

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.



**Protective
Health Services**
**Oklahoma State
Department of Health**

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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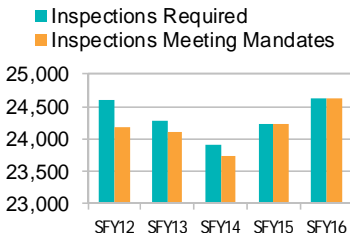
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INSPECTION FREQUENCY MANDATES

	SFY12	SFY13	SFY14	SFY15	SFY16
Number of inspection mandates	8	8	8	8	8
Inspections required	24,596	24,277	23,914	24,240	24,624
Inspections meeting mandates	24,179	24,100	23,744	24,239	24,623
Percent of inspections met	98.3%	99.3%	99.3%	100.0%	100.0%

CONSUMER HEALTH SERVICE



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

Clients Served

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

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Authority

63 O.S., § 1-508
OAC 310:599

Funding Source

State Funds

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.

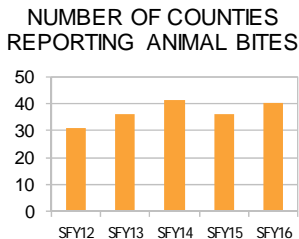
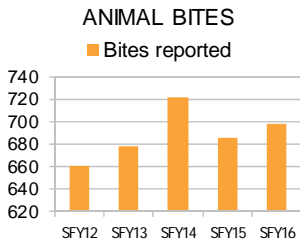
County health department public health specialists and environmental technicians serve as the “department designee” and handle all initial animal bite reports at the local level. They provide technical assistance, investigate bite incidents and follow-up, conduct enforcement activities, and act as a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

Program Fees

There are no fees associated with this program.

	SFY12	SFY13	SFY14	SFY15	SFY16
ANIMAL BITES					
Counties reporting	31	36	41	36	40
*Bites reported	661	678	721	686	698

*None of the complaints investigated during SFY16 resulted in a transmission of rabies to the bite victim.



BEDDING INDUSTRY

Clients Served

All segments of the bedding industry, including manufacturing, wholesale, retail and germicidal facilities.

Contacts

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Authority

63 O.S., §§ 1-1001 et seq.
OAC 310:215

Funding Source

Fees Collected

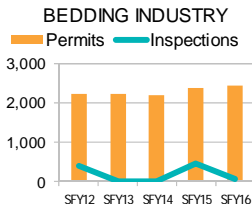
This program was created in the 1950s. It is a traditional public health program for the protection of the consumer. Consumer Health Service (CHS) staff endeavor to assure the safe manufacture and processing of wholesale and retail bedding products, and for the germicidal treatment of used bedding products.

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

	SFY12	SFY13	SFY14	SFY15	SFY16
BEDDING INDUSTRY					
Permits	2,224	2,218	2,192	2,387	2,450
Inspections	420	20	27	461	66
Fees collected	\$127,672	\$162,067	\$147,383	\$136,766	\$46,157
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.

CONSUMER PRODUCT SAFETY COMMISSION

Clients Served

The consuming public and facilities that market the products being consumed or used.

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Authority

63 O.S., § 1-106

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.

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.

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Authority

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

Funding Source

Fees Collected

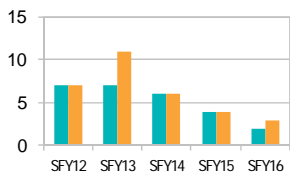
Program Fees

Initial license.....	\$350.00
Renewal license	\$250.00

	SFY12	SFY13	SFY14	SFY15	SFY16
DRUGS, COSMETICS, MEDICAL DEVICES					
Licensed entities	7	7	6	4	2
Inspections	7	11	6	4	3
Violations cited	0	3	0	0	0
Complaints	0	0	0	0	0

DRUGS, COSMETICS, etc.

■ Licensed entities ■ Inspections



HEARING AID PROGRAM

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.

Clients Served

Licensed hearing aid dealers and fitters, and consumers who utilize the services of the hearing aid industry.

