VISION
Creating a State of Health

MISSION
To protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can be healthy.

VALUES

Leadership · To provide vision and purpose in public health through knowledge, inspiration and dedication and serve as the leading authority on prevention, preparedness and health policy.

Integrity · To steadfastly fulfill our obligations, maintain public trust, and exemplify excellence and ethical conduct in our work, services, processes, and operations.

Community · To respect the importance, diversity, and contribution of individuals and community partners.

Service · To demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents.

Accountability · To competently improve the public's health on the basis of sound scientific evidence and responsible research.
Public health impacts your life and that of your family every day through our assurance of quality in health care and consumer services. We oversee more than 114,000 assorted business and occupational licenses annually ranging from grocery stores, restaurants, hotels, and tattoo artists to ambulances, hospitals, surgical centers, and nursing homes.

Through our licensure and inspection services, we assure compliance with laws and rules that reflect current public health standards. We strive to identify unhealthy conditions and correct them before they result in injury and disease.

In addition to performing routine inspections, we are at work promoting the health of the citizens of Oklahoma when emergencies or natural disasters occur. During ice storms, we maintain contact with health care facilities to ensure heat, food, and medical supplies are available to patients. When power outages affect the State, we drop by restaurants to make certain the food supply is being stored at safe temperatures and provide technical support to the business owner who is dealing with less than optimal circumstances.

We hope this booklet will help you identify the Protective Health Services of the Oklahoma State Department of Health that are working to keep all Oklahomans healthy. If you need more information, give us a call at 405•271•5288 or check our Web site at http://phs.ok.gov.

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Secretary of Health and Human Services
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CONSUMER HEALTH SERVICE (CHS)

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Samuel C. Cannella
Occupational Licensing Division
405•271•5243; Fax: 405•271•5286
samuelc@health.ok.gov
**INSPECTION FREQUENCY MANDATES**

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
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<tbody>
<tr>
<td>Number of inspection mandates</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Inspections required</td>
<td>24,596</td>
<td>24,277</td>
<td>23,914</td>
<td>24,240</td>
<td>24,624</td>
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<tr>
<td>Inspections meeting mandates</td>
<td>24,179</td>
<td>24,100</td>
<td>23,744</td>
<td>24,239</td>
<td>24,623</td>
</tr>
<tr>
<td>Percent of inspections met</td>
<td>98.3%</td>
<td>99.3%</td>
<td>99.3%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

***Go to page 205 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS***
ANIMAL BITE REPORTS AND ENFORCEMENT

The purpose of this program is to protect the public health by investigating and enforcing rules for the prevention and control of zoonotic diseases in the State of Oklahoma. The Commissioner of Health has authority to issue an order declaring a quarantine, isolation, impounding, immunization or disposal of any animal determined to be the source of such disease or exposure according to rules promulgated by the State Board of Health.

County health department public health specialists and environmental technicians serve as the “department designee” and handle all initial animal bite reports at the local level. They provide technical assistance, investigate bite incidents and follow-up, conduct enforcement activities, and act as a liaison between the local and state health departments.

Clients Served
Citizens of Oklahoma and any person who may have been bitten or exposed to a zoonotic disease.

Contact
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http://chs.health.ok.gov

Authority
63 O.S., § 1-508
OAC 310:599

Funding Source
State Funds
Program Fees
There are no fees associated with this program.

<table>
<thead>
<tr>
<th>SFY12</th>
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<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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<tbody>
<tr>
<td>Counties reporting</td>
<td>31</td>
<td>36</td>
<td>41</td>
<td>36</td>
</tr>
<tr>
<td>Bites reported</td>
<td>661</td>
<td>678</td>
<td>721</td>
<td>686</td>
</tr>
</tbody>
</table>

*None of the complaints investigated during SFY16 resulted in a transmission of rabies to the bite victim.*
This program was created in the 1950s. It is a traditional public health program for the protection of the consumer. Consumer Health Service (CHS) staff endeavor to assure the safe manufacture and processing of wholesale and retail bedding products, and for the germicidal treatment of used bedding products.

CHS staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry and consumers in bedding manufacturing practices, meet with consumer advisory committees, and provide technical assistance as necessary. On-site inspections of the establishments are also performed by CHS staff.
**Program Fees**

Initial Bedding Permit ................................................................. $5.00
Renewal Bedding Permit ............................................................... $5.00
Initial Germicidal Treatment Permit ............................................ $25.00
Renewal Germicidal Treatment Permit ................................. $5.00

<table>
<thead>
<tr>
<th>SFY</th>
<th>Permits</th>
<th>Inspections</th>
<th>Fees collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY12</td>
<td>2,224</td>
<td>420</td>
<td>$127,872</td>
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<tr>
<td>SFY13</td>
<td>2,218</td>
<td>20</td>
<td>$162,067</td>
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<tr>
<td>SFY14</td>
<td>2,192</td>
<td>27</td>
<td>$147,383</td>
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<tr>
<td>SFY15</td>
<td>2,387</td>
<td>461</td>
<td>$136,766</td>
</tr>
<tr>
<td>SFY16</td>
<td>2,450</td>
<td>66</td>
<td>$46,157</td>
</tr>
</tbody>
</table>

- Inspections with violations cited: ---- ---- ---- ---- 21
- Total violations cited: ---- ---- ---- ---- 57
- Average # of violations per inspection w/ violation: ---- ---- ---- ---- 2.7
Bedding Industry
Top Five Violations

01. Record Keeping. Records properly kept; available to inspector (#9) – 22 violations cited.

02. Labelling. Permit number properly stamped on tag; date and proper information on tag (#3) – 15 violations.

03. Permit. Adequate supply of germicidal agent; yellow law tags; bedding stamps on hand (#5) – 7 violations.

04. Labelling. Yellow Tag: security attached; visible; proper size (#1) – 6 violations.

05. Permit. Permit current and properly displayed (#4) – 3 violations.
This program serves to monitor the effectiveness of either manufacturer-initiated or federally-initiated recalls, federal or manufacturer mandated product educational programs, and compliance with federal regulations.

The program also serves as an initial contact for consumers who may have questions or complaints about a product. Complaints are forwarded to the Consumer Product Safety Commission (CPSC) Regional Office in Dallas, Texas.

One particular program the Consumer Health Service (CHS) staff investigates and forwards to the CPSC is the bunk bed complaint program. This program is regulated by the Whitney Starks Act, which was put in place to protect children from strangulation and entrapment hazards. To date, there have been no complaints received after the filing of this act.

<table>
<thead>
<tr>
<th>Clients Served</th>
<th>The consuming public and facilities that market the products being consumed or used.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Phillip Jurina, RPS/RPES 405•271•5243</td>
</tr>
<tr>
<td></td>
<td>Fax: 405•271•5286</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:phillipj@health.ok.gov">phillipj@health.ok.gov</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://chs.health.ok.gov">http://chs.health.ok.gov</a></td>
</tr>
<tr>
<td>Authority</td>
<td>63 O.S., § 1-106</td>
</tr>
</tbody>
</table>
DRUGS, COSMETICS, MEDICAL DEVICES,
AND HEALTH FRAUD

This program was created by statutory authority and regulations. Consumer Health Service (CHS) staff endeavor to provide for the safe manufacture, processing and wholesale distribution of drugs (primarily over-the-counter drugs), cosmetics, and medical devices, and to protect the public from health fraud, including fraudulently labeled and advertised products.

CHS staff develop, write, implement and interpret rules; issue licenses to establishments for which there is statutory authority; track statistical data; provide for enforcement of establishments not in compliance; train industry and consumers in manufacturing practices; meet with consumer advisory committees; and provide technical assistance as necessary. On-site inspections of the establishments are also performed by CHS staff.

Clients Served
All segments of drugs, cosmetics, medical devices, wholesale manufacturing and processing facilities, and consumers of such products or devices.

Contact
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http://chs.health.ok.gov

Authority
63 O.S., §§ 1-1401 et seq.
OAC 310:240

Funding Source
Fees Collected
Program Fees

Initial license: $350.00
Renewal license: $250.00

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
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<th>SFY16</th>
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<tbody>
<tr>
<td>Licensed entities</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>2</td>
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<tr>
<td>Inspections</td>
<td>7</td>
<td>11</td>
<td>6</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Violations cited</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Complaints</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

DRUGS, COSMETICS, etc.

Licensed entities: 
Inspections: 

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This program was created to protect the public from unqualified and unscrupulous individuals involved in the hearing aid industry. Occupational Licensing (OL) staff endeavor to assure that all companies and individuals engaged in the hearing aid industry are licensed as required and are in compliance with the applicable rules. OL staff offer examinations a minimum of twice a year for applicants wishing to become licensed and investigate complaints made against the industry.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Hearing Aid Advisory Council and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed the Hearing Aid Program under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the “Advisory Councils” section of this booklet.
Program Fees

Initial Hearing Aid Dealers Test ($95.00 exam fee; $50.00 license fee) ....................................................... $145.00
Hearing Aid Dealer Retest Fee .................................................................................................................. $95.00
Temporary Hearing Aid Dealer License ............................................................ $15.00
Hearing Aid Dealer Renewal Fee (through January 30) ....................... $50.00
Hearing Aid Dealer Late Renewal Fee (through February 28) .......... $75.00
Hearing Aid Dealer Late Renewal Fee (after February 28) .............. $100.00

<table>
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<tr>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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</thead>
<tbody>
<tr>
<td>Licensed dealers/fitters</td>
<td>175</td>
<td>145</td>
<td>145</td>
<td>151</td>
</tr>
<tr>
<td>Temporary licenses</td>
<td>14</td>
<td>15</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Fees collected</td>
<td>$11,980</td>
<td>$10,390</td>
<td>$11,236</td>
<td>$9,536</td>
</tr>
</tbody>
</table>

HEARING AID FITTERS AND DEALERS

Temporary license ■ Licensed

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This program serves to monitor the sanitary conditions existing in hotels-motels for compliance with regulatory standards established by the Department.

Consumer Health Service (CHS) staff endeavor to provide consumers reasonable assurance of sanitary conditions. Regulations address buildings and appurtenances thereto, including plumbing, ventilation and lighting, construction, cleanliness and bactericidal treatment of equipment and utensils, linens, cleanliness and hygiene of personnel, toilet facilities, disposal of wastes, water supply, and any other items deemed necessary to safeguard the health, comfort, and safety of guests being accommodated.

Clients Served
Hotel-motel owners, managers and operators, and the general public who utilize services of the hotel-motel industry.

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phillipj@health.ok.gov

Licensing
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Fax: 405•271•5286
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Authority
63 O.S., § 1-1201
OAC 310:285

Funding Source
Fees Collected
Program Fees
$150.00 to $350.00 dollars depending on the class of the permit or renewal.

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>HOTELS-MOTELS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number licensed</td>
<td>1,131</td>
<td>1,159</td>
<td>1,185</td>
<td>1,202</td>
<td>1,197</td>
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<tr>
<td>Inspections</td>
<td>1,338</td>
<td>1,384</td>
<td>1,002</td>
<td>1,547</td>
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<td>Violations cited</td>
<td>1,221</td>
<td>5,067</td>
<td>2,100</td>
<td>2,271</td>
<td>2,137</td>
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<tr>
<td>Fees collected</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

*Fee data is included in the Retail Foods program area
Licensed Genetic Counselors (LGC) staff regulate qualified persons rendering genetic counseling services to individuals and families by estimating the likelihood of occurrence or recurrence of a birth defect or any potentially inherited or genetically influenced condition, among other genetic counseling activities. LGC staff process applications for licensure, establish minimum qualifications, issue licenses, review continuing education requirements, process complaints, and conduct hearings.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Genetics Counseling Advisory Council and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed Licensed Genetics Counselors under the jurisdiction of the Infant and Children’s Health Advisory Council. For more information see the “Advisory Councils” section of this booklet.

**Clients Served**
Licensed genetic counselors, applicants, and consumers who utilize the services of licensed genetic counselors.

**Contact**
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samuelc@health.ok.gov
http://chs.health.ok.gov

**Authority**
63 O.S., §§ 1-561 et seq.
OAC 310:406

**Funding Source**
Fees Collected
Program Fees
Application .................................................. $300.00
Renewal ..................................................... $200.00

<table>
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<tr>
<th>GENETIC COUNSELORS</th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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<tbody>
<tr>
<td>Number licensed</td>
<td>24</td>
<td>12</td>
<td>20</td>
<td>29</td>
<td>37</td>
</tr>
<tr>
<td>Complaints</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Disciplinary actions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Fees collected</td>
<td>$3,200</td>
<td>$2,600</td>
<td>$3,300</td>
<td>$4,100</td>
<td>$12,800</td>
</tr>
</tbody>
</table>
Medical micropigmentation is a form of permanent cosmetics that requires a medical procedure in which any color or pigment is applied with a needle or electronic machine. The law authorizing medical micropigmentation does not include tattooing, thus, medical micropigmentation does not involve placing on the body any pictures, images, numbers, signs, letters of the alphabet, or designs. Individuals must apply to the Department for certification if they wish to provide this procedure under the supervision of their employing dentist, medical physician, and/or osteopathic physician. Consumer Health Service (CHS) staff process certification applications, promulgate rules of practice for training requirements, and establish criteria for the certification of persons authorized to perform medical micropigmentation.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Medical Micropigmentation Advisory Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization

Clients Served
Persons who perform medical micropigmentation services, and the citizens of Oklahoma who obtain the services.

Contacts
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phillipj@health.ok.gov

Licensing
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Fax: 405•271•5286
samuelc@health.ok.gov
http://chs.health.ok.gov

Authority
63 O.S., §§ 1-1450 et seq.
OAC 310:234

Funding Source
Fees Collected
Act. The Act placed the Medical Micropigmentation Program under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Program Fees

- New application for certification (includes cost of the background check) ................................................................. $515.00
- Renewal of certification ........................................................................................................................................... $100.00
- Reinstatement of certification (if the renewal of the certification is 30 days or more after the expiration date) ...... $375.00
- Replacement of a certificate ................................................................................................................................. $125.00

<table>
<thead>
<tr>
<th></th>
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<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
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</thead>
<tbody>
<tr>
<td>Number certified</td>
<td>129</td>
<td>129</td>
<td>119</td>
<td>120</td>
<td>114</td>
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<td>Enforcement cases</td>
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<td>---</td>
<td>1</td>
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<tr>
<td>Fees collected</td>
<td>$19,680</td>
<td>$16,450</td>
<td>$16,865</td>
<td>$19,275</td>
<td>$17,355</td>
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</table>

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PUBLIC BATHING PLACES

This program was created to reduce the incidence of illness and injury in public bathing places. All public bathing places must be maintained in a sanitary and safe condition, and all owners, managers, operators, and other attendants in charge of any public bathing place are responsible for the sanitation and safety of such places during the season or seasons when the public bathing place is in use.

Consumer Health Service (CHS) staff develop, write and implement rules, provide for review of plans by the Department through contract, prepare and issue permits, provide for enforcement of facilities not in compliance, train industry and consumers, track statistical data, and provide technical assistance. Inspection of the facilities is performed by county sanitarians.

Clients Served
Individuals interested in building or modifying a public bathing place, including pools, spas, water slides and attractions, and therapy water units.

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Fax: 405•271•5286
samuec@health.ok.gov
http://chs.health.ok.gov

Authority
63 O.S, §§ 1-1013 et seq,
OAC 310:250
OAC 310:315
OAC 310:320

Funding Source
Fees Collected
### Program Fees

**Type 82 Class I “Indoor Facility”**
- Public Bathing Places License Fee .............................................. $50.00
- Public Bathing Places Re-inspection Fee .................................. $250.00

**Type 82 Class O “Outdoor Facility”**
- Public Bathing Places License Fee .............................................. $50.00
- Public Bathing Places Re-inspection Fee .................................. $250.00

**Construction Permit Fees:**
- New Pools ..................................................... $100.00 per 5000 gallons ($500.00 minimum)
- Modification to Existing Pool ...................... $50.00 per 5000 gallons ($250.00 minimum)
- New Spas ........................................................... $50.00 per 100 gallons ($250.00 minimum)
- Modification to Existing Spa ...................... $25.00 per 100 gallons ($125.00 minimum)

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**PUBLIC BATHING PLACES**

- Licensed
- Inspections

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<thead>
<tr>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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28 • 2017 ANNUAL REVIEW • CONSUMER HEALTH SERVICE
PUBLIC BATHING PLACES

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<td>Pool classes conducted</td>
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<td>Pool class attendees</td>
<td>2,100</td>
<td>464</td>
<td>573</td>
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<td>$73,440</td>
<td>$45,510</td>
<td>$44,400</td>
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PUBLIC BATHING PLACES
Top Five Violations

01. Violation #19. OAC 310:320-3-2 – Flow meter, flow rate (n=1024)
02. Violation #6. OAC 310:320-3-2 – Decks, gutter, pool finish: Clean, good repair (n=988)
03. Violation #34. OAC 310:320-3-7 – Total Alkalinity between 80 and 200 ppm (n=734)
04. Violation #21. OAC 310:320-3-7 – Free available chlorine less than 1 ppm; bromine less than 2 ppm (n=679)
05. Violation #29. OAC 310:320-3-2 & 3-9 & 3-10 – Records kept: Required testing done; inspection posted (n=579)
The food service inspection program, created in 1923, is a traditional public health program for the protection of the consumer and of all food goods sold in the State. Consumer Health Service (CHS) staff endeavor to reduce the incidence of food-borne illness and provide for a sanitary environment in food service establishments.

CHS staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry food service workers and sanitarians in safe food service practices, meet with consumer advisory committees, and provide technical assistance as necessary. Inspections are also conducted for food service operations in daycare centers for children and residential child care facilities through contract at the request of the Oklahoma Department of Human Services which is the Agency with jurisdiction and responsibility for regulation of child care facilities. On-site inspection of food service operations in both retail establishments and

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**Clients Served**
All segments of the retail food service industry.

**Contacts**

**Inspections/Enforcement**
Phillip Jurina, RPS/RPES
405•271•5243
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philipj@health.ok.gov

**Licensing**
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http://chs.health.ok.gov

**Authority**
63 O. S., §§ 1-1101 et seq.
OAC 310:257

**Funding Source**
Fees Collected
child care facilities are performed by County Health Department sanitar-
ians. Information on the Oklahoma Food Service Advisory Board can
be found in the “Advisory Councils” section of this booklet.

Program Fees
Initial license fees are $350.00 with a yearly renewal fee of $250.00. Late
renewal fees apply to any application received 30 days beyond expiration
date. If a license is more than 90 days past expiration, it cannot be renewed. Instead, the applicant must re-apply. Licensing fees for schools, hospitals, and non-profit institutions are $100.00 for the initial license with a yearly renewal fee of $100.00. The contract amount for inspection of DHS child care facilities is $100.00 per in-
pection.

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<th>SFY15</th>
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<td>Food establishments</td>
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<td>Number licensed</td>
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<td>Food establishment inspections</td>
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<td>Child care facility inspections</td>
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<td>588</td>
<td>437</td>
<td>660</td>
<td>586</td>
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<td>Total inspections</td>
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<td>45,963</td>
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<td>Food service violations</td>
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<td>160,973</td>
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<td>Mobile service violations</td>
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<td>4,493</td>
<td>3,994</td>
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<td>Total violations</td>
<td>114,698</td>
<td>202,532</td>
<td>164,967</td>
<td>160,500</td>
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<td>Food establishment fees collected*</td>
<td>$4,881,406</td>
<td>$5,689,822</td>
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<td>Child care facility fees collected</td>
<td>$77,300</td>
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<td>Total fees</td>
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<td>$5,748,222</td>
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<td>$5,505,549</td>
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*This includes fees from the Hotels-Motels and Wholesale Foods programs
Retail Food Establishments
Top Five Violations

01. **Violation #47.** Non-food contact surfaces clean; cleaning frequency (n=13143)

02. **Violation #52.** Floors, walls, ceilings: clean, free of litter; removal of pests (n=10989)

03. **Violation #45.** Food & non-food contact surfaces cleanable, design (n=10937)

04. **Violation #53.** Floors, walls, ceiling (physical facilities): design, maintained, good repair; Outer openings protected (n=10528)

05. **Violation #33.** Food contact surfaces of equipment and utensils clean (n=9135)
This program was created to establish minimum qualifications for employment in state, federal, and private environmental programs for performing inspections of regulated facilities and investigating complaints.

Occupational Licensing (OL) staff standardize inspection of regulated facilities and conduct complaint investigations. The Department utilizes suggestions from the Sanitarian and Environmental Specialist Registration Advisory Council, the industry, and other interested persons to develop rule changes, as the need for rule change is recognized. The proposed changes are discussed at public meetings, prior to being presented to the Board of Health for consideration.

Information on the Sanitarian & Environmental Specialist Registration Advisory Council can be found in the “Advisory Councils” section of this booklet.

**Clients Served**
Registered professional sanitarians, sanitarians in training, environmental specialists, environmental specialists in training, and consumers who utilize services provided by registered professional sanitarians and environmental specialists.

**Contact**
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samuelc@health.ok.gov
http://chs.health.ok.gov

**Authority**
59 O.S., §§ 1150 et seq.
OAC 310:345
State registration required.

**Funding Source**
Fees Collected
### Program Fees

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<th>Description</th>
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<td>Initial License for Registered Professional Sanitarian or Registered Professional Environmental Specialist</td>
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<td>Initial License for Sanitarian-in-Training</td>
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<td>Initial License for Environmental Specialist-in-training</td>
<td>$10.00</td>
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<tr>
<td>Initial License for both Sanitarian-in-training and Environmental Specialist-in-training</td>
<td>$20.00</td>
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<tr>
<td>Registered Professional Sanitarian or Registered Professional Environmental Specialist Renewal Fee (through January 31)</td>
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</tr>
<tr>
<td>Registered Professional Sanitarian or Registered Professional Environmental Specialist Late Renewal Fee (after February 1)</td>
<td>$35.00</td>
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<td>Registered Professional Sanitarian and Registered Professional Environmental Specialist Renewal Fee (through January 31)</td>
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<td>Registered Professional Sanitarian and Registered Professional Environmental Specialist Late Renewal Fee (after February 1)</td>
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<tr>
<td>Life Registered Sanitarian or Environmental Specialist One-time Fee</td>
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<td>Examination Fee</td>
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<td>Fees collected</td>
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TATTOOING & BODY PIERCING PROGRAM

This program was created to require persons who own tattooing and/or body piercing establishments to maintain a level of sanitation in the facility and a level of sterilization in the equipment used to reduce the possibility of transmitting disease through the body piercing procedure. The program also requires persons performing tattooing or body piercing to be licensed and to have attended an approved blood borne pathogens training session.

