	0	0%	0	0%	1	2%
Employed with Pending Allegation Prior to ANM Finding														
ANM Finding	2		18		12		3		3		4		22	

Certification Actions

Action Type	SFY 2016		SFY17-Q1 7/1/16 to 9/30/16		SFY17-Q2 10/1/16 to 12/31/16		SFY17-Q3 1/1/17 to 3/31/17		SFY17-Q4 4/1/17 to 6/30/17		SFY18-Q1 7/1/17 to 9/30/17		SFY18-Q2 10/1/17 to 12/31/17	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Non-Renewal	0	0%	0	#DIV/0!	2	100%	5	17%	0	0%	0	0%	1	25%
Probation	0	0%	0	#DIV/0!	0	0%	3	10%	0	0%	0	0%	2	50%
Revocation	2	67%	0	#DIV/0!	0	0%	22	73%	4	80%	2	67%	1	25%
Withdrawal	1	33%	0	#DIV/0!	0	0%	0	0%	1	20%	1	33%	0	0%
Total	3	100%	0	#DIV/0!	2	100%	30	100%	5	100%	3	100%	4	100%



Oklahoma State Department of Health
Creating a State of Health

PBJ SURVEY RESULTS

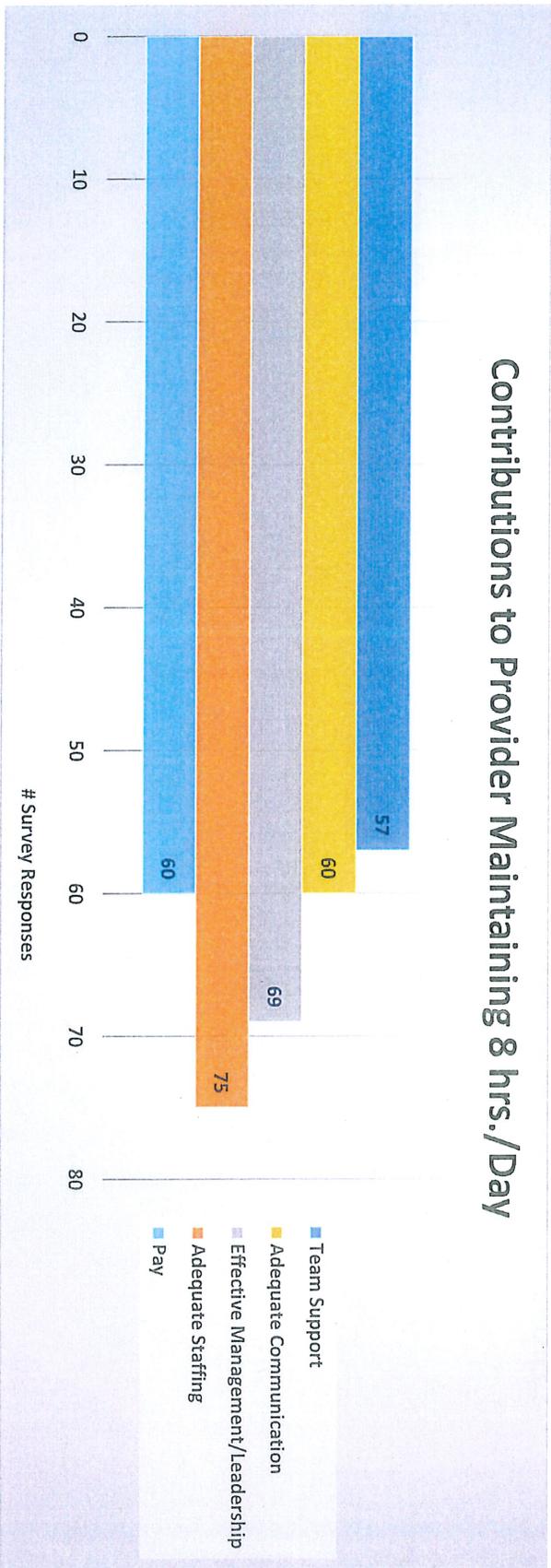
Results of 100 Oklahoma Nursing Facility Responses

OCTOBER 14, 2019

QUALITY ASSURANCE AND DATA SYSTEMS: QUALITY IMPROVEMENT PROJECT
PBJ.Health.OK.GOV

In Your Opinion, Which of the following CONTRIBUTES to a provider successfully maintaining RN staffing for eight consecutive hours every day?

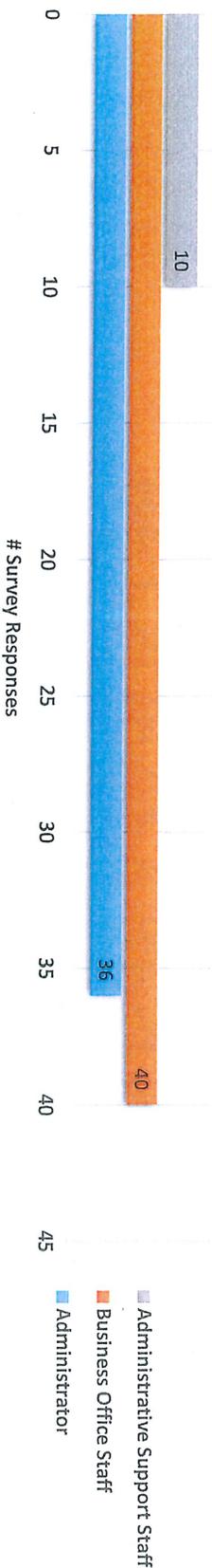
Contributions to Provider Maintaining 8 hrs./Day



- 75% report that Adequate Staffing Contributes to an 8 Hrs./day CMS Mandate
- 69% Feel that Effective Management and Leadership Contributes to an 8 Hrs./day CMS Mandate

Please Select the Job Title that best describes the person that submits the data for the quarterly Payroll Based Journal (PBJ) report