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Authority

63 O.S., §§ 1-1750, et seq.
OAC 310:265

Funding Source

Fees Collected

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

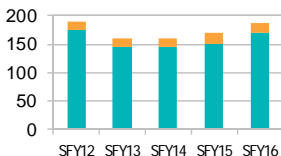
Hearing Aid Dealer Late Renewal

Fee (after February 28) \$100.00

	SFY12	SFY13	SFY14	SFY15	SFY16
HEARING AID PROGRAM					
Licensed dealers/fitters	175	145	145	151	170
Temporary licenses	14	15	15	18	17
Fees collected	\$11,980	\$10,390	\$11,236	\$9,536	\$12,405

HEARING AID FITTERS AND DEALERS

■ Temporary license ■ Licensed



HOTELS-MOTELS

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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Authority

63 O.S., § 1-1201

OAC 310:285

Funding Source

Fees Collected

Program Fees

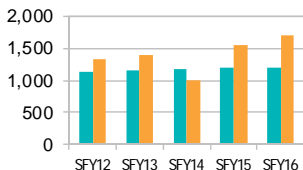
\$150.00 to \$350.00 dollars depending on the class of the permit or renewal.

	SFY12	SFY13	SFY14	SFY15	SFY16
HOTELS-MOTELS					
Number licensed	1,131	1,159	1,185	1,202	1,197
Inspections	1,338	1,384	1,002	1,547	1,691
Violations cited	1,221	5,067	2,100	2,271	2,137
Fees collected	*	*	*	*	*

*Fee data is included in the Retail Foods program area

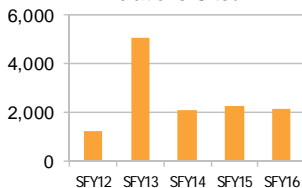
HOTELS-MOTELS

■ Licensed ■ Inspections



HOTELS-MOTELS

■ Violations Cited



LICENSED GENETIC COUNSELORS

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.

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Authority

63 O.S., §§ 1-561 et seq.
OAC 310:406

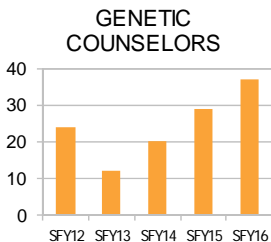
Funding Source

Fees Collected

Program Fees

Application	\$300.00
Renewal	\$200.00

	SFY12	SFY13	SFY14	SFY15	SFY16
GENETIC COUNSELORS					
Number licensed	24	12	20	29	37
Complaints	0	0	0	0	0
Disciplinary actions	0	0	0	0	0
Fees collected	\$3,200	\$2,600	\$3,300	\$4,100	\$12,800



MEDICAL MICROPIGMENTATION PROGRAM

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.

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Authority

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

Funding Source

Fees Collected

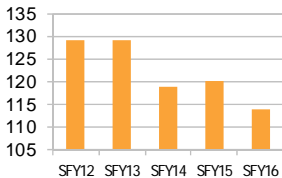
Act. The Act placed the Medical Micropigmentation Program under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the “Advisory Councils” section of this booklet.

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

	SFY12	SFY13	SFY14	SFY15	SFY16
MICROPIGMENTOLOGISTS					
Number certified	129	129	119	120	114
Enforcement cases	---	---	1	---	1
Fees collected	\$19,680	\$16,450	\$16,865	\$19,275	\$17,355

MEDICAL MICROPIGMENTOLOGISTS



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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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”

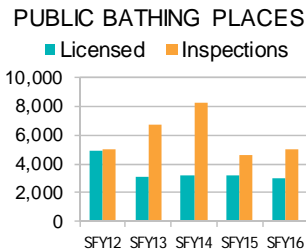
Public Bathing Places License Fee	\$50.00
Public Bathing Places Re-inspection Fee	\$250.00

Type 82 Class O “Outdoor Facility”

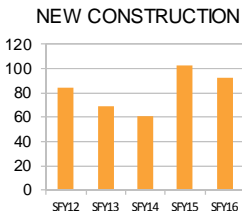
Public Bathing Places License Fee	\$50.00
Public Bathing Places Re-inspection Fee	\$250.00

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)



	SFY12	SFY13	SFY14	SFY15	SFY16
PUBLIC BATHING PLACES					
Number licensed	4,882	3,066	3,175	3,204	3,041
New construction permits	84	69	61	103	92
Inspections	4,978	6,747	8,178	4,629	4,966
Violations cited	9,053	Not Available	19,489	15,905	8,995
Pool classes conducted	38	15	24	22	24
Pool class attendees	2,100	464	573	698	680
License fees collected	\$139,419	\$146,773	\$147,550	\$200,003	\$151,100
Construction fees collected	\$73,440	\$45,510	\$44,400	\$71,390	\$72,400



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 #31.** 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)

RETAIL FOOD ESTABLISHMENTS

Clients Served

All segments of the retail food service industry.