Consumer Health Service (CHS) staff endeavor to establish procedures and standards to prevent infection and transmission of disease. CHS staff issue temporary and permanent licenses, regulate facility requirements, regulate equipment setup and requirements, recommend procedures for maintaining sanitary conditions, and evaluate and approve training sessions on blood borne pathogens.

The legislature did not establish an advisory council for this program.

Clients Served
Owners of tattooing and/or body piercing establishments, persons performing tattoos and/or body piercings, and clients who seek tattooing and/or body piercing services.

Contacts
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samuelc@health.ok.gov
http://chs.health.ok.gov

Authority
21 O.S., § 842.1
OAC 310:233
State license or permit required with annual renewal.

Funding Source
Fees Collected
Program Fees

Tattoo Artist Licensing Fees
Initial license ................................................................. $250.00
Renewal license ............................................................. $250.00
Late renewal license (not renewed within
30 days after expiration) .............................................. $350.00
Temporary license (not to exceed 7 days) ....................... $50.00

Body Piercing Artist Licensing Fees
Initial license ................................................................. $250.00
Renewal license ............................................................. $250.00
Late renewal license (not renewed within
30 days after expiration) .............................................. $350.00
Temporary license (not to exceed 7 days) ....................... $50.00

Tattoo Establishment Permit Fees
Initial license ................................................................. $1,000.00
Renewal license ............................................................. $500.00
Late renewal license (not renewed within
30 days after expiration) .............................................. $750.00
Temporary event license (not to exceed 3 days) ............... $500.00

Body Piercing Establishment Permit Fees
Initial license ................................................................. $500.00
Renewal license ............................................................. $250.00
Late renewal license (not renewed within
30 days after expiration) .............................................. $350.00
Temporary event license (not to exceed 3 days) ............... $250.00

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<thead>
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<th>Year</th>
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<td>Artists</td>
<td>Establishments</td>
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<th>Establishments</th>
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<td>SFY15</td>
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<td>SFY16</td>
<td>64</td>
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| SFY12  | $257,604 |
| SFY13  | $187,057 |
| SFY14  | $200,594 |
| SFY15  | $241,386 |
| SFY16  | $208,515 |

**TATTOO ARTISTS AND ESTABLISHMENTS**

- Licensed individuals: 249, 262, 305, 389, 360
- Temporary artists: 95, 266, 72, 75, 90
- Total licensed artists: 344, 528, 377, 464, 450
- Establishments: 130, 120, 128, 152, 145

**BODY PIERCING ARTISTS AND ESTABLISHMENTS**

- Licensed individuals: 105, 60, 64, 74, 64
- Temporary artists: 3, 8, 10, 10, 10
- Total licensed artists: 108, 68, 74, 85, 74
- Establishments: 62, 48, 53, 60, 47

**TOTAL FEES & FINES**

- SFY12: $257,604
- SFY13: $187,057
- SFY14: $200,594
- SFY15: $241,386
- SFY16: $208,515
Tattoo and Body Piercing Program
Top Five Violations

01. **Violation #50**: OAC 310:233-9-2 (a-f) – Artist license (n=36)

02. **Violation #27**: OAC 310:233-3-6 (c-f) – Client records: signature, consent form, identification, artist name & license number; record retention (n=19)

03. **Violation #23**: OAC 310:233-3-5 (a) – Notification: Written instructions; signed (n=17)

04. **Violation #44**: OAC 310:233-7-1 (h) – Establishment: Waste receptacles; emptied daily (n=10)

05. **Violation #30**: OAC 310:233-5-1 (d) – Reusable Equipment: Monthly spore destruction tests; retained for 3 years (n=8)
WHOLESALE FOODS AND CORRECTIONAL FACILITIES

The program to inspect food services was created in 1923 and later expanded to include the manufacture of foods and the distribution process. Bottled water and water vending regulations were added in the 1980s. Inspection of the Department of Correction facilities was mandated by a federal court and has continued. This is a traditional public health program for the protection of the consumer and of all food goods manufactured in the state.

Consumer Health Service (CHS) staff endeavor to reduce the incidence of food-borne illness and to provide for a sanitary environment in food manufacturing, processing, and wholesale establishments. CHS staff develop, write, implement and interpret rules, issue licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry and consumers in food manufacturing practices, meet with consumer advisory committees, and provide technical assistance as necessary. Inspection of the facilities is performed by staff sanitari-
ans, except for Oklahoma City and Tulsa, where it is performed through contract.

**Program Fees**

Initial licenses ................................................................. $350.00

Renewal licenses ............................................................. $250.00

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<td>*</td>
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*Data is included in the fee collections for the Retail Foods program area*
This program was created to protect the general public, health care employees, and patients from excessive radiation emitted by diagnostic x-ray equipment.

Occupational Licensing Division staff test diagnostic x-ray equipment for proper functioning, make practitioners and health care workers aware of proper techniques to minimize exposure, and monitor procedures utilized during diagnostic x-ray examinations.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Radiation Advisory Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed Diagnostic X-Ray Facilities under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the “Advisory Councils” section of this booklet.

**Clients Served**
- Hospitals, physician offices, dental practices, veterinary practices, chiropractic offices, podiatry practices, employees who work in these entities and consumers who utilize services provided by these entities.

**Contact**
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http://chs.health.ok.gov

**Authority**
63 O.S., §§ 1-1501.1 et seq.
OAC 310:281

**Funding Source**
Fees Collected
**Program Fees**

The fee for this permit varies, depending upon the number of tubes in the facility, and the class of permit requested. Fees range from $30.00 to $100.00 for the initial tube, and $20.00 to $90.00 for each additional tube. $500.00 is the maximum fee charged for annual renewal.

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<td>1,844</td>
<td>1,507</td>
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<td>Fees collected</td>
<td>$373,480</td>
<td>$370,305</td>
<td>$382,850</td>
<td>$394,798</td>
<td>$397,234</td>
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</tbody>
</table>
HEALTH RESOURCES DEVELOPMENT SERVICE (HRDS)

James Joslin
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Fax: 405 • 271 • 7360
james@health.ok.gov

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Vicki Kirtley, Nurse Aide Registry
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Scott Chisholm, Oklahoma National Background Check Program
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Alexandria Hart-Smith, Quality Assurance and Data Systems
405 • 271 • 5278; Fax: 405 • 271 • 1402; alexandh@health.ok.gov
**INSPECTION FREQUENCY MANDATES**

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<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Inspections required</td>
<td>353</td>
<td>247</td>
<td>267</td>
<td>264</td>
<td>315</td>
</tr>
<tr>
<td>Inspections meeting mandates</td>
<td>352</td>
<td>247</td>
<td>266</td>
<td>264</td>
<td>315</td>
</tr>
<tr>
<td>Percent of inspections met</td>
<td>99.7%</td>
<td>100.0%</td>
<td>99.6%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

***Go to page 205 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS***
This program was created to protect residents and to assure accountability of adult day care centers. The owner of each center must file a license application and submit a licensing fee annually.

Health Facility Systems staff review the application for completeness, accuracy, and consistency and issue a license. The applicant must provide a statement of ownership, a financial statement, and evidence of compliance with the requirements of all applicable federal, state, and local laws and regulations.

On-site activities are conducted by staff in Long Term Care.

Clients Served
Adult day care centers and participants of the centers.

Contact
Espa Bowen
405•271•6868
Fax: 405•271•7360
healthresources@health.ok.gov
http://hfs.health.ok.gov

Authority
63 O.S., §§ 1-870 et seq.
OAC 310:605
State license required; annual renewal. Medicare Certification is not applicable. Medicaid Certification can be obtained through the Department of Human Services.

There is no Certificate of Need for this program.

Funding Source
Fees Collected
**Program Fees**

Initial license and annual renewal: $75.00

---

<table>
<thead>
<tr>
<th>LICENSE APPLICATIONS FOR ADULT DAY CARE CENTERS</th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed centers</td>
<td>44</td>
<td>40</td>
<td>41</td>
<td>40</td>
<td>39</td>
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<tr>
<td>Licenses issued*</td>
<td>39</td>
<td>37</td>
<td>37</td>
<td>32</td>
<td>45</td>
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<tr>
<td>Fees collected</td>
<td>$4,877</td>
<td>$2,275</td>
<td>$3,600</td>
<td>$2,550</td>
<td>$3,225</td>
</tr>
</tbody>
</table>

*Includes renewals, bed changes, name changes, and changes of ownership
CERTIFIED WORKPLACE MEDICAL PLANS

This program was created as part of the November 1994 State Workers’ Compensation Reform Package to: (1) protect employees; (2) protect employers and workers’ compensation insurance carriers; (3) ensure access to medical and health services provided in a managed care setting for workers’ compensation compensable injuries; and (4) ensure the quality of services offered by certified workplace medical plans. Workplace medical plans operate statewide within approved geographic areas.

Applications for five-year certification are reviewed. Amended contracts and marketing materials are subject to desk reviews. Early calendar year 2006, Managed Care Systems (MCS) staff began site visits to ensure that medical services to a claimant and the medical management of the claimant’s needs are adequately met in a timely manner and that the certified workplace medical plan is complying with all other applicable provisions of the Act and rules, and is operating in accordance with their current application. MCS staff also accept and investigate inquiries from any party seeking assistance.

Clients Served
Workplace medical plans, insurance companies, employers and employees who are covered by workplace medical plans.

Contact
Espa Bowen
405•271•9444, Ext. 57273
Fax: 405•271•7360
hfs@health.ok.gov
http://hrds.health.ok.gov

Authority
85 O.S., §§ 1 et seq.
OAC 310:657

Funding Source
Fees Collected and State Funds
Program Fees
Initial certification and five year renewal............................... $1,500.00
Annual on-site inspection........................................................ $1,500.00
Follow-up visits..................................................................... $1,000.00
Change of ownership............................................................... $1,500.00

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of plans</th>
<th>Initial certifications</th>
<th>Five-year renewals</th>
<th>Changes of ownership</th>
<th>Annual inspections</th>
<th>Follow-up inspections</th>
<th>Complaints investigated</th>
<th>Requests for information</th>
<th>Plan members</th>
<th>Fees collected</th>
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<tbody>
<tr>
<td>SFY12</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>155,712</td>
<td>$10,500</td>
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<tr>
<td>SFY13</td>
<td>5</td>
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<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>126,452</td>
<td>$9,000</td>
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<tr>
<td>SFY14</td>
<td>5</td>
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<td>2</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>208,932</td>
<td>$10,500</td>
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<tr>
<td>SFY15</td>
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<td>1</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>168,566</td>
<td>$9,000</td>
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<tr>
<td>SFY16</td>
<td>5</td>
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<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>140,364</td>
<td>$10,500</td>
</tr>
</tbody>
</table>

WORKPLACE MEDICAL PLANS

PLAN MEMBERS

48 • 2017 ANNUAL REVIEW • HEALTH RESOURCES DEVELOPMENT SERVICE
CONTINUUM OF CARE FACILITIES & ASSISTED LIVING CENTERS LICENSE APPLICATIONS

This program was created to protect residents and to assure accountability of facilities/centers. An assisted living center is a home or establishment that may provide assistance with personal care, medications, and ambulation. The center may also provide nursing supervision and intermittent or unscheduled nursing care. A continuum of care facility combines the services of a nursing facility with an assisted living center or an adult day care center. A continuum of care facility must also meet requirements applicable to nursing facilities, assisted living centers, and adult day care centers, as applicable. The owner of each facility or center must file a license application and submit a licensing fee annually. After receipt of the fee, the application is reviewed for completeness, accuracy, and consistency.

Clients Served
Continuum of care facilities and assisted living centers and their residents/participants. A continuum of care facility includes a nursing facility and either an assisted living center or an adult day care center.

Contact
Espa Bowen
405 • 271 • 6868
Fax: 405 • 271 • 7360
healthresources@health.ok.gov
http://hfs.health.ok.gov

Authority
63 O.S., §§ 1-890.1 et seq., OAC 310:663

State license required; annual renewal. Medicare & Medicaid certification are applicable to nursing facility beds in continuum of care facilities. Certificate of Need is applicable to continuum of care facilities.

Funding Source
Fees Collected

On-site activities are conducted by staff in Long Term Care.
**Program Fees**

$10.00 per licensed bed for establishment, with a $1,000.00 maximum.

$10.00 per licensed bed per year, plus $75.00 for any Adult Day Care Center for initial or renewal license.

<table>
<thead>
<tr>
<th>LICENSE APPLICATIONS</th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTINUUM OF CARE FACILITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed facilities</td>
<td>17</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Nursing facilities with assisted living centers</td>
<td>17</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Nursing facilities with adult day care centers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Licenses issued*</td>
<td>23</td>
<td>14</td>
<td>25</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>Fees collected</td>
<td>$22,720</td>
<td>$28,555</td>
<td>$36,647</td>
<td>$28,685</td>
<td>$29,838</td>
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</table>

<table>
<thead>
<tr>
<th>LICENSE APPLICATIONS</th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSISTED LIVING CENTERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed centers</td>
<td>126</td>
<td>133</td>
<td>143</td>
<td>151</td>
<td>156</td>
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<tr>
<td>Licenses issued*</td>
<td>108</td>
<td>113</td>
<td>231</td>
<td>132</td>
<td>258</td>
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<tr>
<td>Fees collected</td>
<td>$98,106</td>
<td>$90,149</td>
<td>$100,781</td>
<td>$101,340</td>
<td>$110,090</td>
</tr>
</tbody>
</table>

*Includes renewals, bed changes, name changes, and changes of ownership.
HEALTH MAINTENANCE ORGANIZATIONS

The Department’s role as a regulator of health maintenance organizations is to certify to the Oklahoma Insurance Commissioner that each entity is in compliance with Section 6907 of the Health Maintenance Organization Act of 2003.

While the Office of the Insurance Commissioner focuses on financial and consumer protection issues, Managed Care Systems (MCS) staff focus on health and quality assurance. The certification review conducted by MCS staff includes quality of health care, internal quality assurance, patient record keeping and clinical records, provider credentialing, and emergency services. The quality review may be administered with on-site inspections to ensure compliance. Major on-site reviews to assess the effectiveness of the health maintenance organization’s quality assurance processes are performed at least once every three years through contract with independent accreditating bodies.

Clients Served
Health maintenance organizations, prepaid health plans, provider service networks, and consumers who purchase services from or are members of health maintenance organizations, prepaid health plans, or provider service networks.

Contact
Espa Bowen
405•271•6868
Fax: 405•271•7360
espab@health.ok.gov
http://hrds.health.ok.gov

Authority
63 O.S., §§ 1-105e
36 O.S., §§ 6901 et seq.
OAC 310:659

Funding Source
Fees Collected and State Funds

Contact the Oklahoma Insurance Department at (405) 521-3966 for a current list of licensed HMO’s. You may also view a current list of HMO’s here: https://
Program Fees
Certificate of Authority ................................................................. $1,500.00

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH MAINTENANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORGANIZATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number licensed</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>N/A</td>
</tr>
<tr>
<td>HMO members</td>
<td>200,275</td>
<td>200,275</td>
<td>162,431</td>
<td>893,355</td>
<td>N/A</td>
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<tr>
<td>Fees collected</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*The increase in HMO members for SFY 2015 is a result of the new healthcare market place exchange.

HOME CARE ADMINISTRATOR REGISTRY

This program became effective on June 11, 1998. The purpose is to (1) establish the minimum criteria for the issuance, maintenance, and renewal of home care administrator certificates; (2) assure individuals meet minimum qualifications in order to be eligible to apply for, receive, maintain and re-new a home care administrator certificate; (3) assure minimum criteria for educational preparation, eligibility for the qualifying examination and continuing education; and (4) establish procedures for enforcement.

Clients Served
Individuals who function as a home care administrator for a home health agency and agency clients.

Contact
Espa Bowen
405•271•6868
Fax: 405•271•7360
hcar@health.ok.gov
http://hcar.health.ok.gov

Authority
63 O.S., § 1-1962
OAC 310:664

Funding Source
Fees Collected and State Funds
Program Fees

Initial application: $140.00
Provisional application: $80.00
Deeming application: $80.00
Annual Renewal: $55.00

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total certified administrators</td>
<td>799</td>
<td>805</td>
<td>809</td>
<td>697</td>
<td>564</td>
</tr>
<tr>
<td>Initial certificates</td>
<td>51</td>
<td>58</td>
<td>80</td>
<td>33</td>
<td>104</td>
</tr>
<tr>
<td>Provisional certificates</td>
<td>587</td>
<td>701</td>
<td>669</td>
<td>654</td>
<td>833</td>
</tr>
<tr>
<td>Renewal certificates</td>
<td>27</td>
<td>43</td>
<td>42</td>
<td>41</td>
<td>26</td>
</tr>
<tr>
<td>Complaints investigated</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tested for OHCAPA*</td>
<td>63</td>
<td>77</td>
<td>104</td>
<td>103</td>
<td>104</td>
</tr>
<tr>
<td>Testing sites</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Preparedness programs</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Preparedness program attendees</td>
<td>30</td>
<td>33</td>
<td>33</td>
<td>24</td>
<td>43</td>
</tr>
<tr>
<td>Fees collected</td>
<td>$39,132</td>
<td>$61,168</td>
<td>$65,743</td>
<td>$69,048</td>
<td>$67,460</td>
</tr>
</tbody>
</table>

*Oklahoma Home Care Administrator Preparedness Assessment

HOME CARE ADMINISTRATORS

TOTAL CERTIFIED ADMINISTRATORS
JAIL INSPECTION DIVISION

This program is designed to monitor compliance with minimum jail standards and to improve the facilities. Staff from Health Resources Development Service implement and interpret rules, provide jailer-training classes to jail employees, issue jailer training cards, conduct routine jail inspections, investigate complaints and jail deaths, and provide technical assistance as necessary.

The Department is required to inspect all city and county jails at least once each year to ensure standards are being followed. The standards adopted address admission and release procedures, security measures, sanitary conditions, diet, clothing and living area, jail staff training, safety and segregation of women, the infirm, and minors, medical care, twenty-four hour supervision, emergency exits, inmate education of facility rules, and holding facilities for the incarceration of persons no longer than twelve hours. The results of the Department's inspections are provided in a written report to the

Clients Served
City and county jails, ten-day lockup facilities, twelve-hour holding facilities, and the individuals who inhabit such facilities.

Contact
Espa Bowen
405•271•3912
Fax: 405•271•5304
jails@health.ok.gov

http://jails.health.ok.gov

Authority
74 O.S., §192
OAC 310:670

Funding Source
State Funds
Commissioner of Health and to the person immediately responsible for the administration of the facility.

<table>
<thead>
<tr>
<th>JAILS</th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>County jails*</td>
<td>77</td>
<td>77</td>
<td>77</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>City jails</td>
<td>14</td>
<td>13</td>
<td>13</td>
<td>15</td>
<td>15</td>
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<tr>
<td>Ten-day lock-up facilities</td>
<td>33</td>
<td>39</td>
<td>38</td>
<td>40</td>
<td>35</td>
</tr>
<tr>
<td>Total Number of Jails</td>
<td>124</td>
<td>129</td>
<td>128</td>
<td>132</td>
<td>131</td>
</tr>
<tr>
<td>Mandated Inspections Completed</td>
<td>187</td>
<td>215</td>
<td>120</td>
<td>216</td>
<td>172</td>
</tr>
<tr>
<td>Complaints investigated</td>
<td>189</td>
<td>162</td>
<td>224</td>
<td>159</td>
<td>414</td>
</tr>
<tr>
<td>Deaths investigated</td>
<td>19</td>
<td>22</td>
<td>22</td>
<td>19</td>
<td>22</td>
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<tr>
<td>Serious suicide attempts investigated</td>
<td>7</td>
<td>45</td>
<td>28</td>
<td>29</td>
<td>21</td>
</tr>
<tr>
<td>Escapes recorded</td>
<td>6</td>
<td>14</td>
<td>18</td>
<td>8</td>
<td>5</td>
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<tr>
<td>Jailers tested</td>
<td>2,507</td>
<td>2,188</td>
<td>2,431</td>
<td>1,905</td>
<td>2,458</td>
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<tr>
<td>Facility Tests Administered</td>
<td>179</td>
<td>148</td>
<td>154</td>
<td>125</td>
<td>267</td>
</tr>
<tr>
<td>New jails under construction</td>
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<td>New jails in planning stage</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

*Data reflects that 3 counties have multiple facilities

JAIL INSPECTIONS

JAILS BY TYPE

56  2017 ANNUAL REVIEW  HEALTH RESOURCES DEVELOPMENT SERVICE
Nursing facilities, skilled nursing facility units, and swing bed hospital providers are required to conduct accurate, standardized, reproducible assessments of each resident/patient’s functional capacity using the Minimum Data Set (MDS). The automated MDS system, known as the Quality Improvement Evaluation System Assessment Submission and Processing System (QIES ASAP), is a critical component of the State Agency and CMS operations, and provides the means for transmission of assessment data to CMS for validating payments under the Medicare Skilled Nursing Facility Prospective Payment System for nursing homes and swing bed hospitals.