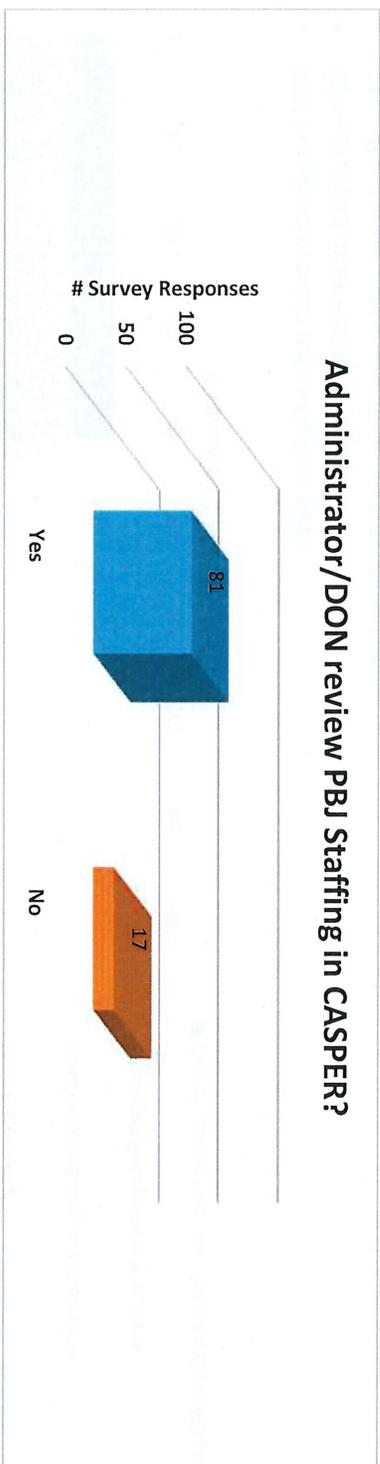
Title of the PBJ Reporter



- 36% Report the Administrator
- 40% Report the Business Office Staff

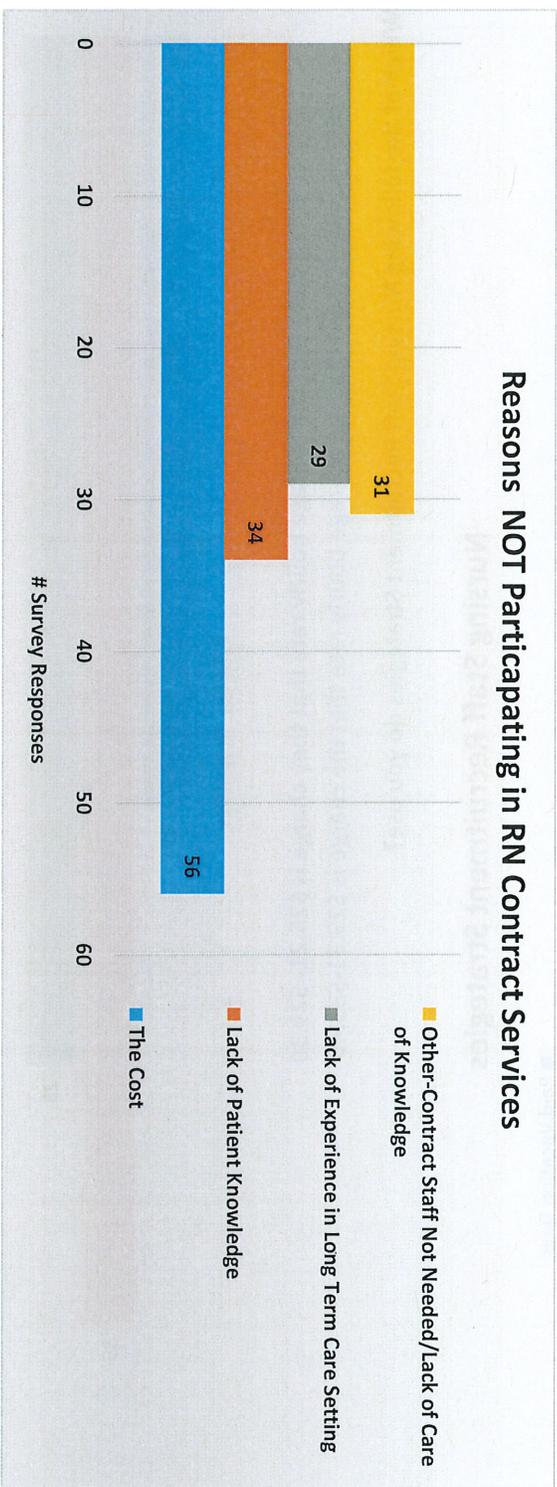
Does the Administrator or DON review or audit the PBJ staffing reports from CASPER?

Administrator/DON review PBJ Staffing in CASPER?



- 81% State that they review PBJ in CASPER

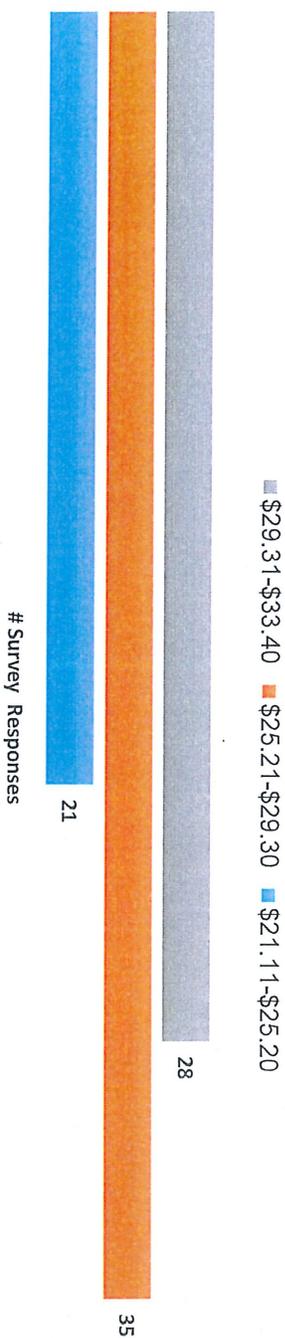
Why do you NOT participate with RN contract services?



- 56% State that the cost is too high to participate
- 34% feel the Contract RN's have a Lack of Patient Knowledge

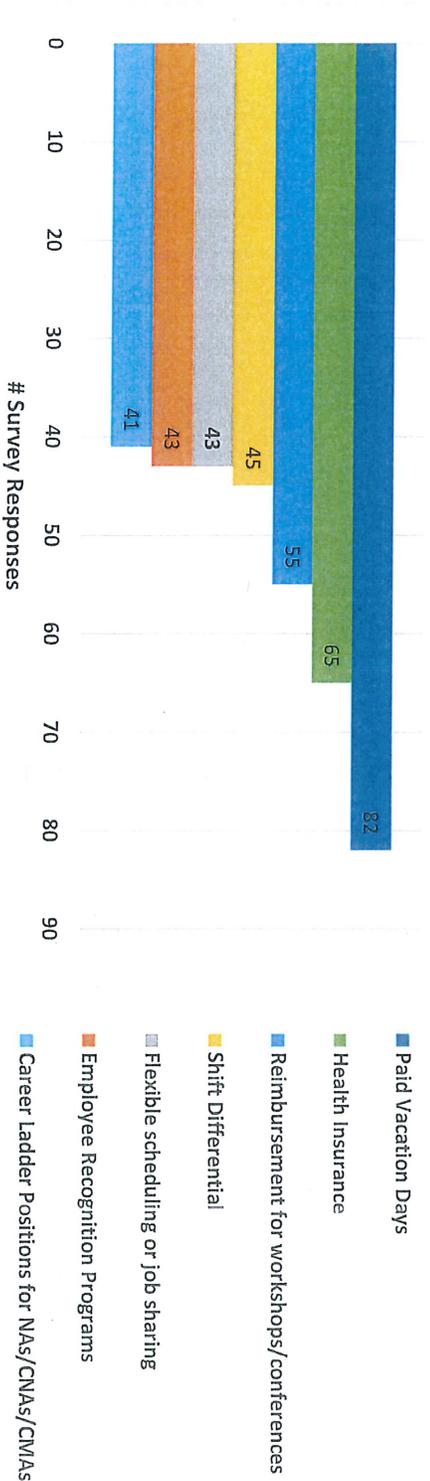
What would be your approximate hourly wage for Registered Nurses in your facility?

RN Hourly Wage Rates



- 35% surveyed state that the average hourly rate that they charge is \$25.21- \$29.30
 - 28% surveyed stated that the average hourly rate that the charge is \$29.31-\$33.40
- Which of the following Nursing Staff Recruitment Strategies do you use?

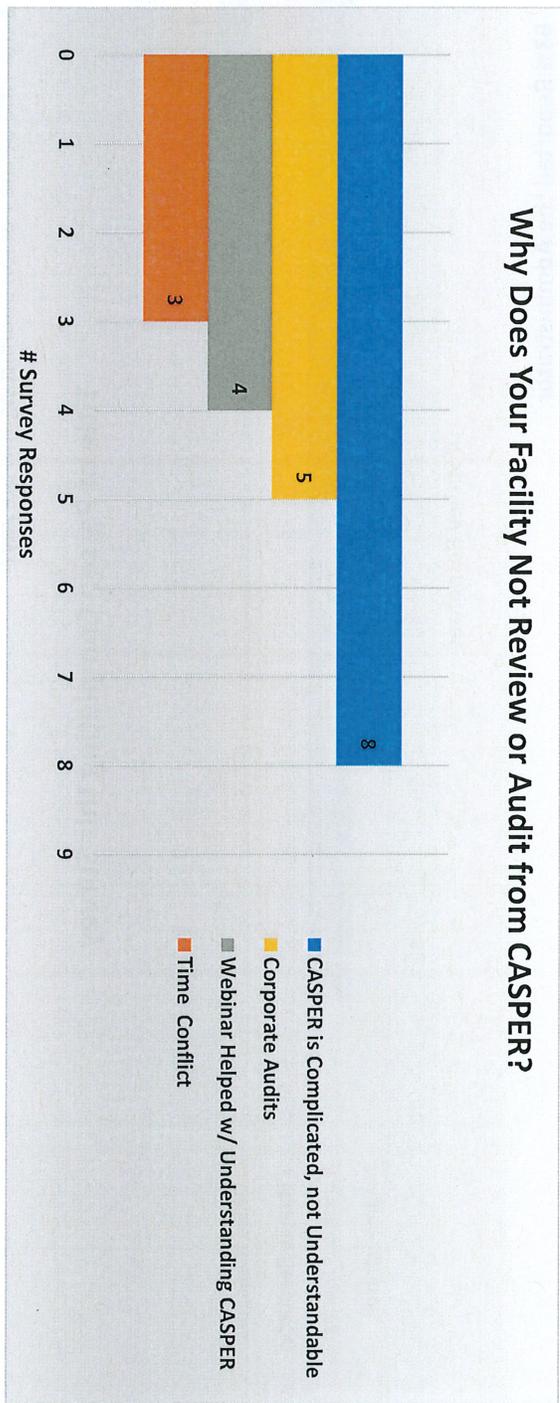
Nursing Staff Recruitment Strategies



- 82% surveyed provide paid vacation days
- 65% surveyed offer Health Insurance
- 41% offer Career ladder Positions for NAs/CNAs/CMIAs