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Authority

63 O. S., §§ 1-1101 et seq.

OAC 310:257

Funding Source

Fees Collected

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

child care facilities are performed by County Health Department sanitarians. Information on the Oklahoma Food Service Advisory Board can be found in the “Advisory Councils” section of this booklet.

Program Fees

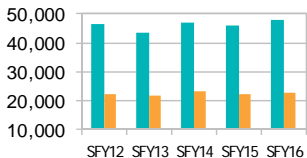
Initial license fees are \$350.00 with a yearly renewal fee of \$250.00. Late renewal fees apply to any application received 30 days beyond expiration date. If a license is more than 90 days past expiration, it cannot be renewed. Instead, the applicant must re-apply. Licensing fees for schools, hospitals, 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 inspection.

	SFY12	SFY13	SFY14	SFY15	SFY16
FOOD ESTABLISHMENTS					
Number licensed	22,276	22,008	23,276	22,197	22,708
Food establishment inspections	45,874	43,083	46,384	45,303	47,457
Child care facility inspections	788	588	437	660	586
Total inspections	46,662	43,671	46,821	45,963	48,043
Food service violations	112,913	198,039	160,973	156,145	157,805
Mobile service violations	1,785	4,493	3,994	4,355	3,810
Total violations	114,698	202,532	164,967	160,500	161,615
Food establishment fees collected*	\$4,881,406	\$5,689,822	\$5,141,042	\$5,439,549	\$5,777,843
Child care facility fees collected	\$77,300	\$58,400	\$43,700	\$66,000	\$58,600
Total fees	\$4,958,706	\$5,748,222	\$5,184,742	\$5,505,549	\$5,836,443

*This includes fees from the Hotels-Motels and Wholesale Foods programs

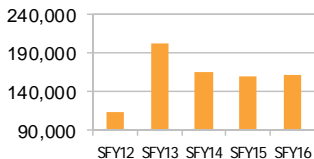
RETAIL FOOD ESTABLISHMENTS

■ Inspections ■ Licensed



RETAIL FOOD ESTABLISHMENTS

■ Violations Cited



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)

SANITARIAN & ENVIRONMENTAL SPECIALIST REGISTRATION PROGRAM

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

Samuel C. Cannella
405•271•5243
Fax: 405•271•5286
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

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.

Program Fees

Initial License for Registered Professional Sanitarian or Registered Professional Environmental Specialist.....	\$25.00
Initial License for both Registered Professional Sanitarian and Registered Professional Environmental Specialist.....	\$50.00
Initial License for Sanitarian-in-Training	\$10.00
Initial License for Environmental Specialist-in-training	\$10.00
Initial License for both Sanitarian-in-training and Environmental Specialist-in-training.....	\$20.00
Registered Professional Sanitarian or Registered Professional Environmental Specialist Renewal Fee (through January 31).....	\$25.00
Registered Professional Sanitarian or Registered Professional Environmental Specialist Late Renewal Fee (after February 1)	\$35.00
Registered Professional Sanitarian and Registered Professional Environmental Specialist Renewal Fee (through January 31).....	\$50.00
Registered Professional Sanitarian and Registered Professional Environmental Specialist Late Renewal Fee (after February 1)	\$70.00
Life Registered Sanitarian or Environmental Specialist One-time Fee.....	\$60.00
Examination Fee	\$30.00

	SFY12	SFY13	SFY14	SFY15	SFY16
SANITARIANS AND ENVIRONMENTAL SPECIALISTS					
Registered or in training	656	516	510	539	507
Fees collected	\$13,895	\$14,445	\$14,700	\$14,915	\$14,275

TATTOOING & BODY PIERCING 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

Inspections/Enforcement

Phillip Jurina, RPS/RPES
405•271•5243

Fax: 405•271•5286
phillipj@health.ok.gov

Licensing

Samuel C. Cannella
405•271•5243

Fax: 405•271•5286
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

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.