<table>
<thead>
<tr>
<th>Clients Served</th>
<th>Nursing facilities and staff; Swing bed hospital providers; Centers for Medicare and Medicaid Services (CMS); privately owned software vendors; State Medicare and Medicaid surveyors; other State and Federal Agencies; clients of Medicare and Medicaid facilities and swing bed hospitals.</th>
</tr>
</thead>
</table>
| Contact                 | Diane Henry  
405•271•5278  
Fax: 405•271•1402  
dianeh@health.ok.gov  
http://mds.health.ok.gov |
| QIES Help Desk          | 405•271•5278  
http://mds.health.ok.gov |
| Authority               | 63 O.S., § 1-1925.2(I)(1)  
63 O.S., § 1-890.3(A)(1)  
OAC 310:675-9-5.1  
42 CFR 483.20, 42 CFR 483.315, 42 CFR 485.645 |
| Funding Source          | State and Federal Funds |

Personnel in the MDS program develop and provide health care information and consultative assistance to nursing facilities. Responsibilities include educating providers in the clinical methodology and completion of MDS forms; receipting and validating MDS records; assisting nursing facilities and swing bed hospital providers in understanding and interpreting validation reports and the error correction process; providing
routine and intermittent training to nursing facility staff, swing bed hospital staff, and surveyors; furnishing support to software vendors; and, supplying support services to surveyors to assist with MDS issues in the survey process. The QIES Help Desk is open from 8:00 AM to 5:00 PM, Monday through Friday, and is available to anyone who needs assistance with the MDS process.
## MDS ASSESSMENTS FOR NURSING FACILITIES (NF)

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>NFs transmitting MDS data</td>
<td>316</td>
<td>319</td>
<td>312</td>
<td>311</td>
<td>311</td>
</tr>
<tr>
<td>NF software vendors</td>
<td>21</td>
<td>21</td>
<td>23</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>NF resident count</td>
<td>19,338</td>
<td>19,340</td>
<td>18,989</td>
<td>19,032</td>
<td>18,829</td>
</tr>
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<td>NF batches submitted</td>
<td>32,498</td>
<td>31,105</td>
<td>33,977</td>
<td>33,476</td>
<td>31,664</td>
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<tr>
<td>NF records processed</td>
<td>255,738</td>
<td>239,889</td>
<td>245,342</td>
<td>261,394</td>
<td>263,252</td>
</tr>
<tr>
<td>NF records rejected</td>
<td>22,430</td>
<td>20,831</td>
<td>20,638</td>
<td>14,372</td>
<td>10,280</td>
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<tr>
<td>NF-MDS records uploaded to the National Repository</td>
<td>233,308</td>
<td>219,058</td>
<td>224,704</td>
<td>247,022</td>
<td>252,972</td>
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</table>

## MDS ASSESSMENTS FOR SWING BED HOSPITALS (SB)

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBs transmitting MDS data</td>
<td>26</td>
<td>28</td>
<td>27</td>
<td>27</td>
<td>24</td>
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<tr>
<td>SB software vendors</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>SB batches submitted</td>
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## TOTALS FOR NFs AND SBs

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<th>SFY13</th>
<th>SFY14</th>
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<th>SFY16</th>
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<td>Software vendors</td>
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<td>Facilities/Hospitals with staff attending workshops</td>
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State licensing and certification entities are required to report to the National Practitioner Data Bank (NPDB) certain adverse actions taken as the result of formal proceedings against health care practitioners, health care entities, health care providers, or health care suppliers. Actions to be reported include revocation, suspension, reprimand, censure, probation, loss of license/certificate, loss of the right to apply for or renew a license/certificate, voluntary surrender of a license/certificate pending an investigation, administrative fines, civil monetary penalties, and any other negative action or finding that is publicly available information. The types of actions to be reported include initial action, correction to action, revision to action (e.g., change in settlement agreement or terms, modification of agreement, completion of settlement agreement, terms of agreement met, dismissal), action was reversed or overturned, and notice of intent to appeal.

To be in compliance with NPDB requirements, reports must be submitted electronically within 30 days of the date the action was taken.

QIES staff are responsible for reporting adverse actions to the National Practitioner Data Bank which have been taken against entities and individuals licensed or certified through Protective Health Services programs.

Clients Served
The National Practitioner Data Bank, individuals and entities who are reported, and those who use the system to conduct queries.

Contact
Sarah Waters
405•271•5278
Fax: 405•271•1402
sarahmw@health.ok.gov
http://www.npdb.hrsa.gov

Authority
45 CFR Part 60
### Data Bank Reporting

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### Reports Submitted on Individuals

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### Reports Submitted on Entities

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<tbody>
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<td>0</td>
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### Total NPDB Reports

- Individuals
- Entities

Health Resources Development Service • 2017 Annual Review • 61
This program was created through a federal mandate and regulations effective September 1991. Nurse Aide Registry staff review and approve/disapprove nurse aide training program curriculum; review and approve/disapprove nurse aide training programs; review and approve/disapprove nurse aide testing; develop and maintain the Nurse Aide Registry; maintain the Nurse Aide Abuse Registry; certify nurse aides; provide public education; and develop rules, policies, procedures, applications and forms necessary to implement the program.

Clients Served
Unlicensed persons and employers of these persons, who provide nursing or nursing-related services to individuals receiving services in long term care facilities, home health agencies, intermediate care facilities for the intellectually disabled, residential care homes, and adult day care centers.

Contact
Vicki Kirtley
405•271•4085
1•800•695•2157
Fax: 405•271•1130
nar@health.ok.gov
http://nar.health.ok.gov

Authority
63 O.S., §§ 1-1950.3 et seq.
OAC 310:677
42 CFR 483.75 thru 485.158
42 CFR 484.36

Funding Source
State and Federal Funds
Program Fees
(Fees are not charged for processing applications specific to Long Term Care. Fees are charged for processing applications for all other certifications.)

Recertification Application processing fee ....................................... $10.00
Deeming Application processing fee ............................................... $15.00
Reciprocity Application processing fee .......................................... $15.00
Training Exception Application processing fee ............................... $15.00
Foreign Graduate Training Exception Application processing fee ....... $15.00
Training and Testing Waiver Application processing fee ..................... $15.00
Retest Application processing fee .................................................... $15.00
Duplicate certification card processing fee ...................................... $10.00
Feeding Assistant initial and renewal fee ........................................ $10.00

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<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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<td>Certifications*, registrations, and advanced amendments added</td>
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<td>13,088</td>
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<td>165</td>
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<td>Approved training programs</td>
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<td>357</td>
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<tr>
<td>Facilities ineligible to train due to substandard quality of care</td>
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<td>67</td>
<td>74</td>
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<td>Confirmed cases of abuse, neglect, or misappropriation of property</td>
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<td>40</td>
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<td>Fees collected</td>
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* A nurse aide may be certified in more than one category (LTC, HH, DDDC, RC, ADC)
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<th>Certification and Registration Types Added This Year</th>
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<th>SFY14</th>
<th>SFY15</th>
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<td>CMA Advanced Nasogastric-Gastrostomy (NA-GA)</td>
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<td>279</td>
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<td>CMA Advanced Respiratory (RESP)</td>
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<td>CMA Advanced Glucose Monitoring (GLU-MON)</td>
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<td>CMA Advanced Insulin Administration (IN-ADM)</td>
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<td>Registered Feeding Assistants (FA)</td>
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*A CMA must also have a LTC, HH or DDDC certification.
**ACTIVE TRAINING PROGRAMS**

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<th>SFY14</th>
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<td>11</td>
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<td>Residential Care</td>
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<td>Adult Day Care</td>
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<td>CMA Diabetes Care and In-Admission</td>
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<td>CMA Gastronomy</td>
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<td>34,578</td>
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<td>Certified Nurse Aide (CNA) Re-tester</td>
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<th>CONFIRMED CASES OF ABUSE, NEGLECT OR MISAPPROPRIATION</th>
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Effective November 1, 2004, legislation was passed to ensure nursing facilities, specialized facilities, continuum of care facilities, assisted living centers, adult day care centers, or residential care homes did not employ as a nurse aide, on a full-time, temporary, per diem, or any other basis, any individual who was not certified as a nurse aide in good standing and was not eligible for placement on the Nurse Aide Registry maintained by the State Department of Health.

The Department was given authority to grant a temporary emergency waiver to a facility that demonstrates it has been unable to successfully meet staffing requirements related to the provisions in the Act. The facility must meet the requirements and demonstrate that diligent efforts have been made to recruit and retain certified nurse aides. A waiver shall not exceed six months. A facility may apply for a subsequent waiver as provided in rule. A non-refundable fee was enacted on June 25, 2009 for each waiver application submitted.

**Clients Served**
Nursing facilities, specialized facilities, continuum of care facilities, assisted living centers, adult day care centers, and residential care homes that require a temporary emergency waiver.

**Contact**
Vicki Kirtley
405•271•8686
Fax: 405•271•1130
vickik@health.ok.gov

http://hrds.health.ok.gov

**Authority**
63 O.S., § 1-1950
OAC 310:677-1-6

**Funding Source**
State Funds and Fees
Program Fees
Initial Nurse Aide Temporary Emergency Waiver ......................... $100.00
Renewal Nurse Aide Temporary Emergency Waiver ....................... $75.00

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TOTAL NURSE AIDE APPROVAL LETTERS

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<th>SFY16</th>
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<tbody>
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<tr>
<td>Renewal</td>
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<td>38</td>
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<td>56</td>
<td>54</td>
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<td>Total</td>
<td>42</td>
<td>38</td>
<td>31</td>
<td>58</td>
<td>59</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Denied</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Initial</td>
<td>$500</td>
<td>$0</td>
<td>$100</td>
<td>$200</td>
<td>$800</td>
</tr>
<tr>
<td>Renewal</td>
<td>$4,925</td>
<td>$3,875</td>
<td>$3,350</td>
<td>$4,200</td>
<td>$4,050</td>
</tr>
<tr>
<td>Total</td>
<td>$5,425</td>
<td>$3,875</td>
<td>$3,450</td>
<td>$4,400</td>
<td>$4,850</td>
</tr>
</tbody>
</table>
NURSING AND SPECIALIZED FACILITIES
CERTIFICATE OF NEED

This program was created to ensure that development of long term care services in Oklahoma was performed in a planned, orderly, and economical manner consistent with and appropriate to services needed by people in various regions, districts or localities in the State of Oklahoma. The Certificate of Need Act furthered this public policy by providing for the submittal of plans and applications, and by prohibiting the offering, development, or change of existing services prior to the issuance of a Certificate of Need by the Department.

Health Facility Systems staff review applications submitted by facilities primarily through paper review with limited on-site inspection to ensure compliance.

Clients Served
Nursing and specialized facilities and prospective residents of each.

Contact
Espa Bowen
405•271•6868
Fax: 405•271•7360
healthresources@health.ok.gov
http://hfs.health.ok.gov

Authority
63 O.S., §§ 1-850 et seq,
OAC 310:4
OAC 310:620
OAC 310:625
OAC 310:630

Funding Source
Fees Collected
Program Fees
$3,000 for New Facility (standard review), minimum $1,000; $3,000 for acquisition; $100 for exemption from Certificate of Need.

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications received</td>
<td>54</td>
<td>58</td>
<td>40</td>
<td>53</td>
<td>42</td>
</tr>
<tr>
<td>Applications completed</td>
<td>58</td>
<td>64</td>
<td>43</td>
<td>34</td>
<td>33</td>
</tr>
<tr>
<td>Exemptions approved*</td>
<td>24</td>
<td>26</td>
<td>20</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td>Exemptions denied</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Exemptions withdrawn</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Acquisitions approved</td>
<td>13</td>
<td>31</td>
<td>16</td>
<td>7</td>
<td>34</td>
</tr>
<tr>
<td>Acquisitions denied</td>
<td>------</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Acquisitions dismissed</td>
<td>------</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New construction approved</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>New construction denied</td>
<td>------</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CONs withdrawn</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

Fees collected $58,290 $107,600 $104,000 $71,800 $84,900

*Effective January 27, 2015, fees and applications were no longer taken for ownership change or transfer according to 63 O.S., § 1-852(D).
NURSING AND SPECIALIZED FACILITIES
LICENSE APPLICATIONS

The Department, under authority of the Oklahoma Public Health Code, licenses several different types of long term care services. This program was created to protect residents and to assure accountability of facilities. Generally, no person may operate a long term care service without first getting a license from the Department. The owner of each facility must file a license application and submit a licensing fee annually. Health Facility Systems staff receive the fee and review the application for completeness, accuracy, and consistency.

On-site activities are conducted by staff in Long Term Care.

Clients Served
Nursing facilities, specialized facilities (including nursing facilities for Alzheimer’s patients and intermediate care facilities for persons with intellectual disabilities), and residents of the facilities.

Contact
Espa Bowen
405•271•6868
Fax: 405•271•7360
healthresources@health.ok.gov
http://hfs.health.ok.gov

Authority
63 O.S., §§ 1-1901 et seq.
OAC 310:675

State license required; annual renewal. Medicare Certification is optional. Medicaid Certification is optional. Certificate of Need is required.

Funding Source
Fees Collected
Program Fees
$10.00 per licensed bed for initial license and renewal license.

<table>
<thead>
<tr>
<th>LICENSE APPLICATIONS</th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NURSING/SPECIALIZED FACILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing facilities*</td>
<td>292</td>
<td>290</td>
<td>297</td>
<td>292</td>
<td>287</td>
</tr>
<tr>
<td>Specialized facilities for individuals with intellectual disabilities</td>
<td>88</td>
<td>88</td>
<td>88</td>
<td>86</td>
<td>85</td>
</tr>
<tr>
<td>Specialized alzheimer's facilities</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Oklahoma Veteran's Centers</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total facilities</strong></td>
<td>393</td>
<td>381</td>
<td>388</td>
<td>388</td>
<td>375</td>
</tr>
<tr>
<td><strong>Total licenses issued</strong></td>
<td>329</td>
<td>378</td>
<td>420</td>
<td>296</td>
<td>538</td>
</tr>
<tr>
<td>Facilities with suspended licenses</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Facilities closed</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fees collected</td>
<td>$364,036</td>
<td>$277,853</td>
<td>$312,427</td>
<td>$259,673</td>
<td>$297,733</td>
</tr>
</tbody>
</table>

*Does not include continuum of care nursing facilities.

**Includes initial, renewals, amendments, bed changes, name changes, changes of ownership.
The Department, under authority of Long Term Care Security Act amendment effective November 21, 2012. State and national fingerprint-based checks are required prior to employment with long-term care providers for all with direct patient access. Title 63, Section 1-1945, Definitions, provides the following at paragraph 9:

"Direct patient access" means access to a service recipient of an employer, through employment, independent contract, or the granting of clinical privileges, in which the performance of duties involves, or may involve one-on-one contact with a service recipient of the employer on an ongoing basis. The term shall include access to a service recipient’s property, medical information or financial information. The term does not include a volunteer unless the volunteer has duties that are equivalent to the duties of a direct patient access employee and those duties involve one-on-one contact with a service recipient of an employer, without line-of-sight supervision by employer staff.

Clients Served
Nursing Homes, Skilled Nursing Facilities, Adult Day Care Centers, Residential Care Centers, Assisted Living Centers, Home Health Agencies, Hospices, Continuum of Care Facilities, Staffing Agencies that provide staff to Long-Term Care Facilities and independent contractors that support them as well as Health Care workers seeking employment.

Contact
Scott Chisholm
405•271•3598
Secure Fax: 405•271•3611
OKSCREEN@health.ok.gov
http://ONBC.health.ok.gov

Authority
63 O.S., §§1-1944 et seq.
OAC 310:2-29-1

Funding Source
Fees Collected
Startup of this program was funded by a $3 million dollar federal grant. Grant funding was exhausted in Fiscal year 2016. Ongoing funding is through $19 application fees submitted by providers on each applicant, a $10 one-time fingerprinting fee charged to the applicant, and Medicaid administrative match for Medicare provider administrative activity.

The Oklahoma National Background Check Program (ONBCP) is a legislatively authorized Federal program. The Affordable Care Act (ACA), Title VI, Subtitle B, Part III, Subtitle C, Section 6201, directs the Secretary of the Department of Health and Human Services (HHS), to establish a national program to identify efficient, effective, and economical procedures for long term care (LTC) facilities and providers to conduct background checks on a statewide basis for all potential direct access employees. The ONBCP is sponsored by the Centers for Medicare & Medicaid Services (CMS).

The targeted benefit of this program is a reduction in abuse, neglect, and financial exploitation of our most vulnerable citizens.

Applicants for new positions in the long-term care industry must undergo both free online registry screening and national fingerprint-based criminal history checks for a fee, once the registries are cleared. Fees are a $19 application fee submitted by providers, and a $10 one-time fingerprinting fee charged to the applicants. Any criminal history is examined against barrier offenses listed for the position for which the applicant has applied. Applicants who fail to pass registry checks or who have barrier offenses are found ineligible to work in the industry and may appeal determinations of ineligibility. State and national fingerprint-based background checks are required prior to employment with long-term care providers for all with direct patient access.

Phased implementation of the program began February 1, 2014.
*Connected Applications is an application that maybe shared with different providers. For example if I do a background check for provider A this will be my first time so I will get fingerprinted and the provider will do the registry checks. Now, let’s say I want to go work for provider B three months later. Provider B will pay the $19 to connect to the background check I did for provider A. Provider B will do the registry checks but I will not have to be fingerprinted again.

**A State rap back system under the National Background Check Program (NBCP) is a mechanism that allows a State’s Criminal Justice Information Services (CJIS) agency to immediately inform the NBCP grantee State agency of any new criminal history record information (CHRI) against an employee that arises after the employee’s pre-employment background check is completed. Basically when someone gets fingerprinted for a background check if they get arrested again we will receive notification of that arrest.
from the OSBI (Oklahoma State Bureau of Investigation). RAP stands for Record of Arrest and Prosecution.
OUTCOME ASSESSMENT AND INFORMATION SET (OASIS)

Home health agencies are required to conduct comprehensive, accurate, standardized, and reproducible assessments of each resident’s functional capacity using the Outcome and Assessment Information Set (OASIS). The automated OASIS system is a critical component of the State Agency and CMS operations, and provides the means for transmission of assessment data to CMS for validating payments under the Medicare Skilled Nursing Facility Prospective Payment System for home health agencies.

Personnel in the OASIS program develop and provide health care information and consultative assistance to home health agencies and maintain the OASIS State Repository for upload to CMS. Responsibilities include educating providers in the clinical methodology and completion of OASIS forms; receipting and validating OASIS records; assisting home health agencies in understanding and interpreting validation reports and the error correction process; providing routine and intermittent training to home health agency staff and home health agency surveyors.

Clients Served
Medicare certified home health agencies and staff; Centers for Medicare and Medicaid Services (CMS); privately owned software vendors; State Medicare surveyors; miscellaneous other State and Federal agencies; and clients of Medicare agencies.

Contact
Diane Henry
405•271•5278
Fax: 405•271•1402
dianeh@health.ok.gov
http://oasis.health.ok.gov

QIES Help Desk
405•271•5278

Authority
42 CFR 484.20
42 CFR 484.55
42 CFR 488.68

Funding Source
Federal Funds
furnishing support to software vendors; and supplying support services to
home health agency surveyors to assist with OASIS issues in the survey
process. The QIES Help Desk is open from 8:00 AM to 5:00 PM, Monday
through Friday, and is available to anyone who needs assistance with the
OASIS process.

<table>
<thead>
<tr>
<th>OASIS ASSESSMENTS FOR HOME HEALTH AGENCIES</th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHAs transmitting OASIS data</td>
<td>250</td>
<td>276</td>
<td>262</td>
<td>265</td>
<td>262</td>
</tr>
<tr>
<td>Software vendors</td>
<td>34</td>
<td>35</td>
<td>28</td>
<td>37</td>
<td>32</td>
</tr>
<tr>
<td>HHA client count</td>
<td>85,563</td>
<td>85,852</td>
<td>86,789</td>
<td>86,826</td>
<td>88,509</td>
</tr>
<tr>
<td>Batches submitted</td>
<td>19,558</td>
<td>20,647</td>
<td>21,675</td>
<td>23,666</td>
<td>25,339</td>
</tr>
<tr>
<td>Records processed</td>
<td>379,209</td>
<td>376,256</td>
<td>375,488</td>
<td>380,234</td>
<td>391,372</td>
</tr>
<tr>
<td>Records rejected</td>
<td>18,431</td>
<td>17,967</td>
<td>19,855</td>
<td>28,567</td>
<td>17,882</td>
</tr>
<tr>
<td>OASIS records uploaded to the National Repository</td>
<td>360,778</td>
<td>358,289</td>
<td>355,633</td>
<td>351,667</td>
<td>373,490</td>
</tr>
<tr>
<td>OASIS training sessions</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Number of agencies with staff attending workshops</td>
<td>80</td>
<td>128</td>
<td>60</td>
<td>74</td>
<td>106</td>
</tr>
<tr>
<td>Workshop participants</td>
<td>174</td>
<td>265</td>
<td>133</td>
<td>165</td>
<td>240</td>
</tr>
<tr>
<td>HelpDesk contacts</td>
<td>580</td>
<td>585</td>
<td>490</td>
<td>498</td>
<td>362</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OASIS RECORDS PROCESSED</th>
<th>Uploaded</th>
<th>Rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY12</td>
<td>300,000</td>
<td></td>
</tr>
<tr>
<td>SFY13</td>
<td>320,000</td>
<td></td>
</tr>
<tr>
<td>SFY14</td>
<td>340,000</td>
<td></td>
</tr>
<tr>
<td>SFY15</td>
<td>360,000</td>
<td></td>
</tr>
<tr>
<td>SFY16</td>
<td>380,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OASIS TRAINING</th>
<th>HelpDesk Contacts</th>
<th>Workshop Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SFY13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SFY14</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SFY15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SFY16</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
PSYCHIATRIC & CHEMICAL DEPENDENCY TREATMENT FACILITIES CERTIFICATE OF NEED

This program was created to ensure the development of psychiatric and chemical dependency services in a planned, orderly, and economical manner consistent with and appropriate to services needed by people in various regions, districts, or localities in the State of Oklahoma.

Health Facility Systems (HFS) staff endeavor to control capital expenditures, bed expansions, and changes of ownership of such facilities. HFS staff review applications submitted by facilities primarily through paper review with limited on-site inspection to ensure compliance.

Clients Served
Psychiatric and chemical dependency treatment facilities and prospective clients of either.

Contact
Espa Bowen
405•271•6868
Fax: 405•271•7360
healthresources@health.ok.gov
http://hfs.health.ok.gov

Authority
63 O.S., §§ 1-880.1 et seq.
OAC 310:4
OAC 310:620
OAC 310:635

Funding Source
Fees Collected
Program Fees
.75% of capital cost of project, with a $1,500 minimum and $10,000 maximum.

