



Long Term Care
Protective Health Services

Oklahoma State
Department of Health

1000 Northeast Tenth Street
Oklahoma City, OK 73117
Phone (405) 271-6868
Fax (405) 271-3442

Informal Dispute Resolution Request Form

Authorized by Oklahoma State Statute In the Nursing Home Care Act

To access this form and the IDR process online at the Health Department web site [click here](#).

Skilled nursing facilities (SNF), nursing facilities (NF), skilled nursing facilities/nursing facilities (SNF/NF), and intermediate care facilities for individuals with intellectual disabilities (ICF/IID) must complete this form to dispute cited deficiencies. If you have any questions, contact the IDR Coordinator by telephone at (405) 271-6868 or via e-mail at IDRCoordinator@health.ok.gov.

Submission

Complete this form, attach all documentary evidence relevant to each disputed deficiency and submit within **ten (10) calendar days** of receiving the official Statement of Deficiencies. Submit this form to Oklahoma State Department of Health, Long Term Care, Attention: IDR Coordinator, 1000 NE 10th Street, Oklahoma City, OK 73117-1299. **An IDR will not be granted when a request form is incomplete or inaccurate. Documentary evidence submitted past the required timeframe will not be considered.**

IDR Type: (Check One) Face-to-Face Meeting* Record Review Telephone Conference
*2-hour meeting limit.

Facility Name: _____ Facility ID: _____

Facility Administrator: _____ E-mail: _____

Mailing Address: _____ Telephone Number: () _____

City: _____ Zip Code: _____ Facsimile Number: () _____

Date Statement of Deficiencies Received: ____/____/____ Survey Exit Date: ____/____/____

Dispute Description

Tag Number S/S Explanation of Dispute (Why is facility disputing the deficiency? List reason for each.)
A separate sheet may be attached, but must clearly identify the following: facility name, ID, survey exit date, tag number, scope & severity, and the explanation of dispute. All documentary evidence submitted must also identify these items.

1. _____

2. _____

3. _____

4. _____

Submitted by: _____ Date: ____/____/____