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

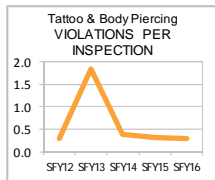
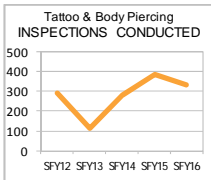
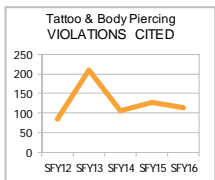
Tattoo Establishment Permit Fees

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

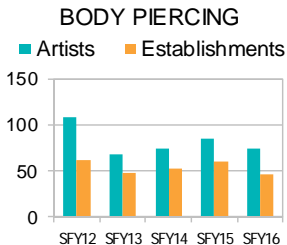
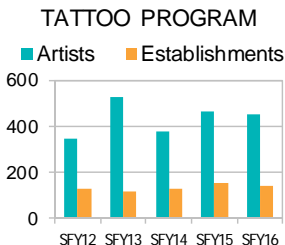
Body Piercing Establishment Permit Fees


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

	SFY12	SFY13	SFY14	SFY15	SFY16
VIOLATIONS					
Violations cited	85	209	107	126	113
Inspections	292	114	280	388	333
Violations per inspection	0.3	1.8	0.4	0.3	0.3



	SFY12	SFY13	SFY14	SFY15	SFY16
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	\$257,604	\$187,057	\$200,594	\$241,386	\$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-

Clients Served

All segments of wholesale foods, including manufacturers, processors, bottled water, water vending industry and Department of Correction facilities.

Contacts

Inspections/Enforcement

Phillip Jurina, RPS/RPES
405 • 271 • 5243
Fax: 405 • 271 • 5286
phillipj@health.ok.gov

Licensing

Samuel C. Cannella
405 • 271 • 5243
Fax: 405 • 271 • 5286
samuelc@health.ok.gov

<http://chs.health.ok.gov>

Authority

63 O.S., §§ 1-1101 et seq.
OAC 310:225
OAC 310:260

Funding Source

Fees Collected

ans, except for Oklahoma City and Tulsa, where it is performed through contract.

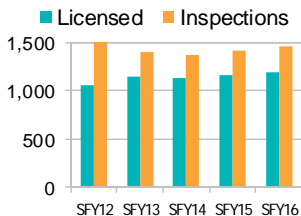
Program Fees

Initial licenses	\$350.00
Renewal licenses	\$250.00

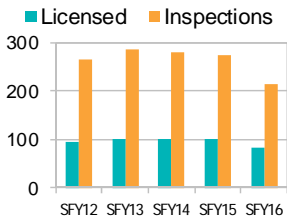
	SFY12	SFY13	SFY14	SFY15	SFY16
FOOD MANUFACTURERS					
Number licensed	1,064	1,147	1,132	1,165	1,184
Inspections	1,513	1,398	1,377	1,409	1,456
Violations cited	730	1,428	1,336	1,229	741
CORRECTIONAL FACILITIES					
Number licensed	96	101	100	100	83
Inspections	265	286	279	273	213
Fees collected	*	*	*	*	*

*Data is included in the fee collections for the Retail Foods program area

FOOD MANUFACTURERS



CORRECTIONAL FACILITIES



X-RAY FACILITIES

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

Samuel C. Cannella
405 • 271 • 5243

Fax: 405 • 271 • 5286
samuelc@health.ok.gov

<http://chs.health.ok.gov>

Authority

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

Funding Source

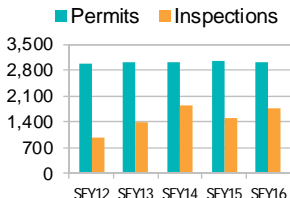
Fees Collected

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.

	SFY12	SFY13	SFY14	SFY15	SFY16
X-RAY FACILITIES					
Number of permits	2,985	3,030	3,008	3,059	3,026
Inspections	961	1,408	1,844	1,507	1,788
Fees collected	\$373,480	\$370,305	\$382,850	\$394,798	\$397,234

X-RAY FACILITIES



HEALTH RESOURCES DEVELOPMENT SERVICE (HRDS)

James Joslin
405 • 271 • 6868
Fax: 405 • 271 • 7360
james@health.ok.gov

Espa Bowen, Health Facility & Managed Care Systems
405 • 271 • 6868; Fax: 405 • 271 • 7360; healthresources@health.ok.gov

Espa Bowen, Jail Inspection Division
405 • 271 • 3912; Fax: 405 • 271 • 5304; jails@health.ok.gov

Diane Henry, MDS-OASIS Program
405 • 271 • 5278; Fax: 405 • 271 • 1402; dianeh@health.ok.gov

Sarah Waters, National Practitioner Data Bank
405 • 271 • 5278; Fax: 405 • 271 • 1402; qieshelpdesk@health.ok.gov