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities in operation</td>
<td>39</td>
<td>39</td>
<td>38</td>
<td>39</td>
<td>40</td>
</tr>
<tr>
<td>Applications completed</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Acquisitions approved</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Bed additions approved</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Beds added to inventory</td>
<td>8</td>
<td>43</td>
<td>0</td>
<td>76</td>
<td>0</td>
</tr>
<tr>
<td>Beds approved by CON review</td>
<td>0</td>
<td>97</td>
<td>40</td>
<td>188</td>
<td>64</td>
</tr>
<tr>
<td>Conversion from adult beds to child beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Relocations approved</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Applications denied</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Applications withdrawn</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fees collected</td>
<td>$58,777</td>
<td>$16,525</td>
<td>$51,000</td>
<td>$13,750</td>
<td>$20,000</td>
</tr>
</tbody>
</table>
The Quality Assurance area is responsible for coordinating and facilitating quality assessment and improvement programs for service areas within Protective Health Services. Tasks include assisting Protective Health Services’ Divisions to increase the quality and consistency of services provided to the Divisions’ clients through the development and implementation of individual quality improvement plans. Data collected about quality improvement efforts may then be analyzed to assess the reliability of the data and to provide feedback to staff and management to ultimately support management decisions.

The Data Systems area is responsible for maintaining optimal performance of CMSNet and the Quality Improvement and Evaluation Data System (QIES) which is a major component of the statewide survey and certification program. Data Systems staff configure the Centers for Medicare and Medicaid Services (CMS) federal suite of software application modules used to process survey, certification, complaint, licensure, assessment, enforcement, and...
quality assurance activities for 53 types of health care facilities statewide in accordance with state and federal regulations. They coordinate the business and system aspects of CMSNet and the QIES data system between the CMS, the four Protective Health service areas that utilize the system, and Office of Management and Enterprise Services Information Services Division (OMES-ISD) staff in an environment composed of strategic cross-system dependencies.

### Quality Improvement / Quality Assurance Projects

This information is located on page 205

#### Reports

- **Board of Health Dashboard Report** – Quarterly report tabulated to showcase the work of the Protective Health Services’ efforts to comply with state mandates. Data is collected from CHS and LTC and reported to the Commissioner’s Office.

- **Composite Score Card Report** - Data showing Oklahoma’s composite score on the 13 Quality Measures for nursing homes being highlighted by CMS. The report is updated quarterly from data in QIES Workbench.
• **QIES Process Frequency Mandates Report** - Quarterly report presented to the Process Frequency Mandates committee indicating the percentage of compliance with QIES process frequency mandates.

• **CMS Quality Measures Report** - Data showing quality measure percentages for the Nation, Region IV and Oklahoma. Data is obtained through the QIES Workbench and is provided as an update to certain stakeholders.

• **Health Facility Plan Review: Process Time Frame Report** - Data report presented to the Health Facility Plan Review Project Team indicating the Process Time Reviews. Data is obtained through the facility documentation reports of the Health Planning Review data collection in Medical Facilities.

**CMSNet & QIES Data System Upgrades**

• **July 11, 2015—Aspen 10.2 was released.** The release included new functionality and enhancements to existing features in the ASPEN suite of applications. The major components in this release were: (1) Full support for stand-alone/special surveys, (2) Updated ACTS reports (3) General application enhancements and Database updates.

• **July 15, 2015—(10.2.0.1)** An updated ASE-Q/STAR 10.2 application was released that addressed an issue with generation of intake-related reports in ASE-Q, updated support file (DLL) for STAR and updated support file (DLL) for QIS to address resident
reconciliation census count issue.

- **August 21, 2015—(10.2.0.5)** New ASE-Q upgrade was posted: The QIS application updates included Updated QIS Relevant Finding Report, Update to display both the date and time in the QCLI text for relevant findings and an Update to QCLI calculations for triggered facility tasks that are also initiated as complaints.

  Additional general ASE-Q Changes in this release include: Support for Federal Survey Types (e.g., Inspection of Care) to be used on state surveys of licensed-only provider types and a Regulation patch for Critical Access Hospitals C-tags, version 6.01. The patch was also deployed to Oracle on the state servers for ACO/ACTS use.

- **October 15, 2015—(10.2.0.6)** The update included both changes for QIS users and regulation updates for all ASPEN users. These updates became available the end of day on Friday, October 16th.

  QIS Update—An update to the Dining Pathway for QIS was implemented. The correct tag is now associated with CE 9.

  Regulation Updates—The following regulation sets were updated: ACH Version 24.00, OPO Version 2.01, ICF/IID Version 7.02

- **January 15, 2016—(10.3)** This mini-release was mostly a “behind-the-scenes” release. It included a number of enhancements to existing functionality in the following applications: ACO/ARO, ACTS, AEM, ASE-Q, EPoC, and STAR, along with a large regulation
set update for K-tags (Life safety code).

The release had no DVD with it. It was a thin install for ACO/ACTS/ASE-Q. At the time of this release, if a new PC needed the ACO/ACTS image, it needed to have ACO/ACTS 10.2 installed from DVD and then the 10.3 thin-install would be laid over it.

- **February 16, 2016— State Server Oracle Database Patch Update (11.2.0.4)**  The QIES state server databases were being prepared to be upgraded to a current database level. These changes ensured that Oracle databases had current security patches and Oracle database support. Note: State servers were not available after the backup completed. The downtime was one full day.

  Systems Availability: ACO/ARO, ACTS/ACTS-RO and AEM/AEM-RO were not available. All other systems were available during the patch update.

- **March 16, 2016 (after 8PM) - Monday, March 21 (by 11:59PM) -**
  Extended Systems Maintenance—No action by states or Regional Office staff was required. Note: This downtime affected all QIES connectivity and systems.

  Systems Availability: The National Database, ARO, ACTS-RO, and AEM-RO, ASPEN Web (CLIA, ASSURE), CASPER Reports, QW and QIES User Maintenance, and Submission systems for Hospice, IRF-PAI, LTCH, MDS, OASIS, PBJ were NOT available; ASPEN Client. ACO, ACTS, and AEM had some limited availability. ASE-Q / QIS / STAR were available.
This program was created to protect residents and to assure the accountability of residential care homes. A residential care home offers or provides residential accommodations, food service, and supportive assistance, such as the preparation of meals, dressing, bathing, and other personal needs. It may assist in the administration of medications, however, it cannot provide direct medical care. The owner of each home must file a license application and submit a licensing fee annually. Health Facility Systems staff receive the fee and review the application for completeness, accuracy, and consistency.

On-site activities are conducted by staff in Long Term Care.

Clients Served
Residential care homes and residents of the homes.

Contact
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405•271•6868
Fax: 405•271•7360
healthresources@health.ok.gov
http://hfs.health.ok.gov

Authority
63 O.S., §§ 1-820 et seq.
OAC 310:680
State license required. No Medicare or Medicaid Certification.
Certificate of Need does not apply to this program.

Funding Source
Fees Collected
Program Fees
Probationary license and two-year renewal license ...................... $50.00
Modification to the license documentation.................................. $20.00

<table>
<thead>
<tr>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>LICENSE APPLICATIONS</td>
<td>RESIDENTIAL CARE HOMES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed homes</td>
<td>82</td>
<td>71</td>
<td>66</td>
<td>57</td>
</tr>
<tr>
<td>Total licenses issued*</td>
<td>36</td>
<td>26</td>
<td>67</td>
<td>34</td>
</tr>
<tr>
<td>Fees collected</td>
<td>$2,550</td>
<td>$2,360</td>
<td>$3,640</td>
<td>$1,950</td>
</tr>
</tbody>
</table>

*Includes initials, renewals, amendments, bed changes, name changes, and changes of ownership.
INJURY PREVENTION SERVICE (IP)

Pam Archer
405•271•3430
Fax: 405•271•2799
pama@health.ok.gov

Regina McCurdy, Child Passenger Safety
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Brandi Woods-Littlejohn,
Intimate Partner Violence and Sexual Assault Prevention
405-271-3430; Fax: 405-271-2799; brandiw@health.ok.gov

Laswanique Gray, Motor Vehicle Injury Prevention Program
405-271-3430; Fax: 405-271-2799; lasgray@health.ok.gov

Brandi Woods-Littlejohn, Oklahoma Violent Death Reporting System
405-271-3430; Fax: 405-271-2799; brandiw@health.ok.gov

Avy Doran-Redus, Older Adult Falls Prevention Education
405-271-3430; Fax: 405-271-2799; avyd@health.ok.gov

Steve Nedbalek, Sports-Related Concussion Prevention
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Avy Doran-Redus,
Unintentional Poisoning and Prescription Drug Overdose Prevention
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Motor vehicle crashes are the leading cause of injury death for children. Proper child restraint use alone can reduce the risk of death by 71% for infants younger than 1 year of age and 54% for children aged 1-4 years. Even when children are restrained in a car seat, 80% have errors in installation or harnessing that could prevent effective protection or even cause an injury in a crash.

The Injury Prevention Service (IPS) distributes and installs car seats and booster seats free of charge to families who are eligible for Women, Infants, and Children (WIC) or SoonerCare. The IPS and 54 county health departments in Oklahoma serve as child safety seat distribution sites and provide free seat checks to the community. The car seat program also provides education to agencies and organizations that regularly serve children and families. Additionally, the IPS offers community education presentations, technical assistance, and educational materials on child passenger safety.

Clients Served
The general public, businesses, schools, healthcare professionals, and community prevention coordinators.

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Funding Source
Preventive Health and Health Services Block Grant (CDC)
Core State Violence and Injury Prevention Program (CDC)
State funds
INTIMATE PARTNER VIOLENCE AND SEXUAL ASSAULT PREVENTION PROGRAM

Clients Served
The general public, businesses, schools, healthcare professionals, and community prevention coordinators.

Contact
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Funding Source
Rape Prevention and Education (CDC)
Preventive Health and Health Services Block Grant (CDC)
Core State Violence and Injury Prevention Program (CDC)

Intimate Partner Violence Prevention
The Injury Prevention Service (IPS) is a member of the Domestic Violence Fatality Review Board (DVFRB), and staff attends monthly review meetings. Staff also coordinates data comparisons between the Oklahoma Violent Death Reporting System (OKVDRS) and the DVFRB to ensure all cases of domestic violence and intimate partner homicide are accurately reflected in the data. For several years, the IPS has partnered on a National Institute of Justice study to evaluate the Lethality Assessment Protocol (LAP), a brief lethality assessment administered by law enforcement at the scene of a domestic violence incident that includes immediate referral to domestic violence services.

Sexual Assault Prevention
The Oklahoma Rape Prevention and Education (RPE) program of IPS focuses on prevention of first-time perpetration of sexual violence using a public health approach. In partnership with other state- and community-level organizations, the RPE program provides evidence-based sexual violence prevention education and community-level activities to change social norms, re-
duce risk factors for perpetration, and increase protective factors against perpetration and victimization. The seven community-based programs are tailored to community readiness, norms, and strengths through training and technical assistance. Their efforts focus on populations at increased risk, including youth aged 10-24 years, men and boys, and their influencers. School and college staff, parents, and staff at youth-serving organizations are included in prevention efforts to reinforce messages of healthy relationships and social norms change. Additionally, RPE staff work with universities and military partners to plan, implement, and evaluate sexual violence prevention programming.

National Intimate Partner and Sexual Violence Survey (NISVS), 2010

| Lifetime Prevalence of Rape by Any Perpetrator—U.S. Women | 21,840,000 (18.3%) | 353,000 (24.9%) |
| Lifetime Prevalence of Rape by Any Perpetrator—U.S. Men | 1,581,000 (1.4%) | Not Available |
| Lifetime Prevalence of Sexual Violence Other Than Rape by Any Perpetrator—U.S. Women | 53,174,000 (44.6%) | 680,000 (48.0%) |
| Lifetime Prevalence of Sexual Violence Other Than Rape by Any Perpetrator—U.S. Men | 25,130,000 (22.2%) | 368,000 (27.3%) |
| Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner—U.S. Women | 42,420,000 (35.6%) | 697,000 (49.1%) |
| Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner—U.S. Men | 32,280,000 (28.5%) | 550,000 (40.7%) |

The Motor Vehicle Injury Prevention Program, which is housed in the Injury Prevention Service (IPS), is intended to prevent motor vehicle-related injuries and deaths in Oklahoma. The key strategies of the Motor Vehicle Injury Prevention Program are education, policy information, and child safety seat distribution and installation. The IPS provides interactive, educational presentations on various motor vehicle-related safety topics to three target populations (children aged 14 years and younger, teenagers aged 15-18, and adults) and creates informational material including fact sheets, brochures, and news releases. Topics covered include child passenger safety, pedestrian and bike safety, graduated driver licensing, teen driver safety, distracted driving prevention, and impaired driving prevention.
## Rate of Motor Vehicle Traffic Crash Deaths by Age, CY 2014

<table>
<thead>
<tr>
<th>Age Group</th>
<th>National</th>
<th>Oklahoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>5.0</td>
<td>8.2</td>
</tr>
<tr>
<td>21-34</td>
<td>14.8</td>
<td>21.0</td>
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<tr>
<td>35-54</td>
<td>11.1</td>
<td>21.0</td>
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<tr>
<td>55+</td>
<td>12.7</td>
<td>23.2</td>
</tr>
<tr>
<td>All Ages</td>
<td>10.6</td>
<td>17.9</td>
</tr>
</tbody>
</table>

Rate per 100,000 Population

Source: CDC WISQARS

### Chart: Rate of Motor Vehicle Traffic Crash Deaths by Age, CY 2014

- National
- Oklahoma

Rate per 100,000 Population

Source: CDC WISQARS
Oklahoma is one of 42 states and territories participating in the National Violent Death Reporting System (NVDRS). The NVDRS is a state-based surveillance system that links data from death certificates, medical examiner reports, and law enforcement reports into one data system. Violent deaths include homicides, suicides, legal interventions, unintentional firearm deaths, deaths of undetermined manner that are violent in nature, and deaths from terrorism. The Oklahoma Violent Death Reporting System (OKVDRS) is a collaborative effort between the Oklahoma State Department of Health, the Office of the Chief Medical Examiner, and the Oklahoma State Bureau of Investigation. Data collected include detailed information on victims, suspects, circumstances, toxicology, and weapons. Data collected are used to produce manuscripts, reports, and special data requests throughout the year to show the distribution of violence and inform prevention efforts. Oklahoma began collecting NVDRS data in 2004.
### Violent Deaths by Manner of Death and Year, Oklahoma, 2004-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Suicide</th>
<th>Homicide</th>
<th>Legal Intervention</th>
<th>Undetermined</th>
<th>Unintentional</th>
<th>Total Number of Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>798</td>
<td>308</td>
<td>36</td>
<td>64</td>
<td>9</td>
<td>1215</td>
</tr>
<tr>
<td>2014</td>
<td>739</td>
<td>220</td>
<td>29</td>
<td>96</td>
<td>17</td>
<td>1101</td>
</tr>
<tr>
<td>2013</td>
<td>664</td>
<td>256</td>
<td>18</td>
<td>77</td>
<td>12</td>
<td>1027</td>
</tr>
<tr>
<td>2012</td>
<td>672</td>
<td>269</td>
<td>20</td>
<td>111</td>
<td>8</td>
<td>1080</td>
</tr>
<tr>
<td>2011</td>
<td>696</td>
<td>252</td>
<td>15</td>
<td>141</td>
<td>10</td>
<td>1114</td>
</tr>
<tr>
<td>2010</td>
<td>650</td>
<td>213</td>
<td>14</td>
<td>120</td>
<td>6</td>
<td>1003</td>
</tr>
<tr>
<td>2009</td>
<td>584</td>
<td>253</td>
<td>9</td>
<td>128</td>
<td>7</td>
<td>981</td>
</tr>
<tr>
<td>2008</td>
<td>595</td>
<td>237</td>
<td>13</td>
<td>153</td>
<td>10</td>
<td>1008</td>
</tr>
<tr>
<td>2007</td>
<td>538</td>
<td>244</td>
<td>14</td>
<td>148</td>
<td>11</td>
<td>955</td>
</tr>
<tr>
<td>2006</td>
<td>545</td>
<td>229</td>
<td>9</td>
<td>138</td>
<td>12</td>
<td>933</td>
</tr>
<tr>
<td>2005</td>
<td>535</td>
<td>221</td>
<td>13</td>
<td>159</td>
<td>10</td>
<td>938</td>
</tr>
<tr>
<td>2004</td>
<td>517</td>
<td>224</td>
<td>17</td>
<td>157</td>
<td>7</td>
<td>922</td>
</tr>
</tbody>
</table>
OLDER ADULT FALLS PREVENTION EDUCATION PROGRAM

Clients Served
The general public, businesses, schools, healthcare professionals, and community prevention coordinators.

Contact
Avy Doran-Redus, MS
405•271•3430
Fax: 405•271•2799
avyd@health.ok.gov
http://falls.health.ok.gov

Funding Source
Preventive Health and Health Services Block Grant (CDC)

Falls are the leading cause of injury death among adults 65 years and older in Oklahoma. Every year, falls result in the hospitalization of approximately 7,000 older adults and the death of more than 450 older adults. The Injury Prevention Service (IPS) coordinates outreach efforts to provide fall-related educational and programmatic information to Oklahomans 65 years and older and other stakeholders, in addition to championing the Tai Chi: Moving for Better Balance (TCMBB) program. The TCMBB program is an evidence-based community fall prevention program designed to promote balance, strength, mobility, and confidence in older adults. Program participants can reduce fall risk by up to 55% and the program can be modified and tailored to meet the individual participant’s needs. The IPS conducts instructor trainings across the state, with particular focus on communities with few or no instructors and/or classes. Technical assistance is provided to trained instructors on community implementation.
FALL RELATED MORTALITY RATES AMONG PERSONS 65 YEARS AND OLDER
1999 - 2013

Rate per 100,000 Population
Source: CDC WISQARS

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Sports-Related Concussion Prevention Program

Traumatic brain injury (TBI) is a serious public health problem. A TBI is caused by a bump, blow, jolt, or penetration to the head that disrupts the normal function of the brain. Each year, TBIs contribute to a substantial number of deaths and cases of permanent disability. The prevention of TBI has been a long-standing priority area for the Injury Prevention Service (IPS); however, since 2010 when Oklahoma’s sports concussion legislation passed mandating secondary schools to more actively prevent and protect student athletes from head injuries, sports and recreation-related TBI have become a key focus area.

The IPS conducts free comprehensive trainings designed to engage stakeholders and the general public in recognizing the scope of concussion dangers in normative sports participation as well as everyday life. These trainings consist of a PowerPoint presentation and an in-depth question and answer session. This presentation discusses evidence-based, best practices and is continually updated with the latest concussion research.

Clients Served
The general public, businesses, schools, healthcare professionals, and community prevention coordinators.

Contact
Steve Nedbalek, Ph.D.
405•271•3430
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steven@health.ok.gov
http://concussion.health.ok.gov

Funding Source
Core State Violence and Injury Prevention Program (CDC)
In Oklahoma, unintentional poisoning (UP) is the leading cause of injury death, surpassing even motor vehicle crashes. Of the more than 5,300 UP deaths in Oklahoma from 2007 to 2014, 77% involved at least one prescription drug. Prescription painkillers (opioids) are the most common class of drugs involved in overdose deaths.

In an effort to reduce UP deaths in Oklahoma, the Injury Prevention Service collaborates with stakeholders to increase awareness of UP; enhance data and knowledge about poison exposures and circumstances of the events; increase the use of evidence-based injury prevention interventions statewide; create and maintain a naloxone distribution program for emergency medical services personnel (naloxone is an opioid antagonist that reverses the effects of an opioid overdose); facilitate collaborations and partnerships, particularly for special projects such as developing opioid prescribing guidelines, maintaining a prescription drug overdose state strategic plan, and promoting provider education; and create and disseminate educational material and resources.

Clients Served
The general public, businesses, schools, healthcare professionals, and community prevention coordinators.

Contact
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405•271•3430
Fax: 405•271•2799
avyd@health.ok.gov

http://poison.health.ok.gov

Funding Source
Preventive Health and Health Services Block Grant (CDC)
Prescription Drug Overdose: Prevention for States (CDC)
Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality (CDC)
MORTALITY RATES
1999 - 2014

Unintentional Poisoning

Motor Vehicle Crash

Rate per 100,000 Population
Source: CDC WISQARS

UNINTENTIONAL POISONINGS
2007 - 2014

All Poisonings
Prescription drugs
Alcohol
Methamphetamine
Cocaine

Rate per 100,000 Population
Source: OSDH, Injury Prevention Service, Unintentional Poisonings Database (Abstracted from Medical Examiner reports)
LONG TERM CARE SERVICE (LTC)

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Michael Jordan, Compliance Officer
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INSPECTION FREQUENCY MANDATES

<table>
<thead>
<tr>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of inspection mandates</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Inspections required</td>
<td>3,414</td>
<td>3,273</td>
<td>3,126</td>
<td>2,830</td>
</tr>
<tr>
<td>Inspections meeting mandates</td>
<td>2,348</td>
<td>2,728</td>
<td>3,025</td>
<td>2,785</td>
</tr>
<tr>
<td>Percent of inspections met</td>
<td>68.8%</td>
<td>83.3%</td>
<td>96.8%</td>
<td>98.4%</td>
</tr>
</tbody>
</table>

***Go to page 205 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS***
ADULT DAY CARE CENTERS
INSPECTIONS & INVESTIGATIONS

This program was established in 1992 to support and regulate a community-based system of quality adult day care. Participants do not stay in the center overnight and continue to live in their own homes, usually with the aid of family caregivers. Adult day care centers prevent premature or inappropriate institutionalization of functionally impaired elderly or disabled adults, provide periods of relief for caregivers, and enable family caregivers to continue gainful employment.

Long Term Care (LTC) staff develop minimum licensure requirements and monitor the center’s compliance with the rules. Each center is required to submit an application for licensure.

LTC teams of health professionals investigate complaints and perform on-site surveys prior to licensure approval. Periodic inspections are performed during the licensure period.

Clients Served
Participants, their families, friends and advocates, facility staff and operators. Adult day care centers provide supervised health, social, and recreational services in a structured daytime program to serve functionally impaired adults who need assistance in caring for themselves yet continue to live in their own homes, usually with the aid of family caregivers.