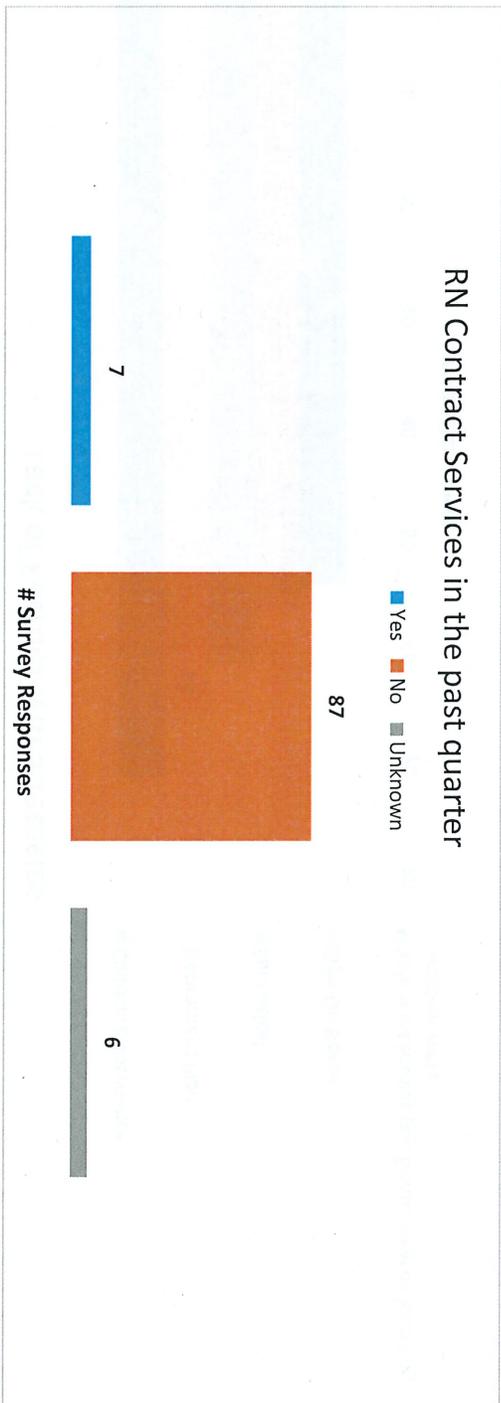
Why does the Administrator and/or Director of Nursing NOT review or audit the PBJ Staffing Reports from CASPER?

Why Does Your Facility Not Review or Audit from CASPER?



- 8% Surveyed stated that CASPER is complicated and not understandable
- 4% stated that the PBJ webinar helped to learn how to Navigate in CASPER

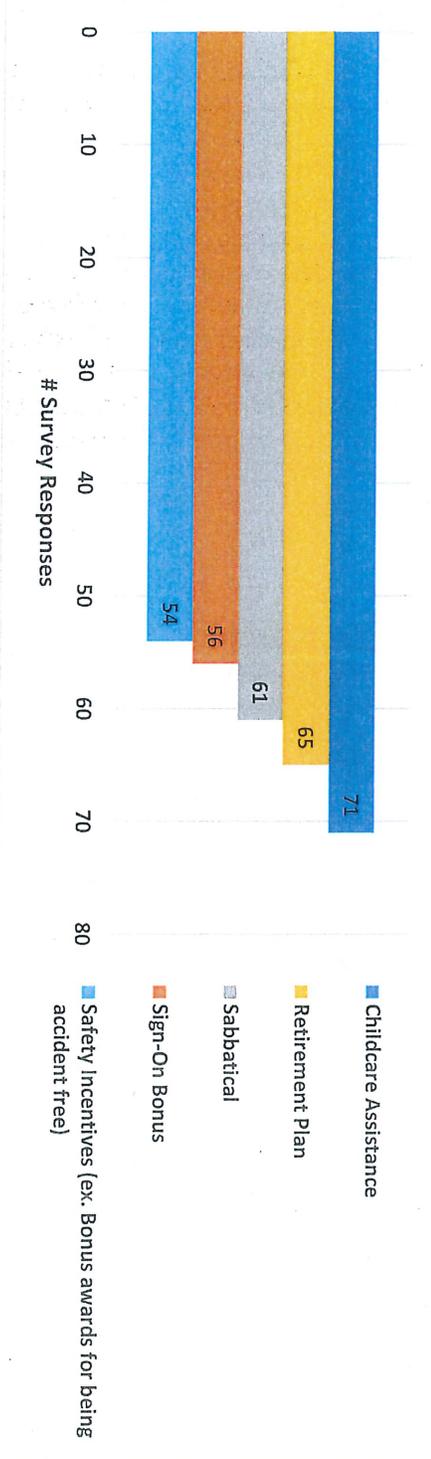
Have you used RN Contract Services in the past Quarter?



- 87% surveyed did NOT use Contract RN Services in the past quarter.

Nursing Recruitment Strategies that Facilities Lack

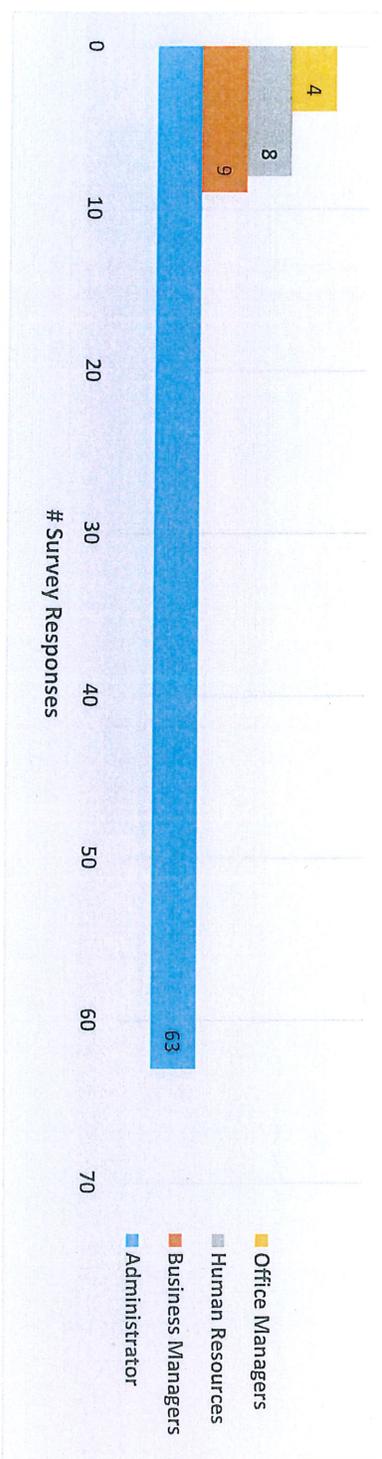
Lack of Recruitment Strategies



- 71% Do Not Offer Child Care Assistance
- 65% Do Not Offer Retirement Plans
- 56% Do Not Offer Sign-On Bonuses

What is the Title of the Person Submitting this Survey?