Vicki Kirtley, Nurse Aide Registry
405 • 271 • 4085; Fax: 405 • 271 • 1130; nar@health.ok.gov

Scott Chisholm, Oklahoma National Background Check Program
405 • 271 • 3598; Fax: 405 • 271 • 3611; okscreen@health.ok.gov

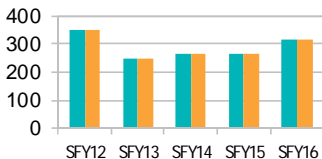
Alexandria Hart-Smith, Quality Assurance and Data Systems
405 • 271 • 5278; Fax: 405 • 271 • 1402; alexandh@health.ok.gov

INSPECTION FREQUENCY MANDATES

	SFY12	SFY13	SFY14	SFY15	SFY16
Number of inspection mandates	3	3	3	3	3
Inspections required	353	247	267	264	315
Inspections meeting mandates	352	247	266	264	315
Percent of inspections met	99.7%	100.0%	99.6%	100.0%	100.0%

HEALTH RESOURCE DEVELOPMENT SERVICE

- Inspections Required
- Inspections Meeting Mandates



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 LICENSE APPLICATIONS

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

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.

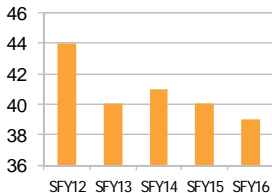
Program Fees

Initial license and annual renewal.....\$75.00

	SFY12	SFY13	SFY14	SFY15	SFY16
LICENSE APPLICATIONS					
ADULT DAY CARE CENTERS					
Licensed centers	44	40	41	40	39
Licenses issued*	39	37	37	32	45
Fees collected	\$4,877	\$2,275	\$3,600	\$2,550	\$3,225

*Includes renewals, bed changes, name changes, and changes of ownership

LICENSED ADULT DAY CARE CENTERS



CERTIFIED WORKPLACE MEDICAL PLANS

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

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.

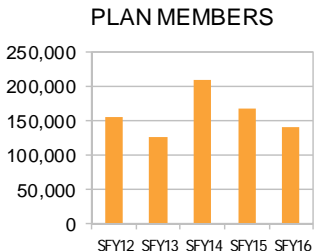
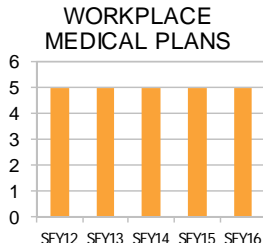
Applications for five-year certification are reviewed. Amended contracts and marketing materials are subject to desk reviews. Early calendar year 2006, Managed Care Systems (MCS) staff began site visits to ensure that medical

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.

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

	SFY12	SFY13	SFY14	SFY15	SFY16
WORKPLACE MEDICAL PLANS					
Number of plans	5	5	5	5	5
Initial certifications	0	0	0	0	0
Five-year renewals	2	1	0	0	2
Changes of ownership	0	0	2	1	0
Annual inspections	5	5	5	5	5
Follow-up inspections	0	0	0	0	0
Complaints investigated	0	0	0	0	0
Requests for information	0	0	0	0	0
Plan members	155,712	126,452	208,932	168,566	140,364
Fees collected	\$10,500	\$9,000	\$10,500	\$9,000	\$10,500



CONTINUUM OF CARE FACILITIES & ASSISTED LIVING CENTERS LICENSE APPLICATIONS

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

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.

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

Program Fees

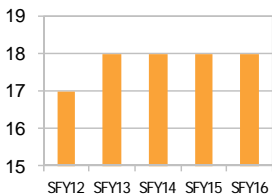
\$10.00 per licensed bed for establishment, with a \$1,000.00 maximum.

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

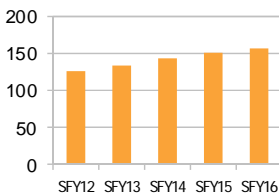
	SFY12	SFY13	SFY14	SFY15	SFY16
LICENSE APPLICATIONS					
CONTINUUM OF CARE FACILITIES					
Licensed facilities	17	18	18	18	18
Nursing facilities with assisted living centers	17	18	18	18	18
Nursing facilities with adult day care centers	0	0	0	0	0
Licenses issued*	23	14	25	17	24
Fees collected	\$22,720	\$28,555	\$36,647	\$28,685	\$29,838
LICENSE APPLICATIONS					
ASSISTED LIVING CENTERS					
Licensed centers	126	133	143	151	156
Licenses issued*	108	113	231	132	258
Fees collected	\$98,106	\$90,149	\$100,781	\$101,340	\$110,090
Total continuum of care facilities and assisted living centers	143	151	161	169	174
Total licenses issued*	131	127	256	149	282
Total fees collected	\$120,826	\$118,734	\$137,428	\$130,025	\$139,928

*Includes renewals, bed changes, name changes, and changes of ownership

LICENSED CONTINUUM OF CARE FACILITIES



LICENSED ASSISTED LIVING CENTERS



HEALTH MAINTENANCE ORGANIZATIONS

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

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 accrediting bodies.