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Authority
63 O.S., §§ 1-870 et seq.
OAC 310:605

Funding Source
State Funds
**INSPECTIONS & INVESTIGATIONS**

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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<tbody>
<tr>
<td>Number of centers</td>
<td>43</td>
<td>45</td>
<td>39</td>
<td>42</td>
<td>39</td>
</tr>
<tr>
<td>Capacity for participants</td>
<td>2,158</td>
<td>2,212</td>
<td>1,969</td>
<td>1,981</td>
<td>1,977</td>
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<tr>
<td>Average capacity per center</td>
<td>50</td>
<td>49</td>
<td>52</td>
<td>54</td>
<td>51</td>
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<tr>
<td>Participants served by largest center</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>Participants served by smallest center</td>
<td>12</td>
<td>12</td>
<td>16</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Inspections conducted*</td>
<td>69</td>
<td>59</td>
<td>51</td>
<td>67</td>
<td>71</td>
</tr>
<tr>
<td>Centers closed</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>4</td>
<td>1</td>
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<tr>
<td>State Enforcement Actions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

*Includes licensure surveys, follow-up visits and other inspections.

---

**ADULT DAY CARE CENTERS**

**CAPACITY FOR PARTICIPANTS**

- SFY12: 2,100
- SFY13: 2,000
- SFY14: 1,900
- SFY15: 1,800
- SFY16: 1,700

**CITATIONS**

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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<tr>
<td>Surveys with citations</td>
<td>19</td>
<td>17</td>
<td>9</td>
<td>26</td>
<td>25</td>
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<tr>
<td>Deficiencies cited</td>
<td>79</td>
<td>35</td>
<td>19</td>
<td>88</td>
<td>70</td>
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<tr>
<td>Deficiencies cited per survey with citations</td>
<td>4.2</td>
<td>2.1</td>
<td>2.1</td>
<td>3.9</td>
<td>2.8</td>
</tr>
</tbody>
</table>

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Adult Day Care Centers
Top Violations—State Licensure

01. **Staffing requirements.** Employment examination within 72 hours of employment.

02. **Required services.** Food shall be stored, prepared, and served in accordance with the Rules and Regulations for Food Service Establishments adopted by the State Board of Health.

03. **Admission.** A signed application for participation and current medical information shall be obtained prior to or upon the applicant’s first day of participation.

04. **Admission.** Written plan of care developed within 10 days.

05. **Staffing Requirements.** Each paid staff shall arrange for an employment examination within 72 hours of employment.

06. **Additional Services.** Medications may not be administered without a physician’s order.

07. **Required services.** The menu shall be dated for the week of service and posted in a prominent area.

08. **Admission.** A current medical report and medical assessment by the participant’s physician; within five days of participant’s entry.

09. **Required Services.** Provisions made for assistance with activities of daily living by those qualified by licensure or certification.

10. **Staffing requirements.** Centers that administer medication must have a R.N., L.P.N., or Medication Aide who has successfully completed training in medication administration.
ASSISTED LIVING CENTERS
INSPECTIONS & INVESTIGATIONS

This program was created in 1997 to establish a system of licensure of assisted living centers. Long Term Care (LTC) staff evaluate compliance of centers with the licensure regulation and endeavor to ensure individuals receive services to meet their needs.

LTC staff investigate complaints, perform annual licensure surveys, conduct revisits when necessary, monitor compliance with licensure rules, implement and interpret rules, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against centers when appropriate.

Clients Served
Residents, their families, friends and advocates, facility staff and operators. Assisted living centers provide services to those who, by choice or functional impairments, need assistance with personal care or nursing supervision, may need intermittent or unscheduled nursing care, may need medication assistance, and may need assistance with transfer and/or ambulation.

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Authority
63 O.S., §§ 1-890.1 et seq.
OAC 310:663

Funding Source
State Funds
## Assisted Living Centers

### Inspections & Investigations

<table>
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<tr>
<th></th>
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<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
</tr>
</thead>
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<tr>
<td>Number of centers</td>
<td>144</td>
<td>149</td>
<td>160</td>
<td>165</td>
<td>175</td>
</tr>
<tr>
<td>Licensed beds</td>
<td>8,764</td>
<td>8,985</td>
<td>9,633</td>
<td>9,969</td>
<td>10,384</td>
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<tr>
<td>Average bed capacity</td>
<td>61</td>
<td>60</td>
<td>61</td>
<td>60</td>
<td>59</td>
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<tr>
<td>Largest assisted living center</td>
<td>166</td>
<td>166</td>
<td>166</td>
<td>166</td>
<td>166</td>
</tr>
<tr>
<td>Smallest assisted living center</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
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<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
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<td>40</td>
<td>48</td>
<td>31</td>
<td>36</td>
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</table>

*Includes licensure surveys, complaint investigations, follow-up visits and other inspections.

### Assisted Living Centers Licensed Beds

<table>
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<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
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Assisted Living Centers
Top Violations—State Licensure

01. **Resident rights.** Resident’s rights to receive adequate and appropriate medical care; be fully informed; participate in planning of care and treatment; right to refuse medication and treatment.

02. **Use of assessment.** Results of the resident’s assessment shall be used to develop a care plan for the resident, in consultation with the resident.

03. **Food storage preparation and service.** Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments).

04. **Resident rights.** Residents shall be free from mental and physical abuse, neglect, involuntary seclusion, physical/chemical restraints.

05. **General Requirements.** The facility must complete a performance review of every nurse aide at least once every 12 months and provide two hours of in-service training each month; in-service supervised by R.N.; and ensure each nurse aid certification is current.

06. **Care and Services.** The center shall monitor and assure delivery of home care and hospice services.

07. **Medication staffing.** Residents may receive home care services through a home care agency or hospice services through a licensed hospice provider.

08. **Incident report timelines.** Incident report timelines are met.

09. **Assessment Form.** The comprehensive assessment must include specific information.

10. **Medication administration.** Medications shall be administered only on a physician’s order.
CONTINUUM OF CARE FACILITIES
INSPECTIONS & INVESTIGATIONS

This program was created in 1997 to establish a system of licensure of continuum of care facilities. Continuum of care facilities provides a range of long term care services. A continuum of care facility may provide nursing facility services, assisted living services, and adult day care services under one license. Each facility type has separate licensure surveys, complaint investigations, follow-up visits, and other inspections consistent with the applicable administrative code.

Long Term Care (LTC) staff evaluate services provided in these facilities to ensure the needs of residents are met. LTC staff investigate complaints, perform annual licensure, certification surveys, conduct revisits when necessary, monitor compliance with State and Federal regulations, provide technical assistance as necessary, participate in provider training programs, and take enforcement action against facilities when appropriate.

Clients Served
Residents of continuum of care facilities, their families, friends and advocates, facility staff and operators.

Contact
Debbie Zamarripa
405•271•6868
Fax: 405•271•2206
debrash@health.ok.gov

http://ltc.health.ok.gov

Authority
63 O.S., §§ 1-890.1 et seq.
OAC 310:663

Funding Source
State and Federal Funds
### INSPECTIONS & INVESTIGATIONS

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<th>Continuum of Care Facilities</th>
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<tr>
<td>Number of facilities</td>
<td>17</td>
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<td>18</td>
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<tr>
<td>Number of facilities with nursing facility services</td>
<td>17</td>
<td>18</td>
<td>18</td>
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<tr>
<td>Nursing facility beds</td>
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<td>1,606</td>
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<tr>
<td>Number of facilities with assisted living services</td>
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<td>18</td>
<td>18</td>
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<tr>
<td>Assisted living beds</td>
<td>1,077</td>
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<td>1,189</td>
<td>1,189</td>
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<td>4</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>5</td>
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### CONTINUUM OF CARE FACILITIES LICENSED BEDS

- **Assisted Living Center Beds**
- **Nursing Facility Beds**
The purpose of this program is to receive complaints alleging violations of Federal and/or State rules and laws. In addition, qualified staff review facility reported incidents that are mandated by federal and state rules and laws.

Long Term Care staff strive to ensure practices that protect residents and clients and promote quality of care and quality of life for long term care residents/clients. To this end, expressed concerns by interested parties are investigated by qualified survey staff. Any individual with personal knowledge or substantial specific information who believes that state or federal laws or regulations have been violated may request an investigation.

Intakes and incidents are prioritized based on the Centers for Medicare and Medicaid Services’ triage guidelines and/or state statutes that take into consideration the seriousness of the allegation. Investigation findings may provide a basis for imposing remedies against providers. In some cases, the results of investigations have led to closing poorly operated facilities.
### Intakes and Incidents

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>FY12</th>
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<th>FY14</th>
<th>FY15</th>
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<tr>
<td>Complaint intakes investigated in</td>
<td></td>
<td></td>
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<tr>
<td>nursing/specialized facilities</td>
<td>1,245</td>
<td>1,095</td>
<td>1,261</td>
<td>1,183</td>
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<tr>
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<td>residential care homes</td>
<td>60</td>
<td>44</td>
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<td>55</td>
<td>32</td>
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<tr>
<td>adult day care centers</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>veteran centers</td>
<td>---</td>
<td>---</td>
<td>16</td>
<td>27</td>
<td>21</td>
</tr>
<tr>
<td>Total investigated</td>
<td>1,455</td>
<td>1,268</td>
<td>1,487</td>
<td>1,439</td>
<td>1,311</td>
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</table>

| Facility reported incidents received   | 26,455| 30,299| 31,512| 30,628| 30,137|

### Facility Reported Incidents

- **FY12:** 22,000
- **FY13:** 24,000
- **FY14:** 26,000
- **FY15:** 28,000
- **FY16:** 30,000

### Complaints Investigated

- Veteran Centers
- Adult Day Care Centers
- Residential Care Homes
- Assisted Living Centers
- Nursing/Specialized Facilities
Federal deficiencies cited in nursing facilities are assigned a scope and severity ranking to quantify the seriousness of a violation found when conducting Medicare and Medicaid surveys. Deficiencies are assigned an alphabetical ranking from A through L based on the level of harm found and the number of residents potentially or actually affected by the deficiency. Deficiencies assigned a ranking of A are less serious than deficiencies assigned a ranking of L.
INTERMEDIATE CARE FACILITIES FOR
INDIVIDUALS WITH INTELLECTUAL DISABILITIES
INSPECTIONS & INVESTIGATIONS

This program was created to establish a system of licensure for the purpose of protecting the health, welfare, and safety of residents in intermediate care facilities for individuals with intellectual disabilities (ICF/IID). The additional responsibility of the program is to implement a federally mandated survey and certification system for facilities to participate in the Medicaid reimbursement program.

The ICF/IID Program was established in 1971 when legislation was enacted which provided for Federal Financial Participation (FFP) for ICF/IID facilities as an optional Medicaid service. Congressional authorization for ICF/IID services as a State plan option under Medicaid allowed states to receive Federal matching funds for institutional services that had been funded with state or local government money.

Long Term Care (LTC) staff endeavor to promote and evaluate compliance of

Clients Served
Residents with intellectual disabilities, their families, friends and advocates, facility staff and operators.

Contact
Vacant
405•271•6868
Fax: 405•271•2206
http://ltc.health.ok.gov

Authority
63 O.S., §§ 1-1901 et seq.
Title 42, US Code, §1396- 1396v,
Subchapter XIX, Chapter 7
42 CFR 440.150
42 CFR 483.400 through 483.480
OAC 310:675

Funding Source
State and Federal Funds
ICF/IID facilities with the regulations by assuring individual needs are aggressively met to insure a higher quality of life for all. LTC staff investigate complaints, perform annual licensure and certification surveys, and conduct revisits when necessary. Facilities are licensed and certified based on the survey outcomes.

LTC staff also develop and interpret licensure rules, monitor compliance with Medicaid certification requirements, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against facilities when appropriate.

<table>
<thead>
<tr>
<th>INSPECTIONS &amp; INVESTIGATIONS</th>
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<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
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<tr>
<td><strong>ICF/IID FACILITIES</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Number of facilities</td>
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<td>160</td>
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<td>Smallest ICF/IID facility</td>
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<td>4</td>
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<td>370</td>
<td>354</td>
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<td>0</td>
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<td>2</td>
<td>2</td>
<td>4</td>
</tr>
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</table>

*Includes surveys for licensure/recertification, life safety code, complaints, follow-up visits and other inspections.
The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.

<table>
<thead>
<tr>
<th>CITATIONS</th>
<th>SFY12</th>
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<th>SFY14</th>
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<td>7.1</td>
<td>6.3</td>
<td>6.3</td>
<td>3.0</td>
</tr>
</tbody>
</table>
ICF/IID Facilities
Top Violations—Federal Certification

01. **Client records.** The facility must develop and maintain a recordkeeping system that documents the client’s health care, active treatment, social information, and protection of the client’s rights.

02. **Physician services.** Provide or obtain an annual physical examination of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.

03. **Governing body.** Exercise general policy, budget, and operating direction over the facility.

04. **Meal services.** Food must be served in a form consistent with the developmental level of the client.

05. **Physician services.** Provide or obtain preventive and general medical care.

06. **Infection control.** The facility must provide a sanitary environment to avoid sources and transmissions of infections.

07. **Drug administration.** The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.

08. **Evacuation drills.** The facility must hold evacuation drills at least quarterly for each shift.

09. **Space and equipment.** The facility must furnish, maintain in good repair, and teach clients to use and make informed choices on use of dentures, eyeglasses, hearing, and other devices identified as needed by the client.

10. **Governing body and management.** The facility must ensure that specific governing body and management requirements are met.
ICF/IID Facilities
Top Violations—State Licensure

01. **Resident’s clinical record.** Resident's clinical and personal record must be organized and accurate and either typewritten or legibly written with pen and ink. The resident's clinical record shall document all nursing services provided.

02. **Active treatment.** Requires the individual’s regular participation, in accordance with an individual plan of care, in professionally developed and supervised activities, experience or therapies.

03. **Clinical laboratory.** Provide or obtain clinical laboratory services to meet the resident’s needs.

04. **Diet-Meals.** Provide a nourishing, palatable, well-balanced diet that meets the resident’s daily nutritional and special dietary needs.

05. **Facility maintenance.** Have a maintenance program that ensures continuing maintenance of the facility and equipment; promotes good housekeeping and sanitary practices throughout the facility.

06. **Assist resident in securing services.** Assist each resident desiring or needing medical related services.

07. **Resident pain assessment.** Residents are screened for the presence of pain at least once every 30 days and whenever vital signs are taken.

08. **Personnel records, health examination on hire.** Record of health examination conducted within thirty days of employment.

09. **Food storage, supply and sanitation.** Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments).

10. **Infection control.** The facility shall maintain a sanitary environment and prevent the development and transmission of infection.
LONG TERM CARE SERVICE
INSPECTIONS & INVESTIGATIONS

This program was created in the mid-1950s to establish a system of licensure for the purpose of protecting the health, welfare, and safety of residents in nursing facilities. The additional responsibility of the program is to implement a federally mandated survey and certification system for facilities to participate in the Medicare and Medicaid reimbursement programs.

Long Term Care (LTC) staff evaluate compliance with the regulations to assure individual needs of the residents are met, and to promote a care delivery system to enhance the quality of life for each resident. LTC staff investigate complaints, perform annual licensure and certification surveys, and conduct revisits when necessary. Facilities are licensed and certified based on the survey findings. Remedies are imposed when facilities fail to comply with the Federal and State requirements.

LTC staff also develop and interpret licensure rules, monitor compliance with Medicaid and Medicare certification requirements, provide technical assis-

Clients Served
Residents, in nursing facilities, their families, friends and advocates, facility staff and operators.

Contact
Vacant
405•271•6868
Fax: 405•271•2206
http://ltc.health.ok.gov

Authority
63 O.S., §§1-1901 et seq.,
Title 42, US Code, §1395 et seq.,
Subchapter XVIII, Chapter 7
Title 42, US Code, §1396-1396v,
Subchapter XIX, Chapter 7
42 CFR Part 483
42 CFR Part 488
OAC 310:675

Funding Source
State and Federal Funds
Immediate jeopardy in a nursing facility is defined as a situation in which the provider’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death to a resident. An immediate jeopardy tag is a deficiency that has been ranked at a J (one or several residents are impacted), K (a pattern is shown), or L (the issue is widespread).
A substandard quality of care citation occurs when:

- A nursing facility is found to be out of compliance with requirements found at CFR 483.13, Resident Behavior and Facility Practices, CFR 483.15, Quality of Life, or CFR 483.25, Quality of Care; and
- The deficiency has been assigned a scope and severity level of F, H, I, J, K, or L.

### CITATIONS

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
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*Federal Only

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Under the federal survey, certification, and enforcement system, nursing facilities are not assured an opportunity to correct deficiencies prior to the imposition of remedies. No opportunity to correct means remedies will be imposed on a facility immediately after a determination of noncompliance has been made.

<table>
<thead>
<tr>
<th></th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
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<tr>
<td><strong>FEDERAL ENFORCEMENT ACTIONS</strong></td>
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<td>439</td>
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<td>405</td>
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<tr>
<td>No opportunity to correct</td>
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<td>Past non-compliance</td>
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<td>2</td>
<td>4</td>
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<td>8</td>
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<td>406</td>
<td>457</td>
<td>511</td>
<td>452</td>
<td>445</td>
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Nursing Facilities

**FEDERAL ENFORCEMENT ACTIONS**

- No opportunity to correct
- Opportunity to correct

![Bar chart showing federal enforcement actions from SFY12 to SFY16]
Nursing Facilities
Top Violations—Federal Certification

01. **Provide care/services for highest well being.** Resident must receive and facility must provide necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with comprehensive assessment and plan of care.

02. **Food—procure/store/prepare/serve-sanitary.** Procure food from approved sources; store, prepare, distribute, and serve under sanitary conditions.

03. **Develop comprehensive care plans.** Facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident’s medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

04. **Free of accident hazards/supervision/devices.** Resident environment remains as free of accident hazards as possible; each resident receives adequate supervision and assistance devices to prevent accidents.

05. **Infection control, prevent spread, linens.** Establish and maintain an infection control program designed to provide a safe, sanitary, comfortable environment and to help prevent development and transmission of disease and infection.

06. **Right to participate in care planning.** Resident has the right to participate in planning care and treatment or changes in care and treatment; care plan developed within 7 days after comprehensive assessment.

07. **Drug regimen is free from unnecessary drugs.** Resident’s drug regimen must be free from unnecessary drugs.

08. **Assessment—accuracy/coordination/certified.** Assessment accurately reflects the resident’s status; registered nurse must conduct or coordinate; RN must sign and certify; individuals certify accuracy of portion.

09. **Resident records—complete/accurate/access.** Maintain clinical records on each resident in accordance with accepted professional standards; complete; accurately documented; readily accessible; systematically organized.

10. **ADL care provided for dependent residents.** Resident receives necessary services to maintain good nutrition, grooming, and personal and oral hygiene.
Nursing Facilities
Top Violations—State Licensure

01. Basic nursing and personal care. Basic nursing and personal care shall be provided for residents as needed.

02. Food storage, supply and sanitation. Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments).

03. Assessment and care plans. A resident assessment and an individual care plan shall be completed and implemented for each resident.

04. Infection control. Policy that addresses prevention and transmission of disease and infection; practice universal precautions identified by the CDC; personnel must demonstrate knowledge of universal precautions.

05. Resident assessment. Conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment for each resident's function and capacity.

06. Written resident assessment. Assessment and care plan reviewed and updated, at least quarterly, and as needed when the resident's condition indicates.

07. Resident's clinical record. Organized; accurate; typewritten or legibly written with pen and ink; document all nursing services provided.

08. Nursing and personal care services. The facility shall ensure that resident rights are respected in the provision of care.

09. Medication accountability. Medications shall be administered only on a physician's order; person administering shall prepare, observe and record; medications prepared within one hour of administration; accurate written record; adverse reactions or results; medication error incident reports; report adverse reactions to resident’s attending physician.

10. Individual care plan. An individual care plan shall be developed and implemented for each resident to reflect the resident's needs.
This program was created in 1991 to establish standards for licensure of Residential Care Homes. Long Term Care (LTC) staff evaluate compliance with the regulations to assure individual needs of the residents are met to optimize the quality of life in the homes.

LTC staff investigate complaints, perform annual licensure surveys, conduct revisits when necessary, monitor compliance with licensure standards, implement and interpret rules, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against homes when appropriate.
### Citations

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<thead>
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<th>SFY13</th>
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<td>8.1</td>
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<td>7.8</td>
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</tbody>
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Residential Care Homes
Top Violations—State Licensure

01. **Food service.** Comply with Chapter 257 of this Title regarding storage, preparation and serving of food; may use residential equipment provided the equipment maintains hot and cold temperatures as required.

02. **Staff training-first aid/CPR.** All employees are currently certified in first aid and cardiopulmonary resuscitation; certification kept current in file; First-Aid and CPR certificates renewed annually or as required.

03. **Administration of medications.** Person administering the medication shall maintain an accurate written record of medications administered.

04. **Appropriate occupancy.** Shall not admit or provide services to a resident who is not ambulatory and essentially capable of participating in their own activities of daily living; residents shall not routinely require nursing services.

05. **Building elements-water temperature.** Hot water temperatures accessible to residents shall be maintained within a range of 100 to 120 degrees F.

06. **Food service.** Menus shall be planned, dated, and posted at least one week in advance. Menus are to be retained in the home for one year.

07. **Insect and rodent control.** Methods shall be employed to prevent the entrance and harborage of insects, spiders, and rodents. Homes shall be kept free of insects and rodents.

08. **Statement provisions.** Residents receive adequate and appropriate medical care; fully informed of medical condition and proposed treatment; right to refuse medication and treatment after being fully informed of consequences.

09. **Long Term Care Security Act.** The facility shall abide by the provisions set forth in the Long Term Care Security Act.

10. **Medications.** Correct medication and pharmacy techniques and principles used when medications are administered; storage and maintenance; self-administration.
**VETERAN’S CENTERS**

**INSPECTIONS & INVESTIGATIONS**

This program was created in 2013 to establish a system of licensure for the purpose of protecting the health, welfare, and safety of residents in state veteran’s centers.

LTC Staff investigate complaints, perform annual licensure surveys, and conduct revisits when necessary. When facilities fail to comply with State requirements, a list of deficiencies in the condition or operation of the facility and recommendations for corrective measures is sent to the person immediately responsible for the administration of the facility inspected, the Oklahoma Department of Veterans Affairs, the Governor, the Speaker of the House of Representatives, and the President Pro Tempore of the Senate.