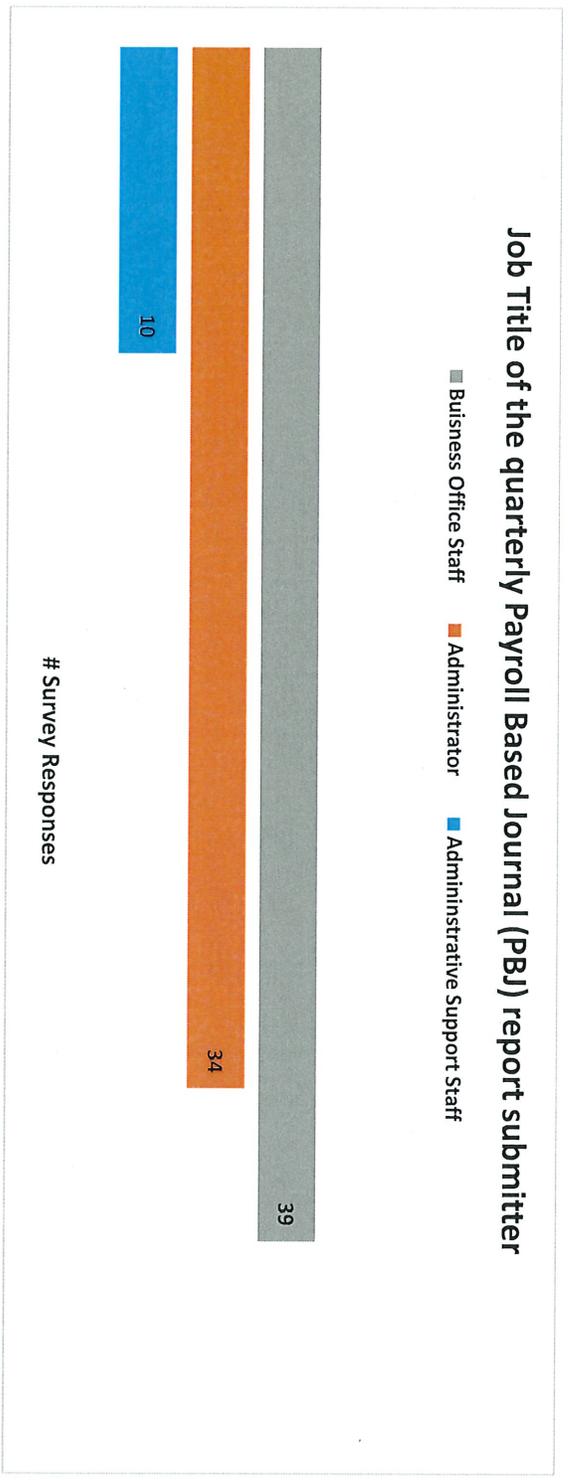
Title of Person Completing this Survey



- 63% Reported the Administrator

List the Job Title that best describes the person that submits the data for the quarterly Payroll Based Journal (PBJ) report.

Job Title of the quarterly Payroll Based Journal (PBJ) report submitter



- 39% Report the Business Office Staff submits the quarterly PBJ Report
- 34% Report the Administrator submits the quarterly PBJ Report

<https://www.ok.gov/dcs/solicit/app/solicitationDetail.php?sollID=3702>

Solicitation Detail

Please use the 'Notify Me' button to be automatically made aware of any amendments to this particular solicitation. If you would like to be electronically notified of future opportunities for this or other type commodities, you will need to register with Central Purchasing by clicking on 'Vendor Registration' link.

Agency: Health, Oklahoma State Department of - OSDH **Contract Type:** Regular Acquisition

Solicitation Number: 3400001660 **Status:** Open **Closing Date Status:** Original

Description:
To support and provide quality assurance and process improvement through root cause analysis and quality improvement support for Nursing facility, skilled nursing facility, or dually-participating skilled nursing facilities that have high level of deficiency citations, high frequency of deficiency citations, recurring deficiency citations, and/or poor performance quality measures as reported to the CMS national Minimum Data Set 3.0.

Buyer:
Richard Williams

Closing Date:
12/05/2019

Attachments:

Attachment Title	Attachment Type	File Type	Comments
Solicitation 3400001660	Solicitation	pdf	
ATTACHMENT H.1	Solicitation	xlsx	

Categories:

- 85100000 Comprehensive health services**
- 85101700 Health administration services
- 85101705 Public health administration

- Receive solicitation notifications automatically for all solicitations in this commodity! - register your organization with the State of Oklahoma at www.vendors.ok.gov.
Note: beginning July 1st, 2010, Central Purchasing will require suppliers to register with Central Purchasing prior to completion of award (read more). Failure to do so will delay contract award.
- **Reminder:** It is the Bidder's responsibility to check the OMES/Central Purchasing website frequently for any possible amendments that may be issued. Central Purchasing is not responsible for a bidder's failure to download any amendment documents required to complete a solicitation.
- If documents listed on this page do not meet your accessibility requirements, please contact OMES at (405) 522-0955 and appropriate accommodations will be made.
- If you are looking for a Contracting Officer's contact information, please click Buyers Contact List.
- We recommend you use the latest version of Adobe Reader. If you need to download Adobe Reader, here is a link to the Adobe WebSite.

Proposed rule change verbiage for Tuberculosis testing in facilities licensed by Protective Health Services

Julie Myers @57923

Chapter 605 - Adult Day Care Centers

310:605-11-1. Staffing requirements [AMENDED]

Each adult day care center shall have a staff adequate in number, and appropriately qualified and trained to provide the essential services of the center.

- (1) Each adult day care center shall have the following positions:
 - (A) A director who shall have the authority and responsibility for managing and implementing the day care program.
 - (B) An activity director.
 - (C) A social services coordinator or case manager.
 - (D) A dietary supervisor. Centers that are a part of larger organization which provides food service to the center, or centers that contract with an outside service for food service may employ a part time dietary supervisor.
- (2) Each center shall employ additional staff, such as nurses, therapists, consultants, drivers, etc., as needed.
- (3) Staff who serve in more than one staff position shall meet the minimum qualifications for each position served.
- (4) Centers that administer medication shall have a registered nurse (R.N.), licensed practical nurse (L.P.N.), certified medication aide (CMA), or a medication administration technician (MAT) who has successfully completed a course of training in administration of medications approved by the Department. Monthly consultation by an R.N. or L.P.N. shall be required for centers where medications are administered by a certified medication aide (CMA), or a medication administration technician.
- (5) Staff who have direct contact with participants shall be free of communicable disease.
- (6) Each center shall be in compliance with the criminal arrest check, training, examination, application, registration and certification requirements in 63 O.S. Section 1-1950.1, 1-1950.3, 1-1950.4, and 1-1951.
- (7) Each paid day care center staff person (professional or non-professional) shall arrange for an employment examination within 72 hours of employment which shall include but not be limited to a tuberculin skin test for tuberculosis. ~~(The Mantoux test is recommended by the Oklahoma State Department of Health). A tuberculin skin test shall be repeated annually unless the individual has already had a positive reaction to a previous skin test.~~ All tests and examinations shall be in conformance with the most current guidelines for preventing the transmission of mycobacterium tuberculosis in healthcare settings as published by the Centers for Disease Control and Prevention.

[Source: Added at 8 Ok Reg 2983, eff 5-28-91 (emergency); Added at 9 Ok Reg 1989, eff 6-11-92;
Amended at 20 Ok Reg 1182, eff 5-27-03]

DRAFT Chapter 663 Rules for SB 142

310:663-1-2. Definitions

When used in this Chapter, the following words or terms shall have the following meaning unless the context of the sentence requires another meaning:

"**Abuse**" means the willful infliction of injury, unreasonable confinement, intimidation or punishment, with resulting physical harm, impairment or mental anguish.

"**Act**" means the Continuum of Care and Assisted Living Act, Title 63 O.S. Sections 1-890.1 et seq. of the Oklahoma Statutes.

"**Antipsychotic drug**" means a drug, sometimes called a major tranquilizer, used to treat symptoms of severe psychiatric disorders, including but not limited to schizophrenia and bipolar disorder.

"**Assisted living center**" means any home or establishment offering, coordinating or providing services to two (2) or more persons who:

- (A) are domiciled therein;
- (B) are unrelated to the operator;
- (C) by choice or functional impairments, need assistance with personal care or nursing supervision;
- (D) may need intermittent or unscheduled nursing care;
- (E) may need medication assistance; and
- (F) may need assistance with transfer and/or ambulation; ~~Intermittent nursing care and home health aide services may be provided in an assisted living facility by a home health agency~~[63:1-890.2(1)].

"**Chemical restraint**" means the use of a medication for the purpose of discipline, convenience, or in an emergency situation to control mood or behavior and not required to treat the resident's symptoms. Chemical restraint does not mean medication prescribed to maintain emotional stability.

"**Commissioner**" means the Commissioner of Health.

"**Continuum of care facility**" means a home, establishment or institution providing nursing facility services as defined in Section 1-1902 of Title 63 of the Oklahoma Statutes and one or both of the following:

- (A) assisted living center services as defined in the Continuum of Care and Assisted Living Act; and
- (B) adult day care center services as defined in Section 1-872 of Title 63 of the Oklahoma Statutes [63:1-890.2.4].