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://>

www.ok.gov/oid/Regulated_Entities/Insurers/index.html . Click on the “Company Lookup” link and select “Health Maintenance Organization” for company type .

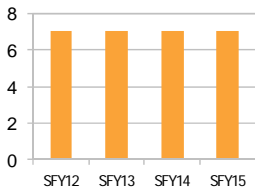
Program Fees

Certificate of Authority..... \$1,500.00

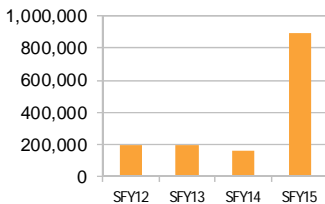
	SFY12	SFY13	SFY14	SFY15	SFY16
HEALTH MAINTENANCE ORGANIZATIONS					
Number licensed	7	7	7	7	N/A
HMO members	200,275	200,275	162,431	893,355	N/A
Fees collected	\$0	\$0	\$0	\$0	N/A

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

HEALTH MAINTENANCE ORGANIZATIONS



HMO MEMBERS



HOME CARE ADMINISTRATOR REGISTRY

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

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.

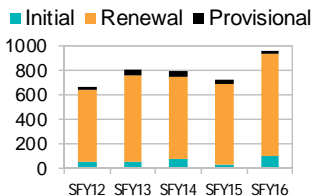
Program Fees

Initial application.....	\$140.00
Provisional application	\$80.00
Deeming application.....	\$80.00
Annual Renewal	\$55.00

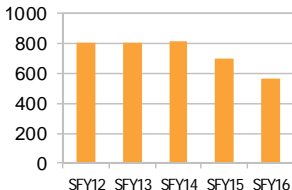
	SFY12	SFY13	SFY14	SFY15	SFY16
HOME CARE ADMINISTRATORS					
Total certified administrators	799	805	809	697	564
Initial certificates	51	58	80	33	104
Renewal certificates	587	701	669	654	833
Provisional certificates	27	43	42	41	26
Complaints investigated	1	0	0	0	0
Tested for OHCAPA*	63	77	104	103	104
Testing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

*Oklahoma Home Care Administrator Preparedness Assessment

HOME CARE ADMINISTRATORS



TOTAL CERTIFIED ADMINISTRATORS



JAIL INSPECTION DIVISION

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

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.

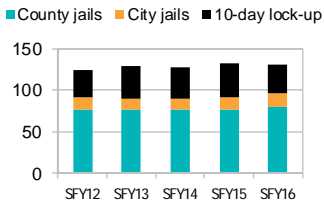
The Department is required to inspect all city and county jails at least once each year to ensure standards are being followed. The standards adopted address admission and release procedures, security measures, sanitary conditions, diet, clothing and living area, jail staff training, safety and segregation 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

Commissioner of Health and to the person immediately responsible for the administration of the facility.

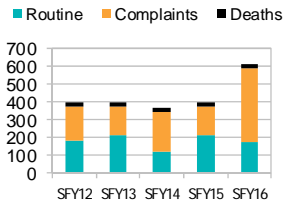
	SFY12	SFY13	SFY14	SFY15	SFY16
JAILS					
County jails*	77	77	77	77	81
City jails	14	13	13	15	15
Ten-day lock-up facilities	33	39	38	40	35
Total Number of Jails	124	129	128	132	131
Mandated Inspections Completed	187	215	120	216	172
Complaints investigated	189	162	224	159	414
Deaths investigated	19	22	22	19	22
Serious suicide attempts investigated	7	45	28	29	21
Escapes recorded	6	14	18	8	5
Jailers tested	2,507	2,188	2,431	1,925	2,458
Facility Tests Administered	179	148	154	125	267
New jails under construction	1	1	1	0	2
New jails in planning stage	3	1	0	0	1

*Data reflects that 3 counties have multiple facilities

JAILS BY TYPE



JAIL INSPECTIONS



MINIMUM DATA SET (MDS)

Clients Served

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.