<table>
<thead>
<tr>
<th>Clients Served</th>
<th>Residents who are veterans of the United States Armed Forces, friends and advocates, facility staff and operators.</th>
</tr>
</thead>
</table>
| Contact        | Vacant  
405•271•6868  
Fax: 405•271•2206  
http://ltc.health.ok.gov |
| Authority      | 63 O.S., §§ 1-1901 et seq.  
OAC 310:675 |
| Funding Source | State Funds |

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<th>CITATIONS</th>
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<tr>
<td>Surveys with citations</td>
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<tr>
<td>Deficiencies cited</td>
<td></td>
<td></td>
<td>65</td>
<td>65</td>
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<tr>
<td>Average number of deficiencies cited per survey with citations</td>
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130 – 2017 ANNUAL REVIEW – LONG TERM CARE SERVICE
### Veteran's Centers

<table>
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<tr>
<th>Years</th>
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<th>SFY14</th>
<th>SFY15</th>
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<tr>
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<td></td>
<td></td>
<td>1,423</td>
<td>1,423</td>
<td>1,423</td>
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<tr>
<td>Average number of licensed beds</td>
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<td>203</td>
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<td>122</td>
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<td>122</td>
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<tr>
<td>Inspections conducted*</td>
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<td></td>
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<tr>
<td>Centers closed</td>
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</table>

*Includes licensure surveys, complaint investigations, follow-up visits and other inspections

---

**Veteran's Centers Licensed Beds**

- SFY12: 1,423 beds
- SFY13: 1,423 beds
- SFY14: 1,423 beds
- SFY15: 1,423 beds
- SFY16: 1,423 beds

**Veteran's Centers Surveys**

- Centers: 0 SFY12, 7 SFY13
- Inspections: 0 SFY12, 7 SFY13

**Veteran's Centers Deficiencies Cited**

- SFY12: 0.0 deficiencies
- SFY13: 1.0 deficiencies
- SFY14: 2.0 deficiencies
- SFY15: 3.0 deficiencies
- SFY16: 4.0 deficiencies

**Veteran's Centers Deficiencies Per Survey With Citations**

- SFY12: 0.0 deficiencies
- SFY13: 1.0 deficiencies
- SFY14: 2.0 deficiencies
- SFY15: 3.0 deficiencies
- SFY16: 4.0 deficiencies

---

**Notes:**

- SFY stands for State Fiscal Year.
- Inspections conducted include licensure surveys, complaint investigations, follow-up visits, and other inspections.
Veteran’s Centers
Top Violations—State Licensure

01. Basic nursing and personal care. Basic nursing and personal care shall be provided for residents as needed.

02. Infection Control. Policy that addresses prevention and transmission of disease and infection; practice universal precautions identified by the CDC; personnel must demonstrate knowledge of universal precautions.

03. Written resident assessment. Assessment and care plan reviewed and updated, at least quarterly, and as needed when the resident’s condition indicates.

04. Food storage, supply, and sanitation. Food shall be stored, prepared, and served in accordance with Chapter 257 of this Title (relating to food service establishments).

05. Resident Assessment. Conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment for each resident’s function and capacity.

06. Nursing and Personal Care Services. The facility shall ensure that resident rights are respected in the provision of care.

07. Individual Care Plan. An individual care plan shall be developed and implemented for each resident to reflect the resident’s needs.

08. Resident’s clinical record. Organized; accurate, typewritten or legibly written with pen and ink; document all nursing services provided.

09. Assessment and care plans. A resident assessment and an individual care plan shall be completed and implemented for each resident.

10. Facility Maintenance. Have a maintenance program that ensures continuing maintenance of the facility and equipment, promotes good housekeeping and sanitary practices throughout the facility.
MEDICAL FACILITIES SERVICE (MF)

Lee Martin, Jr.
405•271•6576
Fax: 405•271•1141
leem@health.ok.gov

Brandon Bowen
405•271•4027; Fax: 405•271•4240
brandobn@health.ok.gov

Dale Adkerson, Emergency Medical Services
405•271•4027; Fax: 405•271•4240; dalea@health.ok.gov

John Larson, Health Facilities Plan Review
405•271•6785; Fax: 405•271•1738; johntl@health.ok.gov

Terri Cook, Facility Services
405•271•6576; Fax: 405•271•1141; terrid@health.ok.gov

LaTrina Frazier, Home Services
405•271•6576; Fax: 405•271•1141; latrinaf@health.ok.gov

Harriet Cooper, Quality, Enforcement, & Review
405•271•6576; Fax: 405•271•1141; harrietb@health.ok.gov

Grace Pelley, Trauma and Systems Development
405•271•4027; Fax: 405•271•4240; gracep@health.ok.gov

Nena West, Survey and Compliance
405•271•6576; Fax: 405•271•1141; nenaw@health.ok.gov
### INSPECTION FREQUENCY MANDATES

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
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<td>236</td>
<td>344</td>
<td>285</td>
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<tr>
<td>Percent of inspections met</td>
<td>67.2%</td>
<td>69.0%</td>
<td>81.5%</td>
<td>99.3%</td>
<td>99.2%</td>
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</table>

**Go to page 205 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS***
## Ambulatory Surgical Centers

**Clients Served**  
Ambulatory surgery patients and facilities.

**Contact**  
Terri Cook  
405•271•6676  
Fax: 405•271•1141  
terrid@health.ok.gov  
http://mfs.health.ok.gov

**Authority**  
63 O.S., §§ 2657 et seq.  
OAC 310:615  
The Social Security Act  
42 CFR Part 416

**Funding Source**  
Federal contract allocation and State Licensure Fees

This program was created to require standards of care for surgery performed in free-standing ambulatory surgical centers. The quality of medical care in ambulatory surgical centers is to be the same as that required in hospitals licensed in the State of Oklahoma.

Facility Services Division (FSD) staff strive to ensure compliance with minimum standards and the provision of quality care. FSD staff review initial and final construction, perform on-site surveys to assure compliance with standards, issue licenses, monitor compliance, and investigate complaints.
**Program Fees**

- Initial license: $2,000.00
- Annual renewal: $500.00

<table>
<thead>
<tr>
<th>SFY12</th>
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<td>11</td>
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<tr>
<td>Recertification surveys &amp; follow-ups</td>
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<tr>
<td>Total inspections</td>
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<td>Complaint investigations</td>
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<td>$20,300</td>
<td>$28,000</td>
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The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.

<table>
<thead>
<tr>
<th>SFY12</th>
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<td>7.7</td>
<td>8.7</td>
<td>4.2</td>
<td>6.5</td>
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</table>
Ambulatory Surgical Centers
Top Violations—Federal Certification

01. Sanitary Environment. Must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.

02. Contract Services. When services are provided through a contract with an outside resource, the ASC must assure that these services are provided in a safe and effective manner.

03. Infection Control. Must maintain an infection control program that seeks to minimize infections and communicable diseases.

04. Physical Environment. Must provide a functional and sanitary environment for the provision of surgical services. Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.

05. Governing Body and Management. Must have a governing body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC’s total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that facility policies and programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan.

06. Quality Assessment and Performance. Must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program.

07. Environment. Must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.

08. Administration of Drugs. Drugs must be prepared and administered according to established policies and acceptable standards of practice.

09. Infection Control Program. ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines.

10. Infection Control Program – QAPI. The program is an integral part of the ASC’s quality assessment and performance improvement program.
BIRTHING CENTERS

This program was established to allow certified nurse midwives to operate birthing facilities and to receive a license if certain criteria are met. A license is not compulsory for this program, however, if a facility is licensed, compliance with minimum standards is determined by the Facility Services Division (FSD).

FSD staff perform on-site inspections, issue licenses, and investigate complaints.

Clients Served
Birthing centers and consumers who utilize the services of such centers.

Contact
Terri Cook
405•271•6576
Fax: 405•271•1141
terrid@health.ok.gov
http://mfs.health.ok.gov

Authority
63 O.S., § 1-701
OAC 310:616

Funding Source
State Licensure Fees

Program Fees
Per bed per year .......................................................................................... $10.00

<table>
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<td>Licensure surveys &amp; follow-ups</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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</table>
Federal law (CLIA-67) was amended in 1998 to regulate all clinical laboratory testing regardless of location. The Department agreed to contract with the Centers for Medicare & Medicaid Services (CMS) to implement the program. Facility Services Division (FSD) staff strive to ensure quality laboratory testing.

FSD staff conduct on-site surveys and certify laboratories every two years, conduct complaint investigations, monitor proficiency testing, and train providers.

Clients Served
Clinical laboratories and consumers who utilize the services provided by clinical laboratories.

Contact
Terri Cook
405•271•6576
Fax: 405•271•1141
terrid@health.ok.gov
http://mfs.health.ok.gov

Authority
Public Law 100-578 (CLIA-88)
42 CFR Part 493

Funding Source
Federal Contract Allocation
<table>
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<tr>
<td>Certificate of Compliance Labs</td>
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<td>326</td>
<td>271</td>
<td>274</td>
<td>261</td>
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<td>2,568</td>
<td>2,655</td>
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<tr>
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<td>523</td>
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<td>Total Clinical Laboratories</td>
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<td>3,627</td>
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<td><strong>INSPECTIONS</strong></td>
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<td>Total inspections conducted</td>
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<td>361</td>
<td>261</td>
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### CLINICAL LABORATORIES

- **Certificate of Compliance Labs**: 297, 326, 271, 274, 261
- **Certificate of Waiver Labs**: 2,330, 2,544, 2,568, 2,655, 2,663
- **Certificate of Accreditation Labs**: 513, 523, 495, 484, 455
- **Total Clinical Laboratories**: 3,385, 3,666, 3,627, 3,711, 3,671

### INSPECTIONS

- **Initial surveys for new labs**: 19, 3, 16, 13, 21
- **Recertification surveys for Certificate of Compliance Labs**: 132, 64, 180, 106, 133
- **Validation surveys of Certificate of Accreditation Labs**: 5, 3, 0, 4, 9
- **Recertification surveys for Certificate of Waiver Labs**: 34, 47, 2, 2, 9
- **Follow-up surveys**: 19, 80, 163, 134, 137
- **Complaint investigations**: 7, 5, 0, 2, 8
- **Total inspections conducted**: 216, 202, 361, 261, 317
The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.

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<td>7.5</td>
<td>6.6</td>
<td>4.6</td>
<td>6.9</td>
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</table>
01. **Test Systems, Equipment, Instruments, Reagent.** Must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions.

02. **Procedure Manual.** The procedure manual must include the following when applicable to the test procedure:

   a) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen acceptability and rejection as described in §493.1242.

   b) Microscopic examination, including the detection of inadequately prepared slides.

   c) Step-by-step performance of the procedure, including test calculations and interpretation of results.

   d) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing.

   e) Calibration and calibration verification procedures.

   f) The reportable range for test results for the test system as established or verified in §493.1253.

   g) Control procedures.

   h) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability.

   i) Limitations in the test methodology, including interfering substances.

   j) Reference intervals (normal values).

   k) Imminently life-threatening test results, or panic or alert values.

   l) Pertinent literature references.
m) The laboratory’s system for entering results in the patient record and reporting patient results including, when appropriate, the protocol for reporting imminently life threatening results, or panic, or alert values.

n) Description of the course of action to take if a test system becomes inoperable.

03. **Establishment and Verification of Performance.** Each laboratory that introduces an unmodified, FDA-cleared or approved test system must do the following before reporting patient test results:

a) Demonstrate that it can obtain performance specifications comparable to those established by the manufacturer for the following performance characteristics:

b) Accuracy.

c) Precision.

d) Reportable range of test results for the test system.

e) Verify that the manufacturer’s reference intervals (normal values) are appropriate for the laboratory’s patient population.

04. **Personnel Competency Assessment Policies.** Must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.

05. **Evaluation of Proficiency Testing Performance.** Must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.

06. **Test Report.** The test report must indicate the following:

a) For positive patient identification, either the patient’s name and identification number, or a unique patient identifier and identification number.
b) The name and address of the laboratory location where the test
was performed.
c) The test report date.
d) The test performed.
e) Specimen source, when appropriate.
f) The test result and, if applicable, the units of measurement or inter-
pretation, or both.
g) Any information regarding the condition and disposition of speci-
mens that do not meet the laboratory's criteria for acceptability.

07. **Technical Consultant-Moderate Complexity.** Must have a technical
consultant who meets the qualification requirements of
§493.1411 of this subpart and provides technical oversight in ac-
cordance with §493.1413 of this subpart.

08. **Test Systems, Equipment, Instruments, Reagent.** Must be selected
by the laboratory. The testing must be performed following the manu-
facturer's instructions and in a manner that provides test results within
the laboratories stated performance specifications for each test
system as determined under §493.1253.

09. **Control Procedures.** Must follow the manufacturer's specifications for
using reagents, media, and supplies and be responsible for results
and must document all control procedures performed.

10. **Maintenance and Function Checks.** Must perform and document
maintenance for unmodified manufacturer's equipment, instruments,
or test systems, as defined by the manufacturer and with at least the
frequency specified by the manufacturer.
The Emergency Medical Services (EMS) program was created to: (1) implement a national standard of care for the provision of emergency medical services; (2) implement statewide coordination of EMS; (3) monitor compliance with minimum standards; and (4) collect data on emergency medical services responses statewide.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Emergency Response Systems Development Advisory Council (OERSDAC) and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed Emergency Medical Services under the jurisdict
tion of the Trauma and Emergency Response Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Program Fees

Fees for Agencies:
(Licenses are issued for a two year period.)

Ambulance Services:
Initial ........................................ $600.00, plus $20.00 for each vehicle in excess of two, and $150.00 for each substation
Renewal .................................... $100.00, plus $20.00 for each vehicle in excess of two, and $50.00 for each substation

Emergency Medical Response Agency:
Initial ....................................................... $50.00
Renewal .................................................... $20.00

Fees for individual Emergency Medical Technicians (EMTs):
(Licenses are issued for a two year period.)

Initial EMT Licensure, including practical skills testing:
Basic .................................................. $75.00 + $10.00 DBA*
Intermediate  ....................................... $150.00 + $10.00 DBA*
Paramedic .......................................... $200.00 + $10.00 DBA*

EMT Re-licensure:
Basic .................................................. $20.00 + $2.50 DBA*
Intermediate  ....................................... $25.00 + $2.50 DBA*
Paramedic .......................................... $30.00 + $2.50 DBA*

Skills re-testing fees (Intermediate and Paramedic only):
Partial (up to 2 skills for Intermediate; up to 5 skills for Paramedic). ................................................. $50.00
Full test, all skills ........................................ $100.00

*Death Benefit Assessment
### Emergency Medical Services

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### EMS Districts

![EMS Districts Chart]

### Emergency Medical Services

- Stretcher Aid Van
- Response agencies
- Ambulance services

### Training

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### Emergency Medical Technicians

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Emergency Medical Services Providers

Top Violations—State Licensure

01. Ambulance service, emergency medical response agency and stretcher aid van files. All licensed and certified providers shall maintain records of the licenses, certificates or other qualifications of staffing or personnel.

02. Medical control requirements. Be knowledgeable and actively involved in quality assurance and the educational activities of the emergency medical technician, and supervise a quality assurance (QA) program by either direct involvement or appropriate designation and surveillance of his responsible designee.

03. Sanitation requirements. All medications and equipment with expiration dates shall be current. Expired medications and equipment shall be discarded appropriately.

04. Staffing requirements. In addition to the requirement of licensed emergency medical technicians, each ground ambulance service shall have drivers who, at a minimum, are certified as an Emergency Medical Responder; shall successfully complete an emergency vehicle operator course within 120 days of employment; a refresher course every two (2) years.

05. Sanitation requirements. Equipment shall be clean, in good working condition, and appropriately secured.

06. Sanitation requirements. The interior of the vehicle and the equipment within the vehicle shall be sanitary and maintained in good working order, at all times.

07. Sanitation requirements. Implements inserted into the patient’s nose or mouth shall be single service wrapped and properly stored and handled.

08. Ambulance service, emergency medical response agency and stretcher aid van files. A log of each call received and/or initiate, to include the number of the run report, date, all required times, location of the incident, where the ambulance originated, and nature of the call.

09. Ambulance service, emergency medical response agency and stretcher aid van files. All licensed and certified providers shall maintain records on the maintenance, and regular inspections of each vehicle.

10. Vehicle for ground transport vehicles. Two (2) fire extinguishers, mounted with quick release in cab and patient compartment (each dry powder, ABC, five (5#) pound); equipment for ground transport vehicles. Cardiac monitor/defibrillator with printout, defibrillator pads, quick-look paddles, EKG leads, chest attachment pads. Telemetry capability is optional. Monitor must be recalibrated every twelve months.
First Response Agencies
Top Violations—State Licensure

01. Medical control requirements. Be knowledgeable and actively involved in quality assurance and the educational activities of the emergency medical technician, and supervise a quality assurance (QA) program by either direct involvement or appropriate designation and surveillance of his responsible designee.

02. Sanitation requirements. All medications and equipment with expiration dates shall be current. Expired medications and equipment shall be discarded appropriately.

03. Ambulance service, emergency medical response agency and stretcher aid van files. All licensed and certified providers shall maintain records of the licenses, certificates or other qualifications of staffing or personnel.

04. Ambulance service, emergency medical response agency and stretcher aid van files. All licensed and certified providers shall maintain records on the maintenance, and regular inspections of each vehicle. Each vehicle must be inspected and checklist completed after each call, or on a daily basis, whichever is less frequent.

05. Sanitation requirements. Implements inserted into the patient's nose or mouth shall be single service wrapped and properly stored and handled.

06. Ambulance service, emergency medical response agency and stretcher aid van files. Copies of ambulance service operational and medical protocols.

07. Ambulance service, emergency medical response agency and stretcher aid van files. Copies of all Occupational, Safety, and Health Agency requirements.

08. Ambulance service, emergency medical response agency and stretcher aid van files. A log of each call received and/or initiate, to include the number of the run report, date, all required times, location of the incident, where the ambulance originated, and nature of the call.

09. Application. Proof of participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws shall be forwarded.

10. Application. Proof of vehicle and professional liability insurance, at least in the amount of one million dollars ($1,000,000.00) or to the amount provided for in "The Governmental Tort Claims Act", O.S. 51-151, O.S. 51-152, O.S. 51-153, and O.S. 51-154, shall be forwarded.
The charge of the Trauma Service is to create a statewide system of optimal care for all trauma patients to ensure the right patient goes to the right facility and receives the right treatment in the right amount of time.

Trauma Service initiatives in FY 2016 included development, planning and implementation of Regional Trauma Plans in each of the eight geographic Trauma Regions, disbursement of the Trauma Care Assistance Revolving Fund to qualified entities for reimbursement for uncompensated major trauma care, quality improvement activities, oversight of the Trauma Referral Centers (TReC), administration and management of EMRe-source.

The Oklahoma Trauma and Emergency Response Advisory Council (OTERAC) initial meetings consisted of transition work from predecessor Councils to aligning activities for a strategic direction forward. As the result of an expanded area of responsibility, workgroups were established to focus on Funding and Legislation, Medical Direction, Rules, Regional Trauma Advisory Boards, Rural EMS and Hospital, Stroke and STEMI, and EMS Training and Licensure. For more information see the “Advisory Councils” section of this booklet.
During this time period, Systems Development:

- Provided 146 development consultations to assist providers to perform at a higher level to meet their licensure requirements while providing best practices for operational improvements. An area of focus this year was to improve quality of patient care provided by Emergency Medical Response Agencies through certification;
- Conducted 51 Oklahoma Trauma Education Programs developed through a collaborative effort with the University of Oklahoma Institute of Disaster and Emergency Medicine focused on the correct method for triaging and transfer of the critically injured patient;
- Co-sponsored three Rural Trauma Team Development Courses conducted by the Level I and II Trauma Centers; and
- Facilitated 48 Regional Trauma Advisory Board and subcommittee meetings to improve regional collaboration and coalition.
- Conducted 11 regional and 12 onsite Trauma Registry trainings to more than 171 registrars statewide.

The five Regional Continuous Quality Improvement Committees conducted 15 meetings to review 218 cases, while providing feedback to providers for exemplary behavior, areas of improvement, and recommendations. Providers were introduced to the “vertical timeline” for trauma patient care at the Regional Trauma Advisory Boards to identify areas for improved efficiency for the patient.

The Trauma Care Assistance Revolving Fund (Trauma Fund) moved from biannual payout to monthly disbursements for hospital and EMS providers to reduce significant accumulation of funds pending disbursement. Physicians continue to receive the eligible reimbursement every six months. The table below reflects changes as a result of this transition.
The web-based communication tool, EMResource™ continues to support the Trauma System and Emergency Preparedness and Response System by providing real-time information on hospital and EMS availability statewide and its neighboring states, supporting regional-statewide exercises, and simultaneous dissemination of pertinent information.

### TRAUMA FUND
Distributed to physicians, hospitals and EMS agencies for reimbursement of eligible uncompensated major trauma care claims

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*The SFY 2014 figure includes a special disbursement of $8,351,675 made to mitigate the impacts of anticipated reductions in trauma disbursements in SFY 2015 due to a cash transfer of $5 million from the Trauma Fund into the Special Cash Fund of the State Treasury as authorized by Senate Bill 2127 (2014).

The web-based communication tool, EMResource™ continues to support the Trauma System and Emergency Preparedness and Response System by providing real-time information on hospital and EMS availability statewide and its neighboring states, supporting regional-statewide exercises, and simultaneous dissemination of pertinent information.
HEALTH FACILITIES PLAN REVIEW

Clients Served
Licensed and certified hospitals and other medical facilities, long term care facilities, and consumers who utilize the services of those facilities.

Contact
John Larson
405•271•6785
Fax: 405•271•1738
johntl@health.ok.gov
http://mfs.health.ok.gov

Authority
OAC 310:667; OAC 310:615; OAC 310:663; OAC 310:680; OAC 310:675; OAC 310-616; OAC 310:605; and OAC 310:315
63 O.S., §§ 1-701 et seq.
63 O.S., §§ 1-860.1 et seq.
The Social Security Act, Sections 1861(f) and (e).

Funding Source
State and Federal Funds and Fees

This program was created to ensure compliance with minimum construction standards and life safety standards. A plan review fee for hospitals was instituted on July 13, 2000, for long term care facilities on June 4, 2004, for inpatient hospice facilities on May 27, 2004, and for ASC’s on July 25, 2010.