"**Department**" means the Oklahoma State Department of Health.

"**Direct care staff**" in an assisted living center means qualified nursing, activity, social and therapy staff employed by or under the direct supervisory control of the assisted living center.

"**Intermittent or unscheduled nursing care**" means skilled nursing care given by a licensed practical nurse or registered nurse that is not required twenty-four (24) hours a day.

"**Long-term care facility**" means:

- (A) a nursing facility as defined by Section 1-1902 of Title 63 of the Oklahoma Statutes;
- (B) a continuum of care facility as defined under the Continuum of Care and Assisted Living Act; or
- (C) the nursing care component of a life care community as defined by the Long-term Care Insurance Act.

"**Misappropriation of resident's property**" means the taking, secretion, misapplication, deprivation, transfer, or attempted transfer to any person not entitled to receive any property, real or personal, or anything of value belonging to or under the legal authority, or the taking of any action contrary to any duty imposed by federal or state law prescribing conduct relating to the custody or disposition of resident's property.

"**Neglect**" means a failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

"**Personal care**" means assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision of the physical and mental well-being of a person [63:1-1902.17] and includes assistance with toileting.

"**Prescribing clinician**" means:

- (A) an allopathic or osteopathic physician licensed by and in good standing with the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, as appropriate;
- (B) a physician assistant licensed by and in good standing with the State Board of Medical Licensure and Supervision; or
- (C) an Advanced Practice Registered Nurse licensed by and in good standing with the Oklahoma Board of Nursing.

"Qualified nutritionist" is a Department approved person who holds a baccalaureate with major studies in food and nutrition, dietetics, or food service management; has one year experience in the dietetic service of a health care institution; and participates in continuing education annually.

"Representative" means an agent under a durable power of attorney for health care, or a court-appointed guardian or, if there is no court-appointed guardian, the parent of a minor, a relative, or other person, designated in writing by the resident.

"Resident" means anyone accepted for care through contractual agreement and who meets the admission criteria established pursuant to OAC 310:663-3-2.

"Physical restraint" means any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the resident cannot remove easily, that is not used for the purpose of therapeutic intervention or body alignment as determined by resident assessment and care planning, and which restricts the resident's desired freedom of movement and access to his or her body.

"Significant change" is defined as a major change in the resident's status that is not self limiting; affects more than one area of the resident's health status; and requires interdisciplinary review and/or revision of the care plan.

310:663-19-2. Medication administration

- (a) Each assisted living center shall adopt written procedures to ensure safe administration of medications.
 - (1) Medications shall be administered only on a physician's order.
 - (2) The person responsible for administering medications shall personally prepare the dose, observe the swallowing of oral medication, and record the medication. Medications shall be prepared within one hour prior to administration.
 - (3) An accurate written record of medications administered shall be maintained. The medication record shall include:
 - (A) The identity and signature of the person administering the medication.
 - (B) The medication administered within one hour of the scheduled time.
 - (C) Medications administered as the resident's condition may require (p.r.n.) are recorded immediately, including the date, time, dose, medication, and administration method.
 - (D) Adverse reactions or results.
 - (E) Injection sites.
 - (F) An individual inventory record shall be maintained for each Schedule II medication prescribed for a resident.
 - (G) Medication error incident reports.
 - (4) A resident's adverse reactions shall be reported at once to the attending physician.
- (b) An assisted living center may maintain nonprescription drugs for dispensing from a common or bulk supply if all of the following are accomplished.
 - (1) The assisted living center shall have and follow a written policy and procedure to assure safety in dispensing and documenting medications given to each resident.
 - (2) The assisted living center shall maintain records which document the name of the medication acquired, the acquisition date, the amount and the strength received for each medication maintained in bulk.
 - (3) Only a licensed nurse, physician, pharmacist, certified medication aide or medication aide technician may dispense for administration these medications and only upon a physician's written order for as needed or nonscheduled dosage regimens. The physician's written order shall be maintained in the resident's clinical record.
 - (4) Bulk medications shall be stored in the medication area and not in resident rooms.
 - (5) The assisted living center shall maintain records of all bulk medications that are dispensed on an individual signed medication administration record.
 - (6) The assisted living center shall maintain the original label on the container as it comes from the manufacturer or on the unit-of-use or blister package.
 - (7) The assisted living center shall establish in its policy and procedure the maximum size of packaging and shall ensure that each resident receives the correct dosage. The assisted living center shall not acquire nor maintain a liquid medication in a package size that exceeds 16 fluid ounces.

(8) An assisted living center shall have only oral analgesics, antacids, and laxatives for bulk dispensing. No other category of medication shall be maintained as bulk medication.

(c) Antipsychotic drug administration shall be consistent with 63 O.S. 1-881.

DRAFT Chapter 675 Rules for SB 142

310:675-1-2. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Act" means Title 63 of the Oklahoma Statutes, Sections 1-1901 and following as amended also known as the Nursing Home Care Act.

"Allied health professional" means one of the following persons: physician assistant, physical, speech, or occupational therapist, occupational therapy assistant, physical therapy assistant, or qualified social worker.

"Antipsychotic drug" means a drug, sometimes called a major tranquilizer, used to treat symptoms of severe psychiatric disorders, including but not limited to schizophrenia and bipolar disorder.

"Attendant" means the person having control of an animal/pet visiting or in residence in a facility.

"Approval" means the mandatory state government process by which an agency or program is reviewed, and publicly proclaimed, to render a service worthy of note.

"CEP" means the nurse aide competency evaluation program.

"Certification" means the process by which a non-governmental agency, or association, or governmental agency attests that an individual or facility has met certain predetermined standards specified by the certifying body.

"Certified medication aide" means a person who has passed a Department approved program for administering medications.

"Certified nurse aide" means any person who provides, for compensation, nursing care or health-related services to residents of a facility, who is not a licensed health professional and has completed a Department approved training and competency program.

"Charge nurse" means a registered nurse or licensed practical nurse responsible for supervising nursing services on a specific shift.

"Chemical restraints" means the use of a medication for the purpose of discipline, convenience, or in an emergency situation to control mood or behavior and not required to treat the resident's symptoms.

"Consultant registered nurse" means a registered nurse who provides consultation to the director of nursing and administrator concerning the delivery of nursing care for all residents in the facility.

"Denial" means a decision made by the appropriate body to disapprove an application.

"Direct care staff" means nursing, activity, social and therapy staff.

"Director of nursing" means either a registered nurse or licensed practical nurse, who has the authority and responsibility to administer nursing services within the facility.

"Emergency" means, for the purposes of Title 63 O.S. Section 1-1912, a serious, potentially life-threatening or life-endangering situation in which immediate action is necessary to ensure the health, safety, or welfare of residents, and for which the facility:

(A) does not have a plan acceptable to the Department to ensure health, safety or welfare of residents; or

(B) refuses to remedy the situation.

"Health related services" means any medically directed service provided by any person in a facility that may include but is not limited to, the following:

(A) Positioning and turning of residents- i

(B) Self-help skill training- i

(C) Assistance with prosthetic/assistive devices- i

(D) Medication administration- i

(E) Nutrition and hydration- i

(F) Monitoring of resident vital signs- i

(G) Catheter and nasogastric care- i

(H) Behavior modification programs- i

(I) Administering a medically related care plan; and

(J) Restorative services.

"In charge" and **"supervision"** means the administrator must have the requisite authorization from the licensee to make those purchases and incur those necessarily attendant debts in order to comply with the rules promulgated by the Board and all pertinent state statutes.

"Inservice education" means activities intended to assist the individual to acquire, maintain, and/or increase competence in fulfilling the assigned responsibilities specific to the employer's expectations.

"Licensed health professional" means one of the following: a physician; dentist, podiatrist, chiropractor, physician assistant, nurse practitioner; pharmacist; physical, speech, or occupational therapist; registered nurse, licensed practical nurse; licensed or certified social worker; or licensed/registered dietician.

"Licensed nurse" means a registered nurse or a licensed practical nurse who is currently licensed by the Oklahoma Board of Nursing.

"Licensed pharmacist" means a person who is a graduate of an accredited pharmacy program and is currently licensed by the Oklahoma Board of Pharmacy.