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

Authority

63 O.S., § 1-1925.2(l)(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

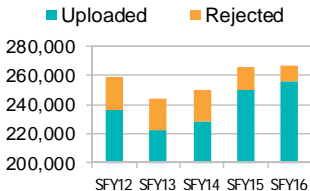
State and Federal Funds

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 hospital providers.

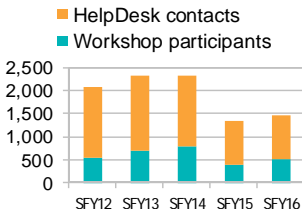
Personnel in the MDS program develop and provide health care information and consultative assistance to nursing facilities. Responsibilities include educating providers in the clinical methodology and completion of MDS forms; receipting and validating MDS records; assisting nursing facilities and swing 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 RECORDS PROCESSED



MDS TRAINING



	SFY12	SFY13	SFY14	SFY15	SFY16
MDS ASSESSMENTS FOR NURSING FACILITIES (NF)					
NFs transmitting MDS data	316	319	312	311	311
NF software vendors	21	21	23	22	22
NF resident count	19,338	19,340	18,989	19,032	18,829
NF batches submitted	32,498	31,105	33,977	33,476	31,664
NF records processed	255,738	239,889	245,342	261,394	263,252
NF records rejected	22,430	20,831	20,638	14,372	10,280
NF-MDS records uploaded to the National Repository	233,308	219,058	224,704	247,022	252,972
MDS ASSESSMENTS FOR SWING BED HOSPITALS (SB)					
SBs transmitting MDS data	26	28	27	27	24
SB software vendors	3	3	3	4	4
SB batches submitted	1,328	1,560	1,786	1,583	1,729
SB records processed	3,207	3,907	4,288	3,755	3,346
SB records rejected	688	653	652	468	348
SB-MDS records uploaded to the National Repository	2,519	3,254	3,636	3,287	2,998
TOTALS FOR NFs AND SBs					
Transmitting MDS data	342	347	339	338	335
Software vendors	24	24	26	26	26
Batches submitted	33,826	32,665	35,763	35,059	33,393
Records processed	258,945	243,796	249,630	265,149	266,598
Records rejected	23,118	21,484	21,290	14,840	10,628
Records uploaded to the National Repository	235,827	222,312	228,340	250,309	255,970
MDS training sessions	4	7	16	8	12
Facilities/Hospitals with staff attending workshops	282	348	411	186	250
Workshop participants	541	709	804	390	504
HelpDesk Contacts	1,531	1,604	1,513	959	950

NATIONAL PRACTITIONER DATA BANK REPORTING

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>

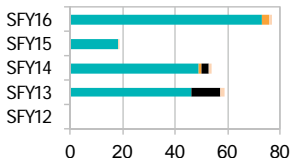
Authority

45 CFR Part 60

	SFY12	SFY13	SFY14	SFY15	SFY16
DATA BANK REPORTING					
Nurse Aides (NA)	-----	46	49	18	73
Non-Technical Service Workers (NTSW)		0	1	0	3
Licensed Counselors (LC)	-----	11	3	0	-----
Emergency Medical Technicians (EMT)	-----	2	1	1	1
Emergency Medical Services (EMS)	-----	1	0	1	0
Assisted Living Centers (ALC)	-----	0	6	11	12
Residential Care Homes (RCH)	-----	0	3	0	9
Continuum of Care Facilities (CCF)	-----	0	1	0	1
Nursing Facilities (NF)	-----	-----	-----	7	1
Total reports submitted	-----	60	64	38	100

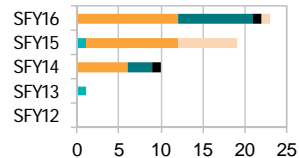
REPORTS SUBMITTED ON INDIVIDUALS

■ NA ■ NTSW ■ LC ■ EMT



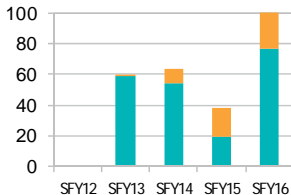
REPORTS SUBMITTED ON ENTITIES

■ EMS ■ ALC ■ RCH ■ CCF ■ NF



TOTAL NPDB REPORTS

■ Individuals ■ Entities



NURSE AIDE REGISTRY

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

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.