Health Facilities Plan Review (HFPR) staff perform on-site, phased construction inspections to assure compliance with minimum standards, and to monitor construction compliance. HFPR staff also provide consultation to providers, owners, architects, and others associated with medical related facilities, long term care facilities, and public bathing places.
Program Fees

$250.00 up to and including $2,000.00 (dependent upon construction cost) for plan reviews for ASC, hospital and inpatient hospice construction.

Fees are assessed for plan reviews of Long Term Care Nursing and ICF/IID Facilities construction plans showing an increase in beds in an amount not more than two one-hundredths percent (0.02%) or one thousand dollars ($1,000.00), whichever is least, per project of total construction.

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Fees collected $182,750 $173,440 $169,766 $117,597 $189,560
Clients Served
Home health agencies, companion sitter agencies, and individuals that utilize the services of home health agencies.

Contact
LaTrina Frazier
405•271•6576
Fax: 405•271•1141
latrinaf@health.ok.gov
http://mfs.health.ok.gov

Complaint Hotline
1•800•234•7258

Authority
63 O.S., §§ 1-1960 et seq.
63 O.S., §§ 1-1972 et seq.
OAC 310:662
The Social Security Act, Sections 1861(o) and 1891(a)
42 CFR Part 484

Funding Source
Federal Contract Allocation and State Licensure Fees

Home Services Division (HSD) staff strive to ensure compliance with minimum standards and the provision of quality care. HSD staff perform on-site surveys to ensure compliance with standards, issue licenses, monitor compliance, conduct home visits to clients receiving services, and investigate complaints. Every person, corporation, partnership, association, or other legal entity desiring to obtain a license to establish, or to obtain a renewal license to operate a home care agency in this State must make application to the Department in such form and accompanied by such information as the State Commissioner of Health prescribes.

Effective November 1, 2007, HB1580 established licensure requirements for companion or sitter service. Companion or sitter services provide assistance to individuals with non-personal care in their place of residence.

Effective November 1, 2015, House Bill 1085 amended the Oklahoma Public Health Advisory Council Mod-
ernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act has replaced the Home Care and Hospice Advisory Council and created the Home Care, Hospice and Palliative Care Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Program Fees
Initial license fee .......................................................... $1,000.00
Annual renewal fee ........................................................... $500.00

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The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.

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Home Health Providers
Top Violations—State Licensure

01. **Federal, state, and local laws.** The agency and its staff shall operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations.

02. **Personnel policies.** Policies include employment procedures, orientation to agency policies and objectives, job descriptions, periodic evaluations, provision for disciplinary actions, and health screening requirements, influenza vaccination information.

03. **Licensure.** Any home care agency providing home care services in Oklahoma shall operate from a place of business which is accessible to the public and physically located in Oklahoma. Staff providing services from each home care agency shall be supervised by personnel at that location.

04. **Clinical records.** The agency shall establish and maintain a clinical record for each client receiving care and services. The record shall be complete, timely, accurately documented and readily accessible.

05. **Skilled nursing.** The duties of the registered nurse shall include performing the initial evaluation visit, re-evaluating the client's nursing needs, initiating the plan of care and necessary revisions, furnishing those services requiring specialized nursing skills, coordinating services, informing the physician and other personnel in a timely manner of changes in the client's condition and needs, and supervision and teaching.

06. **Skilled nursing.** The agency shall furnish skilled nursing services by, or under the supervision of, a registered nurse and in accordance with the physician's orders.

07. **Licensure.** Any person, corporation, partnership, association or other legal entity desiring to obtain a license to establish, or to obtain a renewal license to operate, a home care agency in this State shall make application to the State Department of Health.

08. **Organization.** The home care agency shall have an organized governing body which is legally responsible for the conduct of the agency. The ownership of the agency shall be fully disclosed to the Department.

09. **Services Provided.** All personnel furnishing services shall maintain liaison to ensure their efforts are coordinated effectively, documented and support the objectives in the plan of care.

10. **Organization.** The governing body shall be responsible for periodic administrative and professional evaluations of the agency.
Home Health Providers
Top Violations—Federal Certification

01. **Compliance with Federal, State, Local Laws.** The HHA and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of HHAs, an agency not subject to licensure is approved by the licensing authority as meeting the standards established for licensure.

02. **Skilled Nursing Services.** The HHA furnishes skilled nursing services in accordance with the plan of care.

03. **Group of Professional Personnel.** The group of professional personnel establishes and annually reviews the agency’s policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.

04. **Supervision.** The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient’s home no less frequently than every 2 weeks.

05. **Clinical Records.** A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services.

06. **Coordination of Patient Services.** All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.

07. **Transmittal of OASIS Data.** The HHA must electronically transmit accurate, completed, encoded and locked OASIS data for each patient to the State agency or CMS OASIS contractor at least monthly.

08. **Acceptance of Patients, POC, Med Super.** Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.

09. **Drug Regimen Review.** The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.

10. **Reporting OASIS Information.** HHAs must electronically report all OASIS data collected in accordance with §484.55.
HOSPICE PROVIDERS

The Hospice program provides supportive and palliative care to terminally ill patients. It is medically directed and nurse-coordinated. The physical setting may be a home, an institution, or a health facility.

Home Services Division (HSD) staff strive to ensure compliance with minimum standards and the provision of quality care for terminally ill patients. HSD staff perform on-site surveys to ensure compliance with standards, issue licenses, monitor compliance, and investigate complaints. A license issued for the operation of a hospice program, unless sooner suspended or revoked, must be renewed annually.

Effective November 1, 2015, House Bill 1085 amended the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act has replaced the Home Care and Hospice Advisory Council and created the Home Care, Hospice and Palliative Care Advisory

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**Clients Served**

Terminally ill patients and hospice programs.

**Contact**

LaTrina Frazier  
405•271•6576  
Fax: 405•271•1141  
latrinaf@health.ok.gov  
http://mfs.health.ok.gov

**Authority**

63 O.S., §§ 1-860.1 et seq.  
OAC 310:661  
The Social Security Act, Sections 1861(o) and 1891(a)  
42 CFR Part 418

**Funding Source**

Federal Contract Allocation and State Licensure Fees
Council. For more information see the “Advisory Councils” section of this booklet.

Program Fees

- Initial application fee: $500.00
- Initial license fee: $1500.00
- Permanent license fee: $2000.00
- Renewal fee (annual renewal): $2000.00
- Alternate Administrative Office: $500.00

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Fees collected: $288,075 $288,529 $286,000 $304,000 $289,840
The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.

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Hospice Providers

Top Violations—Federal Certification

01. **Supervision of Hospice Aides.** A registered nurse must make an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs.

02. **Recruiting and Retaining.** The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers.

03. **Content of Comprehensive Assessment.** The comprehensive assessment must take into consideration the imminence of death.

04. **Timeframe for Completion of Assessment.** The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24.

05. **Patient Outcome Measures.** The data elements must be an integral part of the comprehensive assessment and must be documented in a systematic and retrievable way for each patient. The data elements for each patient must be used in individual patient care planning and in the coordination of services, and must be used in the aggregate for the hospice's quality assessment and performance improvement program.

06. **Review of the Plan of Care.** A revised plan of care must include information from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals specified in the plan of care.

07. **Performance Improvement Projects.** Beginning February 2, 2009, hospices must develop, implement and evaluate performance improvement projects.

08. **Training.** A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months.

09. **Patient Outcome Measures.** The comprehensive assessment must include data elements that allow for measurement of outcomes. The hospice must measure and document data in the same way for all patients. The data elements must take into consideration aspects of care related to hospice and palliation.

10. **Plan of Care.** All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire.
This program was created to protect the public and to ensure a minimum standard of care. Medicare certification was established in 1966 while the hospital licensure program was established in 1947. Hospitals may also be accredited by a third party accreditation organization.

Facility Services Division (FSD) staff strive to ensure compliance with minimum standards and the provision of quality care. FSD staff perform on-site surveys to ensure compliance with standards, monitor compliance, and investigate complaints. Limited funding for this program has reduced the number of on-site surveys performed annually from 100% to approximately 10% to 15%.

Clients Served
Licensed and certified hospitals and consumers who utilize the services of those hospitals.

Contact
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http://mfs.health.ok.gov

Authority
63 O.S., §§ 1-701 et seq.
OAC 310:667
The Social Security Act, Sections 1861(f) and (e)
42 CFR Part 482
42 CFR Part 489

Funding Source
Federal Contract Allocation and State Licensure Fees
### Program Fees

Initial and renewal fees ........................................ $10.00 per bed per year

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The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.
### CITATIONS

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Hospitals
Top Violations—Federal Certification

01. QAPI. The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.

02. Infection Control. The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

03. Patient Rights: Notice of Grievance Decision. At a minimum: In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

04. Governing Body. There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

05. Surgical Services. If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

06. Patient Rights: Care in Safe Setting. The patient has the right to receive care in a safe setting.

07. RN Supervision of Nursing Care. A registered nurse must supervise and evaluate the nursing care for each patient.

08. Compliance with 489.24-02-489.2D(l). [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24.

09. Infection Control Program. The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

10. Maintenance of Physical Plant. The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.
These Medicare-certified programs were implemented to assure quality care for beneficiaries. Medical Facilities Service staff strive to ensure that services provided by these facilities meet the minimum standards for certification. These programs do not have statutory requirements for annual surveys and therefore, no funding to perform annual surveys. Staff perform on-site surveys for initial certification, periodic surveys for continued certification, and complaint investigations.

**Clients Served**
Medicare certified entities and consumers who utilize services provided by the entities.

**Contact**
Terri Cook  
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terrid@health.ok.gov  
http://mfs.health.ok.gov

**Authority**
State Permit Citations  
63 O.S., § 2209.1  
63 O.S., § 2210  
OAC 310:505

The Social Security Act and various Related Code of Federal Regulations

**Funding Source**
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The charts illustrate trends in Medicare certification across various categories from SFY 2012 to SFY 2016.
The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. A condition tag is cited when a health care organization is found to be out of compliance with one or more of these standards.

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MEDICAL FACILITIES SERVICE • 2017 ANNUAL REVIEW • 175
End Stage Renal Disease Centers
Top Violations—Federal Certification

01. PE-Building-Construct/Maintain For Safety. The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public.

02. IC-Clean/Dirty; Med Prep Area; No Common Carts. Clean areas clearly designated for preparation handling and storage of medications and unused supplies and equipment; clean areas separated; individual patient medication doses; no common medication carts.

03. IC-Wear Gloves/Hand Hygiene. Wear disposable gloves when caring for the patient or touching the patient’s equipment at the dialysis station; staff remove gloves and wash hands between each patient.

04. POC-Manage Volume Status. The plan of care must address the dose of dialysis. The interdisciplinary team must provide the necessary care and services to manage the patient’s volume status.

05. Gov-GB Resp For Staff Orientation. The governing body or designated person responsible must ensure that all staff, including the medical director, have appropriate orientation to the facility and their work responsibilities.

06. PE-Equipment Maintenance-Manufacturer’s DFU. The dialysis facility must implement and maintain a program to ensure that all equipment (including emergency equipment, dialysis machines and equipment, and the water treatment system) are maintained and operated in accordance with the manufacturer’s recommendations.

07. MD Resp-Med Dir Qual/Acccountable to Gov Body. The dialysis facility must have a medical director who meets the qualifications of §494.140(a) to be responsible for the delivery of patient care and outcomes in the facility. The medical director is accountable to the governing body for the quality of medical care provided to patients.

08. IC-Sanitary Environment. The dialysis facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas.

09. PA-Assess B/P, Fluid Management Needs. The patient’s comprehensive assessment must include blood pressure and fluid management needs.

10. PQ-H2O Treatment System Techs Training. Technicians who perform monitoring and testing of the water treatment system must complete a training program that has been approved by the medical director and the governing body.
QUALITY, ENFORCEMENT & REVIEW

Clients Served
Licensed and certified providers of acute care health services and consumers who utilize the services of those providers.

Contact
Harriet Cooper
405•271•6576
Fax: 405•271•1141
harrietb@health.ok.gov
http://www.ok.gov/health/Protective_Health/Medical_Facilities_Service/Quality_Initiatives/index.html

Authority
63 O.S., § 1-707

Funding Source
State Appropriation

The Quality Initiatives Unit has a broad directive to identify opportunities to improve the quality and effectiveness of acute health care services provided by licensed and certified entities in Oklahoma and to implement strategies to address those opportunities.

In addition to improving the care provided by licensed and certified entities, this unit is also charged with generating quality and performance data related to acute health care organizations and providing this information to consumers and the public to help guide them in choosing a health care provider. Ongoing activities of this Unit build on systems created and validated by both the Agency for Healthcare Research and Quality (AHRQ) through the Patient Safety Indicator data analysis tools, and the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network designed to collect and analyze data related to a broad range of Healthcare Associated Infections (HAI). This quality and performance data is designed to promote the implementation of best practices known...
to improve outcomes and to drive the quality of care associated with certain clinical events. The Quality Initiatives group is also responsible for compiling and publishing the Hospital Annual Report.
WORKPLACE DRUG AND ALCOHOL TESTING FACILITIES

This program was created to ensure employers and testing facilities comply with minimum standards if they choose to test employees for drugs or alcohol.

Facility Services Division (FSD) staff regulate employers and testing facilities through licensure. FSD staff also perform on-site surveys to ensure compliance with standards, and investigate complaints.

Clients Served
Drug and alcohol testing facilities and consumers (employees and employers) who utilize the services of such facilities.

Contact
Terri Cook
405•271•6576
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terrid@health.ok.gov
http://mfs.health.ok.gov

Authority
40 O.S., §§ 551 et seq.
OAC 310:638

Funding Source
Fees Collected

Program Fees
Initial.............................................................................................................$150.00
Annual renewal..........................................................................................$150.00
<table>
<thead>
<tr>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of facilities</td>
<td>175</td>
<td>187</td>
<td>182</td>
<td>182</td>
</tr>
<tr>
<td>Surveys conducted</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Follow-ups conducted</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Complaint investigations</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Fees collected</td>
<td>$22,800</td>
<td>$24,000</td>
<td>$26,975</td>
<td>$26,250</td>
</tr>
</tbody>
</table>

### Workplace Drug & Alcohol Testing Facilities

- FY12: 175
- FY13: 187
- FY14: 182
- FY15: 182
- FY16: 190

The table above summarizes the number of facilities, surveys conducted, follow-ups, complaint investigations, and fees collected from FY12 to FY16 for workplace drug and alcohol testing facilities.
ADVISORY COUNCILS TO PHS SERVICE AREAS

**Consumer Health Service**
Consumer Protection Licensing Advisory Council
Infant and Children’s Health Advisory Council
Oklahoma Food Service Advisory Council
Sanitarian & Environmental Specialist Registration Advisory Council

**Long Term Care Service**
Long Term Care Facility Advisory Board

**Medical Facilities Service**
Home Care, Hospice, and Palliative Care Advisory Council
Hospital Advisory Council
Trauma and Emergency Response Advisory Council
Effective November 1, 2013, House Bill 1467 repealed language relating to the Hearing Aid Advisory Council, the Medical Micropigmentation Advisory Committee, and the Radiation Advisory Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Consumer Protection Licensing Advisory Council.

The jurisdictional areas of the Consumer Protection Licensing Advisory Council includes the Hearing Aid Fitting Industry, the Medical Micropigmentation Industry, the Radiation Industry and such other areas as designated by the State Board of Health.

The Consumer Protection Licensing Advisory Council consists of seven members. Two members are appointed by the Governor, two members are appointed by the President Pro Tempore of the Senate, two members are appointed by the Speaker of the House of Representatives, and one member is appointed by the State Board of Health.

Appointments are for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the appointing authority. Members continue to serve until their successors are appointed. Vacancies are filled in the same manner as the original appointments. Four members of the Advisory Council constitute a quorum.
The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health concerning matters brought before the Advisory Council. Special meetings may be called by the Chair or by the concurrence of any three members.

All members of the Consumer Protection Licensing Advisory Council must be knowledgeable of certain consumer issues as specified below. The Consumer Protection Licensing Advisory Council is composed as follows.

The Governor shall appoint:
- One member who is a licensed radiologist assistant, and
- One member who is a licensed audiologist.

The President Pro Tempore of the Senate shall appoint:
- One member who is a licensed radiologist, and
- One member representing the hearing aid fitting industry.

The Speaker of the House of Representatives shall appoint:
- One member representing the medical micropigmentation industry, and
- One member representing the hearing impaired public.

The State Board of Health shall appoint:
- One member representing a diagnostic x-ray facility.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State
Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.

The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.

The Consumer Protection Licensing Advisory Council is encouraged to cooperate with other advisory councils, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdictional areas and to achieve maximum efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.
INFANT AND CHILDREN’S HEALTH ADVISORY COUNCIL

63 O.S. Section 1-103a.1

Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Genetic Counseling Licensing Advisory Board and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Infant and Children’s Health Advisory Council.

The jurisdictional areas of the Infant and Children’s Health Advisory Council includes all issues that arise in the area of health care for infants and children, and such other areas as designated by the State Board of Health.

The Infant and Children’s Health Advisory Council consists of seven members. Two members are appointed by the Governor, two members are appointed by the President Pro Tempore of the Senate, two members are appointed by the Speaker of the House of Representatives, and one member is appointed by the State Board of Health.

Appointments are for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the appointing authority. Members continue to serve until their successors are appointed. Vacancies are filled in the same manner as the original

Infant and Children’s Health Advisory Council Members

Amanda L. Bogie, M.D.
Jeff Elliott, O.D.
Stanley Grogg, D.O.
Jacqueline Shipp, M.S.W.
Vacant—Licensed Pediatrician
Vacant—Licensed Genetic Counselor
Vacant—Licensed Ophthalmologist
Vacant—Member knowledgeable about newborn screening
appointments. Four members of the Advisory Council constitute a quorum.

The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health meetings may be called by the Chair or by the concurrence of any three members.

All members of the Infant and Children’s Health Advisory Council must be knowledgeable of issues that arise in the area of infant and children’s health care. The Infant and Children’s Health Advisory Council is composed as follows.

The Governor shall appoint:
- One member who works for the state or for a political subdivision on child abuse issues, and
- One member who is knowledgeable about childhood immunizations.

The President Pro Tempore of the Senate shall appoint:
- One member who is knowledgeable about newborn screening issues, and
- One member licensed by the state as an optometrist who has knowledge of vision screening for children.

The Speaker of the House of Representatives shall appoint:
- One member who is licensed by the state as a physician and works as a pediatrician, and
● One member who is licensed by the state as a genetic counselor.

The State Board of Health shall appoint:

● One member who is a physician licensed by the state who specializes in the diagnosis and treatment of childhood injuries in a trauma setting.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.

The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.
The Infant and Children’s Health Advisory Council is encouraged to cooperate with other advisory councils, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdictional areas and to achieve maximum efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.
The purpose of the Council is to advise the State Board of Health, the Commissioner of Health, and the Department regarding food service establishments and recommend actions to improve sanitation and consumer protection. Meetings of the Council are held on a quarterly basis.

The Advisory Council has the duty and authority to: (1) Review and approve in an advisory capacity only rules and standards for food service establishments operating in this state; (2) Evaluate, review and make recommendations regarding Department inspection activities; and (3) Recommend and approve quality indicators and data submission requirements for food service establishments which shall be used by the Department to monitor compliance with licensure requirements and to publish an annual report of food service establishment performance.

The Advisory Board consists of thirteen (13) members. Eight (8) members are appointed by the Commissioner of Health with the advice and consent of the State Board of Health, from a list of three names for each position provided by an association representing the majority of the restaurant owners in the State. These eight appointments to the
Council include the following:

- One member represents the Oklahoma Restaurant Association;
- One member represents the Oklahoma Hotel and Motel Association;
- One member represents the Oklahoma Grocers Association;
- One member represents Food Service Education;
- One member represents Food Processing Education;
- One member must be an Independent Food Service Operator;
- One member must be a Food Processor; and
- One member must be a citizen representing the public who is not a food service establishment operator or employee and is not a member of a food service governing board.

The remaining five appointments consist of:

- The Director of the Oklahoma City-County Health Department, or a designee;
- The Director of the Tulsa City-County Health Department, or a designee;
- Two Directors from other County Health Departments in this State, or a designee, appointed by the Commissioner; and
- The Director of the State Department of Agriculture, or a designee.

Members of the Advisory Council serve three year terms.
This Council is mandated by statute to assist and advise the State Board of Health in licensing and otherwise regulating sanitarians and environmental specialists.

The Council consists of the following nine members:

- The Commissioner of Health or designee;
- The Executive Director of the Department of Environmental Quality or designee;
- The Administrator of the Office of Personnel Management or designee;
- One member must be appointed by the Director of the Oklahoma City-County Health Department;
- One member must be appointed by the Director of the Tulsa City-County Health Department;
- Two members must be employed by state government and be appointed by the Commissioner of Health; and
- Two members must be appointed by the Executive Director of the Department of Environmental Quality (one who is employed by private industry and one who is employed by the Indian Health Service of the Public Health Service or by a tribal government with an office in the State of Oklahoma).

| Sanitarian & Environmental Specialist Registration Advisory Council Members |
|-----------------------------|-----------------------------|
| Chad Newton, Chair         | Jimmy Echelle               |
| Alisa Mankins, Vice-Chair  | Patty Nelson                |
| John Vaught, Secretary     | Troy Skow                   |
| Gary Collins               | Danny Walters               |
| OSDH Representative (Vacant)|                             |

59 O.S. Section 1150.5

ADVISORY COUNCILS • 2017 ANNUAL REVIEW • 191
With the exception of the Administrator of the Office of Personnel Management or his designee, the appointed members must have at least five years of experience as registered sanitarians or environmental specialists.

Members are appointed for a three year term or until a successor is appointed. Sixty days prior to the expiration of the term to be filled or whenever a vacancy occurs, any statewide organization whose membership represents more than 20% of the registered sanitarians and environmental specialists in the state may recommend three persons for such position or vacancy to the appointing authority.

The Council must meet at such times, as it deems necessary to implement the Oklahoma Sanitarian Registration Act.