"Licensed practical nurse" means a person who is a graduate of a state approved practical nursing education program, or who meets other qualifications established by the Oklahoma Board of Nursing, and is currently licensed by the Oklahoma Board of Nursing.

"Licensure" means the process by which the Department grants to persons or entities the right to establish, operate, or maintain any facility.

"Local law enforcement" means:

(A) The municipal police department, if the facility is within the jurisdiction of any municipality of this state, or

(B) The county sheriff, if the facility is outside the jurisdiction of any municipality within this state.

"Long-term care facility" means:

(A) a nursing facility as defined 63 O.S. 1-1902;

(B) a continuum of care facility as defined under the Continuum of Care and Assisted Living Act; or

(C) the nursing care component of a life care community as defined by the Long-term Care Insurance Act.

"Manager" or "supervisor" means the person or entity which performs administrative services for the licensee. The manager or supervisor is not legally responsible for the decisions and liabilities of the licensee, and does not stand to gain or lose financially as a result of the operation of the facility. The manager is paid a fee or salary for services, and the primary remuneration shall not be based upon the financial performance of the facility.

"Misappropriation of resident's property" means the taking, secretion, misapplication, deprivation, transfer, or attempted transfer to any person not entitled to receive any property, real or personal, or anything of value belonging to or under the legal control of a resident, without the effective consent of the resident or other appropriate legal authority, or the taking of any action contrary to any duty imposed by federal or state law prescribing conduct relating to the custody or disposition of resident's property.

"Nurse aide" means any person providing nursing or nursing related services to residents in a facility, but does not include an individual who is a licensed health professional, or who volunteers to provide such services without monetary compensation.

"Nurse aide trainee" means any person who has been employed by a facility to provide nursing care or health related services, and is enrolled in but has not completed a Department approved training and competency program.

"Orientation" means the training for a particular job activity given to all employees.

"Perishables" means food supplies, to include dietary supplements and intravenous feedings, medical supplies, and medications.

"Physical restraints" means any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the resident cannot remove easily, that is not used for the purpose of therapeutic intervention or body alignment as determined by resident assessment and care planning, and which restricts the resident's desired freedom of movement and access to his or her body.

"Prescribing clinician" means:

(A) an allopathic or osteopathic physician licensed by and in good standing with the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, as appropriate;

(B) a physician assistant licensed by and in good standing with the State Board of Medical Licensure and Supervision; or

(C) an Advanced Practice Registered Nurse licensed by and in good standing with the Oklahoma Board of Nursing.

"Qualified nutritionist" is a Department approved person who holds a baccalaureate with major studies in food and nutrition, dietetics,

or food service management; has one year experience in the dietetic service of a health care institution; and participates in continuing education annually.

"Registered/licensed dietitian" means a person who is registered as a dietitian by the American Dietetic Association and licensed by the Oklahoma Board of Medical Licensure and Supervision.

"Registered nurse" means a person who is a graduate of a state approved registered nursing education program, and who is currently licensed by the Oklahoma Board of Nursing.

"Registry" means a Department maintained list of individuals who have successfully completed a nurse aide training and competency evaluation program, or a competency evaluation program, approved by the Department.

"Representative of a resident" means a representative of a resident as defined by Section 1-1902 of Title 63 of the Oklahoma Statutes,

"Resident" means a resident as defined by Section 1-1902 of Title 63 of the Oklahoma Statutes.

"Revoke" means to rescind approval of a previous action.

"Specialized facility" means any facility which offers or provides inpatient long-term care services on a twenty-four hour basis to a limited category of persons requiring such services, including, but not limited to, a facility providing health or habilitation services for developmentally disabled persons, infants and/or children, or Alzheimer's and dementia residents.

"Standards of nursing practice" means an authoritative statement that describes a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged. Standards of nursing practice include both standards of care and standards of professional performance.

"Standards of care" means a description of a competent level of care demonstrated by a process of accurate assessment and diagnosis, planning, appropriate interventions, and predicted patient outcomes. (Appendix B of this Chapter.)

"Standards of professional performance" means a description of a competent level of behavior in the professional role including activities related to quality assurance, education, consultation, research, ethics, resource utilization, accountability, peer review, and interdisciplinary collaboration.

"Suspended license" means a license that is issued for a period not to exceed three years to a facility which has temporarily closed or ceased operations.

"Training and competency evaluation program" means a program approved by the Department to instruct and evaluate individuals to act as nurse aides.

"Transfer" means the move of a resident from one facility to another facility.

"Intra-facility transfer" means the moving of a resident from one room to another within a facility.

"Transfer of ownership" means a change of substantial, or controlling interest, in the ownership of a facility. A change of less than five percent (5%) of the interest of the owner does not constitute a transfer of ownership unless it also results in a change of control of the owner.

"Willful violation" means:

- (A) a pattern of violation of ~~the direct-care~~ staffing requirement;
- (B) a violation of ~~the direct-care~~ staffing requirement in which the facility knew or should have known staffing would be insufficient to meet the requirement yet took no action to avert the violation; or
- (C) the reporting of materially inaccurate or misleading information of ~~direct-care~~ staffing to the Health Care Authority.

310:675-7-4.1 Resident admission and continued residency based on administration of antipsychotic drugs

(a) Reasons for denial of admission or continued residency. No long-term care facility shall deny admission or continued residency to a person on the basis of the person's or his or her representative's refusal to the administration of antipsychotic drugs, unless:

- (1) The prescribing clinician or care facility can demonstrate that the resident's refusal would place the health and safety of the resident, the facility staff, other residents or visitors at risk.
- (2) The alleged risk shall be documented in detail and presented to the resident or the representative of the resident, to the State Department of Health and to the Long-Term Care Ombudsman; and shall inform the resident or the representative of the resident of the resident's right to appeal.

(b) Procedures. Procedures for resident appeal are as follows:

(1) Written documentation of the alleged risk associated with the administration of antipsychotic drugs shall be provided to the resident or representative of the resident, to the State Department of Health and to the Long-Term Care Ombudsman; and shall inform the resident or the representative of the resident of the resident's right to appeal the denial of admission or denial of continued residency to the State Department of Health. The documentation of the alleged risk shall include:

- (A) A description of all nonpharmacological or alternative care options attempted; and
- (B) Why all nonpharmacological or alternative care options attempted were unsuccessful; and

(C) Why the prescribing clinician determined alternative treatments were not medically appropriate for the condition following a physical examination.

(2) Procedures for antipsychotic drug refusal and the facility's notice of admission denial or continued residency are as follows:

(A) If a resident or a resident's representative is aggrieved by the facility's decision to deny admission or continued residency regarding the refusal of antipsychotic drugs at 63 O.S. 1-881(E) (2) the resident or resident's representative may file within ten (10) days of notice a written request for a hearing with the Department by sending a letter to the Hearing Clerk, Oklahoma State Department of Health, 1000 NE Tenth Street, Oklahoma City, OK 73117.

(B) The written notice shall include:

(i) A full explanation of the reason for the denial of admission of residency or denial of continued residency;

(ii) The date of the notice; and

(iii) The date notice was given to the resident and the resident's representative.

(3) Failure of the facility to give the notice as substantially specified shall result in an order without hearing from the Department denying the right of the facility to discharge or deny admission to the resident.

(4) If a written request for a hearing is properly filed by an eligible aggrieved party, the Department shall convene a hearing within ten working days of receipt of the request. The request may be in the form of a letter or a formal request for hearing from the resident or resident's representative. In the event that the resident is unable to write, a verbal request made to the hearing clerk shall be sufficient. The Department shall reduce the verbal request to writing and send a copy to the resident. The request shall state the objection to the notice of denial of admission of residency or denial of continued residency and attach a copy of the notice from the facility.

(5) During the pendency of the hearing, the facility shall not discharge or deny admission or readmission for the resident unless the discharge or admission denial was required by the Department or is an emergency situation. If the resident relocates from the facility but wants to be admitted or readmitted, the Department may proceed with the hearing and

the facility shall be required to admit or readmit the resident to the first available bed in a semi-private room if the discharge is found not to meet the requirements of the Nursing Home Care Act and OAC 310:675.

(6) The Department shall provide the Administrative Law Judge and the space for the hearing. The parties, including the resident and the facility, may be represented by counsel or may represent themselves.

(7) The hearing shall be conducted at the Oklahoma State Department of Health building unless there is a request for the hearing to be held at the facility or at another place. Providing the hearing room in such a case shall be the responsibility of the parties. The Department shall maintain a record on the case as it does for any other individual proceeding.

(8) The hearing shall be conducted in accordance with the Department's procedures, Chapter 2 of this Title. The Administrative Law Judge's order shall include findings of fact, conclusions of law and an order as to whether or not the transfer or discharge was according to law. If a facility receives federal funds for services, it shall also comply with the certification standards. The more restrictive rule toward the facility shall be applied.

(9) If the Administrative Law Judge finds the notice of continued residency or denied admission was not according to law, the Department shall review, investigate and issue deficiencies as appropriate.

(10) If the notice of continued residency or denied admission is according to law, the order shall give the facility the right to discharge or deny admission to the resident.

(11) The scope of the hearing may include:

(A) Inadequate notice;

(B) Continued residency or admission denial based on reason not stated in the law;

(C) Sufficiency of the evidence to support the continued residency or admission denial; or

(D) The finding of emergency.

(12) The Administrative Law Judge shall render a written decision within ten working days of the close of the record.

(13) If the Administrative Law Judge sustains the facility, the facility may proceed with the discharge. If the Administrative Law Judge finds in favor of the resident, the facility shall withdraw its notice of intent to transfer, discharge or deny admission of the resident. The decision of the Administrative Law Judge shall be final and binding on all parties unless appealed under the Administrative Procedures Act.

(a) The resident has the right to be free from any physical or chemical restraints imposed for discipline or convenience. Restraints may be used in emergency situations, or for the purpose of treating a resident's medical condition. All physical restraints shall allow for quick release. Locked restraints shall not be used.

(b) In an emergency situation, physical restraints may be used only to ensure the physical safety of the resident, staff, or other residents. When restraints are used in an emergency, the facility shall comply with the following process:

(1) A licensed nurse may use physical restraints, without a physician's order, if necessary to prevent injury to the resident, or to other residents, when alternative measures are not effective. The licensed nurse shall document in the clinical record the application of the physical restraint and the alternative measures that were not effective. A licensed nurse shall contact the physician for physical restraint orders within six hours after application.

(2) The facility staff shall continually monitor the resident during the restraint period. An interdisciplinary team shall evaluate alternative placement if the resident requires physical restraints for longer than forty-eight consecutive hours.

(3) Circumstances requiring the physical restraints shall be re-evaluated every thirty minutes and documented in the clinical record.

(4) A resident who is physically restrained shall have the restraints released for at least ten minutes every two hours. Such residents shall also be repositioned, exercised and toileted as needed.

(c) In an emergency situation, chemical restraints may be used only to ensure the physical safety of the resident, staff, or other residents. When chemical restraints are used, the facility shall comply with the following process:

(1) The written order for the use of a chemical restraint shall be signed by a physician who specifies the duration and circumstances under which the chemical restraint is to be used.

(2) The physician's orders may be oral when an emergency necessitates parenteral administration of the chemical restraint but is valid only until a written order can be obtained within forty-eight hours.

(3) An emergency order for chemical restraints shall not be in effect for more than twelve hours and may be administered only if the resident is continually monitored for the first thirty minutes after administration and every fifteen minutes until such time as the resident appears stable to ensure that any adverse side effects are noticed and appropriate action

taken as soon as possible. The clinical record shall accurately reflect monitoring.

(4) A licensed nurse shall document in the resident's clinical record any alternative measures that were not effective and precipitated the use of the chemical restraint.

(5) An interdisciplinary evaluation shall be made to consider alternative placement if the resident requires chemical restraints for longer than twelve continuous hours.

(d) When restraints are required for the resident's medical symptoms, the nursing staff shall ensure that physical and chemical restraints are administered only in accordance with the resident's care plan and under the following circumstances.

(1) When restraints are used to prevent falling, or for the purpose of positioning the resident, the resident and resident's representative shall be informed of the risk and benefits, and written consent shall be obtained.

(2) Restraints may be applied only on a physician's written order and shall identify the type and reason for the restraint. The physician shall also specify the period of time, and the circumstances under which the restraint may be applied.

(3) Alternative measures to the use of restraints shall be evaluated prior to their use. Circumstances requiring the restraints, and alternative measures, shall be re-evaluated and documented in the clinical record every thirty days.

(4) A restrained resident shall have the restraints released every two hours for at least ten minutes; and the resident shall be repositioned, exercised, or provided range of motion and toileted as necessary.

(e) A resident shall be prescribed an antipsychotic drug consistent with 63 O.S. 1-881(c)-(d).

Proposed rule change verbiage for Tuberculosis testing in facilities
licensed by Protective Health Services
Julie Myers @57923

Chapter 675 - Nursing and Specialized Facilities

Subchapter 7 - Administration

310:675-7-18.1. Personnel records [AMENDED]

Each facility shall maintain a personnel record for each current employee containing:

(1) Application for employment. An application for employment which contains employee's full name, social security number, professional license or registration number, if any, employment classification, and information about past employment, including: place of employment, position held, length of employment, and reason for leaving.

(2) Employee time records. Copies of current employee time records, signed by the employee, shall be maintained by the facility for at least thirty-six (36) months.

(3) Training, arrest check, and certification. Documentation of orientation and training (may be kept in separate file), continuing education, a copy of the criminal arrest check, and appropriate certification and licensure.

(4) Health examination on hire. Record of health examination conducted within thirty days of employment which shall include, but not be limited to, a complete medical history, physical examination by body system and, a two-step tuberculin skin test in conformance with the "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings;" Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17).

(A) ~~Tuberculin skin tests~~ Tests for tuberculosis shall be administered by a licensed nurse or physician.

(B) Where a skin test is contra-indicated, a chest radiograph, interpreted by a medical consultant in collaboration with the city, county or state health department, is acceptable.

(C) Employees claiming a prior positive tuberculin skin test shall have documentation in their file, obtained from a licensed health care professional, of their test results and interpretation, otherwise, a two-step tuberculin skin test shall be done.

(5) Tests for tuberculosis. ~~Tuberculin skin test.~~ Results of subsequent tuberculin skin test performed based on facility TB risk classification established in OAC 310:675-7-17(c)(9) (relating to annual facility tuberculosis risk assessment) or results of a physician's examination for signs and symptoms of tuberculosis for those employees who react significantly to a tuberculin skin test. ~~All tests and examinations shall be in conformance with the "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings;" Centers for Disease Control and Prevention.~~

~~Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17).~~
All tests and examinations shall be in conformance with the most current guidelines for preventing the transmission of mycobacterium tuberculosis in healthcare settings as published by the Centers for Disease Control and Prevention.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-071; Amended at 25 Ok Reg 2482, eff 7-11-08]

EDITOR'S NOTE: 1See Editor's Note at beginning of this Chapter.

Title 310/Chapter 675/Subchapter 13/Section 310:675-13-14 Flexible Staff Scheduling

Draft Regulations

310:675-13-14. Flexible Twenty-four-hour-based staff-scheduling and eligibility requirements.

~~(a) **Implementing flexible twenty-four-hour-based staff scheduling.** Each facility seeking to implement the flexible staff-scheduling provisions of 63:1-1925.2(B)(5) shall request in writing a determination from the Department that the facility is in compliance with the staffing requirements of 63:1-1925.2(B)(3). On or after January 1, 2020, a facility may implement twenty-four-hour-based staff scheduling; provided:~~

- ~~(1) such facility shall continue to maintain a direct-care service rate of at least two and nine tenths (2.9) hours of direct-care service per resident per day, the same to be calculated based on average direct care staff maintained over a twenty-four-hour period, and~~
- ~~(2) at no time shall direct-care staffing ratios in a facility with twenty-four-hour-based staff-scheduling privileges fall below one direct-care staff to every fifteen residents or major fraction thereof, and~~
- ~~(3) at least two direct-care staff shall be on duty and awake at all times.~~

~~(b) **Requirements for eligibility.** Determination of flexible staff-scheduling privileges shall be based on compliance with the requirements at 63:1-1925.2(B)(6) and review of the staffing hours reported to the Oklahoma Health Care Authority. Reports shall be submitted to the Oklahoma Health Care Authority either through electronic mail or three and one quarter inch diskette in an electronic format approved by that agency. The reviewed hours shall be for the previous three (3) calendar months from the date the request for determination is received.~~