A majority of Council members constitutes a quorum.
The Long-Term Care Facility Advisory Board is mandated to serve as an advisory body to the Commissioner of Health. The Board consists of twenty-seven members who are appointed by the Governor. Members of the Board are comprised of the following persons:

- One representative from the Office of the State Fire Marshal, designated by the State Fire Marshal;
- One representative from the Oklahoma Health Care Authority, designated by the Administrator;
- One representative from the Department of Mental Health and Substance Abuse Services, designated by the Commissioner of Mental Health and Substance Abuse Services;
- One representative from the Department of Human Services, designated by the Director of Human Services;
- One member who is a licensed general practitioner of the

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Long Term Care Advisory Board Members
Dr. Andrew Dentino, Chair
Joanna Martin, Vice-Chair
Allan Mason, Sec-Treas.
Christean Bolding
Donna Bowers
Willie Burkhart
Tracy Chlouber
Joyce Clark
Dustin Cox
Theo Crawley
Terry Ferrel
Ivoria Holt
Pamela Humphreys
Adam Jordan
Jimmy McWhirter
Jacki Millsapugh
Kay Parsons
Dewey Sherbon
Wendell Short
Diana Sturdevant
William Whited
Denise Wilson
Eileen Wilson
Vacant x4
medical profession;
- One member who is a general practitioner of the osteopathic profession;
- One member who is a registered pharmacist;
- One member who is a licensed registered nurse;
- One member who is a licensed practical nurse;
- Three members who are of reputable and responsible character and sound physical and mental health and are operator-administrators of nursing homes which have current licenses issued pursuant to the Nursing Home Care Act and who have had five years experience in the nursing home profession as operator-administrators;
- Three members who are residential care home operator-administrators licensed pursuant to the Residential Care Act;
- Three members who are adult day care facility owner-operators licensed pursuant to the Adult Day Care Act;
- Three members who are continuum of care facility or assisted living center owner-operators licensed pursuant to the Continuum of Care and Assisted Living Act; and
- Six members who are over the age of sixty-five who represent the general public.

After the initial designations or appointments (that began in 1980), the designated representatives from the Office of the State Fire Marshal, Oklahoma Health Care Authority, the Department of Human Services, and the Department of Mental Health and Substance Abuse Services serve at the pleasure of their designators. All other terms are for a three-year period. In case of a vacancy, the Governor appoints individuals to fill the remainder of the term.

The Department provides clerical support to perform designated duties of the Advisory Board. The Department also provides space for meetings of the Advisory Board. The Board must meet at least quarterly, and may hold such special meetings as may be necessary.
Effective November 1, 2015, House Bill 1085 amended the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act has replaced the Home Care and Hospice Advisory Council and created the Home Care, Hospice and Palliative Care Advisory Council.

The jurisdictional areas of the Home Care, Hospice, and Palliative Care Advisory Council includes all issues that arise in the areas of home care or hospice services, and such other areas as designated by the State Board of Health.

The Home Care, Hospice, and Palliative Care Advisory Council consists of nine members. Two members are appointed by the Governor, three members are appointed by the President Pro Tempore of the Senate, three members are appointed by the Speaker of the House of Representatives, and one member is appointed by the State Board of Health.

Appointments are for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the appointing authority. Members continue to serve until their successors are appointed. Vacancies are filled in the same manner as the original.
appointments. Four members of the Advisory Council constitute a quorum.

The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health concerning matters brought before the Advisory Council. Special meetings may be called by the Chair or by the concurrence of any three members.

All members of the Home Care, Hospice, and Palliative Care Advisory Council must be knowledgeable of issues that arise in the administration and practice of home care, hospice, and palliative care services. The Advisory Council is composed as follows.

The Governor shall appoint:
- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Hospice Licensing Act, and
- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Home Care Act.

The President Pro Tempore of the Senate shall appoint:
- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Hospice Licensing Act.
- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Home Care Act, and
● One member who is a member of the palliative care patient advocacy community.

The Speaker of the House of Representatives shall appoint:

● One member representing the public who is or was a legal guardian of a recipient of hospice services.
● One member representing the public who is a recipient or legal guardian of a recipient of services from a home health agency, and
● One member who is an allopathic or osteopathic physician or nurse certified in palliative care delivery in this state.

The State Board of Health shall appoint:

● One member representing an association which advocates on behalf of home care or hospice issues.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.
The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.

The Home Care, Hospice, and Palliative Care Advisory Council is encouraged to cooperate with other advisory councils, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdictional areas and to achieve maximum efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.
The Hospital Advisory Council is authorized by statute to serve as an advisory body to the Board, the Commissioner, and the Department regarding hospital operations and to recommend actions to improve patient care. The Advisory Council is composed of nine members appointed by the Commissioner with the advice and consent of the Board of Health. The membership of the Advisory Council is as follows: Two members are hospital administrators of licensed hospitals; two members are licensed physicians or practitioners who have current privileges to provide services in hospitals; two members are hospital employees; and three members are citizens representing the public who: are not hospital employees, do not hold hospital staff appointments, and are not members of hospital governing boards.

Members are appointed for a three year term. The Board must meet at least quarterly, and may hold such special meetings as may be necessary.

The Advisory Council has the duty and authority to: (1) review and approve in its advisory capacity rules and standards for hospital licensure; (2) evaluate, review and make recommendations regarding Department licensure activities, provided however, the Advisory Council shall not make recommendations regarding scope of practice for any health care providers or practitioners.
tioners regulated pursuant to Title 59 of the Oklahoma Statutes, and (3) recommend and approve: quality indicators and data submission requirements for hospitals to include (a) Agency for Healthcare Research & Quality (AHRQ) Patient Safety Indicators available as part of the standard inpatient discharge data set, and (b) for acute care intensive care patients, ventilator-associated pneumonia and device related blood stream infections, and the indicators and data to be used by the Department to monitor compliance with licensure requirements, and to publish an annual report of hospital performance.
Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Emergency Response Systems Development Advisory Council, the Oklahoma State Trauma Systems Improvement & Development Advisory Council, and the Medical Audit Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Trauma and Emergency Response Advisory Council.

The jurisdictional areas of the Trauma and Emergency Response Advisory Council includes emergency response systems development, injury prevention, catastrophic health emergency, trauma systems improvement and development, and such other areas as designated by the State Board of Health.

The Trauma and Emergency Response Advisory Council consists of seven members. Two members are appointed by the Governor, two members are appointed by the President Pro Tempore of the Senate, two members are appointed by the Speaker of the House of Representatives, and one member is appointed by the State Board of Health.
Appointments are for three-year terms. Members of the Advisory Council serve at the pleasure of and may be removed from office by the appointing authority. Members continue to serve until their successors are appointed. Vacancies are filled in the same manner as the original appointments. Four members of the Advisory Council constitute a quorum.

The Advisory Council must meet at least twice a year, but no more than four times a year. A Chair, Vice-Chair and Secretary must be elected from among the members. The Advisory Council can only meet as required for election of officers, establishment of meeting dates and times, rule development, review and recommendation, and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health meetings may be called by the Chair or by the concurrence of any three members.

All members of the Trauma and Emergency Response Advisory Council must be knowledgeable of issues that arise in a hospital setting and issues that arise concerning emergency response. The Trauma and Emergency Response Advisory Council is composed as follows.

The Governor shall appoint:
- One member who is an administrative director of a licensed ambulance service, and
- One member who is a Board Certified Emergency Physician.

The President Pro Tempore of the Senate shall appoint:
- One member who is a representative from a hospital with trauma and emergency services, and
- One member who is a trauma surgeon with privileges at a hospital with trauma and emergency operative services.
The Speaker of the House of Representatives shall appoint:
  • One member representing the trauma registrar of a licensed hospital that is classified as providing trauma and emergency operative services, and
  • One member who is an Emergency Medical Technician.

The State Board of Health shall appoint:
  • One member who is a critical care nurse.

The Advisory Council has authority to recommend to the State Board of Health rules on behalf of the State Department of Health. The State Department of Health does not have standing to recommend to the State Board of Health permanent rules or changes to such rules within the jurisdiction of the Advisory Council which have not been submitted previously to the Advisory Council for action.

Before recommending any permanent rules to the State Board of Health, the Advisory Council must give public notice, offer an opportunity for public comment and conduct a public rulemaking hearing when required by the Administrative Procedures Act.

The Advisory Council has the authority to make nonbinding written recommendations to the State Board of Health and/or to the State Department of Health which have been concurred upon by at least a majority of the membership of the Advisory Council.

The Advisory Council has the authority to provide a public forum for the discussion of issues it considers relevant and to (1) pass nonbinding resolutions expressing the sense of the Advisory Council, and (2) make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.
The Trauma and Emergency Response Advisory Council is encouraged to cooperate with other advisory councils, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdicitional areas and to achieve maximum efficiency and effectiveness in furthering the objectives of the State Department of Health.

The Advisory Council must not recommend rules for promulgation by the State Board of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.
PROTECTIVE HEALTH SERVICES
QUALITY IMPROVEMENT /
QUALITY ASSURANCE ACTIVITIES

“Quality is not what happens when what you do matches your intentions. It is what happens when what you do matches your customer’s expectations.”
- Guaspari

Protective Health Services is committed to increasing the quality and consistency of services provided to citizens of Oklahoma.
LIST OF QI/QA ACTIVITIES

CONSUMER HEALTH SERVICES, QUALITY IMPROVEMENT TRAINING

HEALTHY AGING, LIVING LONGER BETTER GROUP
STRADECIC PLANNING

HEALTH RESOURCE DEVELOPMENT SERVICE (HRDS)
HEALTH FACILITY SYSTEMS (HFS)
QI TRAINING SERIES

LONG TERM CARE FACILITY ADVISORY BOARD
NURSE AIDE AD HOC COMMITTEE

MANDATES STRATEGIC ACTION TEAM

MANDATES STRATEGIC ACTION TEAM
INSPECTION FREQUENCY MANDATES

MANDATES STRATEGIC ACTION TEAM
PROCESS FREQUENCY MANDATES

MANDATES STRATEGIC ACTION TEAM
PUBLIC HEALTH OUTCOMES TEAM

REVENUE COLLECTION TEAM
QUALITY IMPROVEMENT PROJECT
CONSUMER HEALTH SERVICE (CHS)
QUALITY IMPROVEMENT TRAINING

Quality Improvement is a structured organizational process involving
the collaborative effort with the Quality Assurance and Data Systems
(QADS) Staff and Consumer Health Services Personnel for training,
planning and executing a continuous flow of improvement to provide
quality standards that meet or exceed expectations. The CHS staff and
leadership participated in a Quality Improvement training and educa-
tion process that included the Plan Do Check Act (PDCA) Cycle of con-
tinuous quality improvement (CQI). The main objectives of the quality
improvement training are to learn how to collect and use data to identi-
fy and analyze problems; develop solutions based upon data and analy-
sis; engage the staff, leadership, and customers; focus on the needs of
the customer; monitor and measure results of the process; act and
make decisions based upon data; and continually make improvements
over time to the work product or process.

HEALTHY AGING, LIVING LONGER BETTER GROUP
STRATEGIC PLANNING

The Healthy Aging group created sub-groups to include Prevent and
Reduce Falls, Improve Nutrition and Increase Physical Activity, and
Reduce Depression. The subgroups will participate in QI training in an
effort to effectively establish their sub-group goals and make them
measurable through the PDCA cycle of CQI. Addressing healthy aging
goals and objectives to create and provide resources for senior citizens
living in Oklahoma.
HEALTH RESOURCE DEVELOPMENT SERVICE (HRDS) HEALTH FACILITY SYSTEMS (HFS)
QI TRAINING SERIES

HFS Staff participated in a three part Continuous Quality Improvement (CQI) training series. The process included the Plan Do Check Act (PDCA) of the Cycle of CQI. The CQI training process and project included staff utilizing quality improvement tools such as brainstorming, flow charting, affinity diagram development, cause and effect analysis, and data collection methodology.

The results of utilizing these QI tools caused HRDS to implement the following actions:

- Updating and creating more customer friendly forms.
- Lap tops and monitors to have the ability to work from home to continue quality customer service and continuity of operations.
- Creating checklists to assist with reducing application errors, improving time and efficiency in the application process.
- Updating website to maintain quality information for customers.
- Improving access to public information through electronic record keeping
- Developed a data tracking mechanism to regulate payment and contact information for the licensure application process.
- Developed a data tracking mechanism to ensure application/certification mandates are being met.
- Created a tracking tool for incoming licensure applications in an effort to reduce misplaced or lost applications.
LONG TERM CARE FACILITY ADVISORY BOARD:
NURSE AIDE AD HOC COMMITTEE

The Nurse Aide Ad Hoc Committee is a QI project committee that focuses on notations of pending allegations of abuse. Members of the group review data on formal findings of abuse, neglect, or misappropriation made against nurse aides and non-technical services workers by an administrative law judge following either a hearing or opportunity for hearing. Initially, prior to conducting Quality Improvement project, data reports showed that the reports exceeded the 30 findings made July 1, 2014 through June 30, 2015.

The Nurse Aide Ad Hoc Committee utilizes QI tools such as brainstorming, affinity diagrams, swim lane flow charts, and charting measures acquired through their training activities to develop new goals and objectives and review data reports on the processing of allegations of abuse, neglect, and misappropriation, and placements of pending notations on the nurse aide registry.

Problems:
- Timely processing allegations and incidents so that pending investigations are made known to employers
- Problems in completing investigations of aides who avoid legal service
- Lack of data tracking Abuse, Neglect, and Misappropriation (ANM) case details for future training and system intervention.

Actions:
- Developed better tracking system for cases
● Expedited posting cases under investigation by AG
● Identified statute language needed to allow legal service to address on file with license. Drafted language, found sponsor, got bill passed
● Developed ANM case tracking system and report

Results:
● Reduced the time for posting pending investigation information on NAR from 49 to 7. The provides employers with more detailed and timely information in making hiring decisions.
● For SFY2016, the OSDH posted 123 pending notations of abuse on the nurse aide registry. The OSDH posted the allegations of abuse on the nurse aide registry within an average of six calendar days during that period. The AIM is 10 days or less.
● For SFY2016, there were 57 cases against nurse aides for ANM that were able to proceed even when the aide ignored legal service to their last filed address.
● Quarterly reports on ANM case tracking issued to the LTCFAB
● Future goals and objectives of this Nurse Aide Ad Hoc Committee may include:
  ◊ Educating providers on:
    * Decision trees for reporting allegations of abuse
    * Reducing frivolous allegations
    * How to write an allegation statement
    * How to report resident-to-resident abuse
    * Clarification of misappropriation
Mandates Strategic Action Team

Ensuring Compliance with Inspection Frequency Mandates (IFMs)
Population Served: All Oklahoma Citizens and Visitors

The Mandates Strategic Action Team implemented a Plan-Do-Check-Act quality improvement process to achieve and maintain compliance with mandates in law and rule for inspections and investigations performed by Protective Health Services. The Mandates team focused on the timeliness of 28,000 inspections performed each year in health care and consumer service settings, including nursing facilities and restaurants. When the project started in 2010, 56 percent of 52 mandated inspection frequencies were met, and overall only 93 percent of total inspections were done on time. The project worked to improve data collection, inspection scheduling and the hiring and retention process for nurse surveyors. Outcomes included a 30 percent increase in surveyor staffing, and overall compliance of 100 percent with inspection mandates in state fiscal year FY 2015.

The Mandates team continues to work on standardizing the improvements by focusing on continuous recruitment and hiring and developing staff surge capacity through alternative methods. Staff continue to conduct quality improvement activities related to staff retention in order to reduce turnover. Future plans include incorporating inspection training for nurse aides, including number of certification hours and other states' best practices. Addressing “no-call, no-show” by nurse aides as possibly a type of abandonment.
scheduling and tracking functions in a new licensure information system, and the development and implementation of audit protocols. Inspection frequency mandates are monitored regularly and reported formally on a quarterly basis.

The mandates group has three sub-committees; Inspection Frequency Mandates, Process Frequency Mandates, and Public Health Outcomes. These groups are tasked with helping the Mandates group meet their goals in ensuring that mandates are being met and customers needs are satisfied.
# QI/QA Activities

## MANDATES STRATEGIC ACTION TEAM

### INSPECTION FREQUENCY MANDATES (IFMs)

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<tr>
<th>Service IFMs</th>
<th>SFY12</th>
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**2017 ANNUAL REVIEW**

**QI/QA ACTIVITIES**

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| **MEDICAL FACILITIES SERVICE** |       |       |       |       |       |
| Inspections Required |       |       |       |       |       |
| Inspections Meeting Mandates |       |       |       |       |       |
| Percent of inspections met |       |       |       |       |       |

|                  |       |       |       |       |       |
| **ALL MANDATES FOR PROTECTIVE HEALTH SERVICES** |       |       |       |       |       |
| Inspections Required |       |       |       |       |       |
| Inspections Meeting Mandates |       |       |       |       |       |
| Percent of inspections met |       |       |       |       |       |

|                  |       |       |       |       |       |
| **CONSUMER HEALTH SERVICE** |       |       |       |       |       |
| Inspections Required |       |       |       |       |       |
| Inspections Meeting Mandates |       |       |       |       |       |
| Percent of inspections met |       |       |       |       |       |

|                  |       |       |       |       |       |
| **HEALTH RESOURCE DEVELOPMENT SERVICE** |       |       |       |       |       |
| Inspections Required |       |       |       |       |       |
| Inspections Meeting Mandates |       |       |       |       |       |
| Percent of inspections met |       |       |       |       |       |

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MANDATES STRATEGIC ACTION TEAM  
PROCESS FREQUENCY MANDATES (PFMs)

The goal of the Process Frequency Mandates (PFM) Team is to establish and implement a clear process for Protective Health Services programs to comply with the laws, rules and standards for effective public health law enforcement programs, so that:

- OSDH staff members have effective tools as they work to promote and protect the health of the population
- OSDH achieves and maintains compliance with process frequency mandates

This project follows a deliberate improvement process based on the Plan-Do-Check-Act model. To efficiently manage this opportunity the Process Frequency Mandates (PFM) must be identified and prioritized. PFM’s should be set at a percentage level of 95–100%. This project will be an ongoing effort to achieve measureable improvements in efficiency, effectiveness, performance, accountability, and outcomes.

CURRENT PROJECT OUTCOMES:

- All process frequency mandates have been identified.
- All process frequency mandates are compliant with laws, rules and standards.
- Compliance is maintained and action steps are fully implemented, including standardized processes, training, operationalized measures, targets and performance tracking, feedback, problem resolution, continuous incremental improvements, and coaching and consequences.
● All non-inspection frequency processes will be conducted in accordance with laws, rules and standard procedures by 2020.

MANDATES STRATEGIC ACTION TEAM
PUBLIC HEALTH OUTCOMES TEAM

This team ensures contribution for improvement in the health of Oklahomans by creating a sustainable public health outcomes framework for mandated inspections and investigations, so that:

● OSDH staff members have effective tools to promote and protect the health of Oklahomans;

● OSDH educates regulated entities about the meaning, purpose, compliance requirements, and benefit of public health laws;

● OSDH educates the public about public health laws and the importance of complying with them;

● OSDH is effective in promoting new laws or revising existing laws;

● Oklahoma public health laws are science-based and protect the rights of the individual; and

● OSDH qualifies for Public Health Accreditation Board reaccreditation in 2018.
REVENUE COLLECTION TEAM (RCT)
QUALITY IMPROVEMENT PROJECT

Streamlining the Certification/Licensure Application Process
Population Served: All Oklahoma Citizens

OF NOTE: This quality improvement project was recognized by the National Network of Public Health Institutes Open Forum for Quality Improvement in Public Health.

PLAN

Getting Started
The Revenue Collection Team (RCT) was created in an effort to eliminate barriers and streamline the Certification/Licensure Application Process.

Assemble the Team:
- Accounting
- Building Management
- Consumer Health Service (CHS)
- Health Resources Development Service (HRDS)
- Internal Services
- Medical Facilities Service
- Nurse Aide Registry Services
- Protective Health Services
Examine the Current Approach

- Developed baseline data with PHS programs to track the current certification process timeline and determine the reason for the delay in processing customer applications.
- Once the baseline data was established the Revenue Collection Team determined the following issues needed to be addressed in order to improve/reduce the processing time of licensure applications.
  - Before this quality improvement project, there was not any established method of tracking incoming mail.
  - No tracking system for the average certification application turnaround process.
  - No communication protocols in place to educate the customer on the current application process.
  - Unable to provide customer with an estimated wait time for certification/licensure to begin work.
  - Websites not accurate with correct mailing address information for all divisions of the Revenue Collection Team.
  - No standardized protocols or procedures were in place prior to RCT QI Project.

Identify Potential Solutions

- Utilize Galt (temporary service employees) to reduce certification / licensure wait time.
- Utilization of dual monitors to facilitate the application process.
- Redesign applications for easier use by clients.
- Educate clients via mail, e-mail, and telephone on addressing their mail to the right department.
- Date stamp incoming mail to determine application process time.
- Providing customers with same day certification services for specific divisions.
Develop an Improvement Theory
By improving the tracking, accuracy, and process cycle time from the receipt to the delivery of a client’s licensure application, we will be able to better serve our customers’ needs and work more effectively to create a state of health.

AIM Statement
By August 31, 2016, reduce the overall licensure/certification cycle on complete applications by 20% from 5.4 business days to 4.3 business days for the licensure certification/recertification/renewal process.

DO

Test the Theory
By implementing new procedure guidelines to assure a more timely certification/licensure application process, the new standards include:

- Accurately track and date stamp throughout certification/licensure process.
- Address additional staffing needs for peak renewal periods.
- Reduce bottlenecks and improve work flow for process efficiency.

CHECK

Study the Results
- The RCT team continues to monitor processing time for licensure/certification applications.
The processing time for licensure/certification continues to improve and is currently at 4 days.

Emergency Medical Services (EMS) was added to the process in the 2nd quarter 2015 and caused a temporary increase, which resolved as EMS incorporated into the RCT.

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**ACT**

**Standardize the Improvement or Develop a New Theory**

The project has improved the quality of work being done in each department:

- 83.3% of RCT members felt the outcomes of the project were beneficial to improving the department’s processes.

- Outcomes were beneficial to improving internal processing practices and creating more effective work flow.

- Communication is key and will continue to improve as the numerous departments that are part of the RCT work together.

- The project has created a culture of quality improvement among each department involved.

- The current data tracking system to ensure continuity in the licensure process has been adopted.
Establish Future Plans

- The data collection efforts will be utilized to regularly monitor the process frequency performance to meet mandate protocols.
## State Regulated Individuals & Entities

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<tr>
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<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
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**STATE TOTAL:** 119,434 118,461 115,653 114,654 114,510
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