~~(c) **Determination of compliance.** A determination of compliance with the requirements at 63:1-1925.2(B)(6)(a)(2) (4) will be based on staffing reports and surveys for the three (3) months preceding the date the request for determination is received by the Department. For intermediate care facilities for the mentally retarded loss of eligibility shall include findings of non-compliance with the Condition of Participation at 42 CFR 483.430, Facility Staffing.~~

~~(d) **Failure to meet the direct care service rate.** Facilities that have been granted flexible staff-scheduling privileges and receive a determination they have not met the direct care service rate shall lose their flexible staff-scheduling privileges until the facility re-establishes their eligibility under the requirements at 63:1-1925.2(B)(6)(b) and (c). *Facilities shall have the right to appeal and to the informal dispute resolution process with regard to penalties and sanctions imposed due to staffing noncompliance.* [63:1-1925.2(E)].~~

~~(e) **Loss of eligibility based on surveys or fraud.** Facilities seeking to re-establish flexible staff-scheduling privileges after a loss of eligibility under 63:1-1925.2(B)(7) shall be subject to the requirements at OAC 310:675-13-14(a), (b) and (c). For intermediate care facilities for the mentally retarded loss of eligibility shall include findings of non-compliance with the Condition of Participation at 42 CFR 483.430, Facility Staffing.~~

~~(f) **Minimum staff in flexible staffing.** A facility failing to meet the flexible staff-scheduling requirement at 63:1-1925.2(B)(5)(b) shall be ineligible for flexible staff-scheduling privileges until the facility re-establishes their eligibility under the requirements at 63:1-1925.2(B)(6)(b) and (c).~~

~~(g) **Notification requirements.** The Department shall notify the facility and Oklahoma Health Care Authority on all decisions of eligibility.~~

~~(h) **Re-establishing eligibility.** A facility seeking to re-establish eligibility shall submit a written request to the Department. A request to re-establish eligibility is subject to the requirements at OAC 310:675-13-14(b).~~

(b) Loss of twenty-four-hour-based staffing privileges. On and after January 1, 2004, the State Department of Health shall require a facility to maintain the shift based staff-to-resident ratios provided in 63 O.S. 1-1925.2(B) if the facility has been determined by the Department to be deficient with regard to:

- (1) Twenty-four-hour-based schedule in 63 O.S. 1-1925.2(B)(5) (a) – (c),
 - (A) Shall maintain a direct-care-staff-to-resident ratio based on overall hours of direct-care service per resident per day rate of not less than two and ninety one-hundredths (2.90) hours per day;
 - (B) at no time shall direct-care staffing ratios fall below one direct-care staff to every fifteen residents or major fraction thereof; and
 - (C) at least two direct-care staff shall be on duty and awake at all times.
- (2) Fraudulent reporting of staffing on the Quality of Care Report, or
- (3) A complaint or survey investigation that has determined substandard quality of care as a result of insufficient staffing. For intermediate care facilities for individuals with intellectual disabilities, loss of eligibility shall include findings of non-compliance with the Condition of Participation at 42 CFR 483.430, Facility Staffing.

(c) Eligibility requirements for twenty-four-hour-based staffing following deficient practice.

- (1) The Department shall require a facility to achieve and maintain the shift-based, staff-to-resident ratios found at in 63 O.S. 1-1925.2(B)(3), for a minimum of three (3) calendar months before being considered eligible to implement twenty-four-hour-based staff scheduling.
- (2) Determination by the Department that the facility has achieved and maintained for at least three (3) months the shift-based, staff-to-resident ratios, and has corrected any deficiency described in OAC 310:675-13-14 (c), the Department shall notify the facility of its eligibility to implement flexible twenty-four-hour-based staff-scheduling privileges.

(d) Right to Appeal. Facilities shall have the right to appeal and to the informal dispute resolution process with regard to penalties and sanctions imposed due to staffing noncompliance. [63:1-1925.2(E)].

(e) Quality of Care Report Requirement. Staffing hours reported to the Oklahoma Health Care Authority shall be submitted electronically through OHCA's Quality of Care (QOC) portal.

(f) Monitoring and evaluating twenty-four-hour-based staffing facilities. The department will monitor staffing reports of twenty-four-hour-based staffing facilities that fail to meet the requirements at 63 O.S. 1-1925.2(B)(5)(a) – (c).

- (i) (g) Shift-based ratios for noncompliant facilities.** This paragraph implements 63:1-1925.2(F)(4).
- (1) When the provisions of 63:1-1925.2(F)(1) are in effect, pursuant to 63:1-1925.2(B)(7), the following minimum direct-care-staff-to-resident ratios for non-compliant facilities shall apply in addition to other state and federal requirements related to the staffing of nursing facilities:
 - (A) From 7:00 a.m. to 3:00 p.m., one direct-care staff to every five residents,
 - (B) From 3:00 p.m. to 11:00 p.m., one direct-care staff to every seven residents, and
 - (C) From 11:00 p.m. to 7:00 a.m., one direct-care staff to every thirteen residents.

(2) When the provisions of 63:1-1925.2(F)(2) are in effect, pursuant to 63:1-1925.2(B)(7), the following minimum direct-care-staff-to-resident ratios for non-compliant facilities shall apply in addition to other state and federal requirements related to the staffing of nursing facilities:

- (A) From 7:00 a.m. to 3:00 p.m., one direct-care staff to every five residents,
- (B) From 3:00 p.m. to 11:00 p.m., one direct-care staff to every six residents, and
- (C) From 11:00 p.m. to 7:00 a.m., one direct-care staff to every eleven residents.

(3) When the provisions of 63:1-1925.2(F)(3) are in effect, pursuant to 63:1-1925.2(B)(7), the following minimum direct-care-staff-to-resident ratios for non-compliant facilities shall apply in addition to other state and federal requirements related to the staffing of nursing facilities:

- (A) From 7:00 a.m. to 3:00 p.m., one direct-care staff to every four residents,
- (B) From 3:00 p.m. to 11:00 p.m., one direct-care staff to every six residents, and
- (C) From 11:00 p.m. to 7:00 a.m., one direct-care staff to every eleven residents.

LTC Facility Advisory Board Member Term List

Updated 12-13-2018

<i>Position</i>	<i>First Name</i>	<i>Last Name</i>	<i>Office</i>	<i>Term Expires</i>
<i>ADC Facility Owner-Operator</i>				
	Paula	Porter		11/01/2021
	Patricia	Ingram		11/01/2020
	Stephen	Ross		11/01/2019
<i>CC Facility or AL Center Owner-Operator</i>				
	Jimmy	McWhirter	Secretary	11/01/2020
	Lori	Peck Morton		11/01/2021
	Dustin	Cox		11/01/2019
<i>General Public Over Age 65</i>				
	Joanna	Martin		11/01/2019
	Modina	Allen		11/01/2021
	Dewey	Sherbon		11/01/2019
	Joanne	Alderman		11/01/2019
	Charles	Schwarz		11/01/2019
	Esther	Houser		11/01/2019
<i>Licensed General Practitioner</i>				
	Donald	Courtney		11/01/2019
<i>Licensed Practical Nurse</i>				
	Kay	Parsons		11/01/2019
<i>Licensed Registered Nurse</i>				
	Diana Lynn	Sturdevant		11/01/2020
<i>Nursing Home Operator-Administrator</i>				
	Adam	Jordan		11/01/2021
	Tracy	Chlouber		11/01/2020
	Wendell	Short		11/01/2019
<i>Osteopathic General Practitioner</i>				
	Jonathan	Bushman		11/01/2019
<i>RC Home Operator-Administrator</i>				
	Denise	Wilson	Vice Chair	11/01/2018
	Vacant			
	Vacant			
<i>Registered Pharmacist</i>				
	Alan	Mason	Chair	11/01/2021
<i>Representative, DHS</i>				
	William	Whited	Representatives	
<i>Representative, DMHSAS</i>				
	Jacki	Millsbaugh	Representatives	
<i>Representative, OHCA</i>				
	Vacant		Representatives	
<i>Representative, State Fire Marshal</i>				
	Steve	Blunk	Representatives	

OK to see if she already reappplied

Long Term Care Facility Advisory Board Meeting Dates for 2020

January 8, 2020

April 8, 2020

July 8, 2020

October 14, 2020

All meetings are from 1:00pm to 4:00pm