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

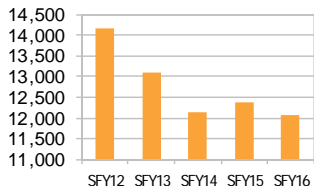
	SFY12	SFY13	SFY14	SFY15	SFY16
NURSE AIDE REGISTRY					
Certifications*, registrations, and advanced amendments added	14,144	13,088	12,136	12,394	12,063
Certified nurse aides	71,329	70,913	67,678	67,254	66,579
Registered feeding assistants	182	165	512	605	653
Approved training programs	376	357	321	257	273
Facilities ineligible to train due to substandard quality of care	64	67	74	58	55
Confirmed cases of abuse, neglect, or misappropriation of property	32	40	41	30	73
Fees collected	\$122,981	\$127,180	\$125,035	\$122,613	\$122,826

*A nurse aide may be certified in more than one category (LTC, HH, DDDC, RC, ADC)

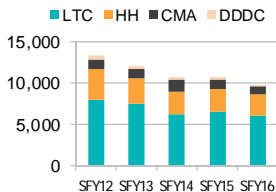
	SFY12	SFY13	SFY14	SFY15	SFY16
CERTIFICATIONS AND REGISTRATIONS ADDED THIS YEAR					
Long Term Care (LTC)	8,004	7,549	6,179	6,554	6,099
Home Health (HH)	3,739	3,044	2,801	2,783	2,522
Certified Medication Aide* (CMA)	1,141	1,076	1,405	1,121	1,024
Developmentally Disabled Direct Care (DDDC)	429	443	296	325	201
Residential Care (RC)	15	11	7	0	3
Adult Day Care (ADC)	0	0	6	2	3
CMA Advanced Nasogastric-Gastrostomy (NA-GA)	234	279	484	468	688
CMA Advanced Respiratory (RESP)	247	292	501	460	706
CMA Advanced Glucose Monitoring (GLU-MON)	86	130	221	226	323
CMA Advanced Insulin Administration (IN-ADM)	67	99	155	153	228
Registered Feeding Assistants (FA)	182	165	221	302	266

*A CMA must also have a LTC, HH or DDDC certification

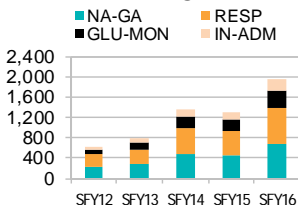
NURSE AIDES ADDED THIS YEAR



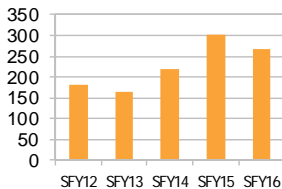
LEADING CERTIFICATION TYPES ADDED THIS YEAR



CMA ADVANCED TYPES ADDED THIS YEAR



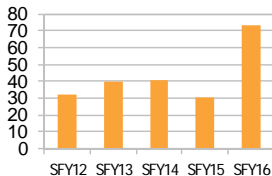
FEEDING ASSISTANTS ADDED THIS YEAR



	SFY12	SFY13	SFY14	SFY15	SFY16
ACTIVE TRAINING PROGRAMS					
Long Term Care	172	191	186	119	129
Home Health	0	0	0	0	0
Developmentally Disabled	23	16	10	12	11
Residential Care	11	8	2	2	1
Adult Day Care	2	1	2	1	0
Certified Medication Aide	55	51	44	47	47
CMA Continuing Education	48	40	33	35	35
CMA Diabetes Care and Insulin Administration	27	20	15	15	20
CMA Gastronomy	---	---	---	---	1
CMA Glucose Monitoring	2	2	2	2	2
CMA Respiratory	1	1	1	1	2
CMA Respiratory and Gastrostomy	28	27	23	23	25
Competency Evaluation Program	3	3	3	3	3

	SFY12	SFY13	SFY14	SFY15	SFY16
PROGRAM ACTIVITIES					
Renewal forms mailed	33,760	28,138	29,689	27,905	25,958
Certification cards mailed	38,693	32,448	41,072	34,688	34,578
Training program inspections	202	78	231	61	196
Certified Nurse Aide (CNA) Re-tester	402	394	377	323	367
Certified Medication Aide Re-tester	58	77	79	57	91
RN/LPN Student CNA/CMA training exceptions	80	88	52	67	88
RN/LPN Graduate CNA waivers	16	23	15	19	48
Foreign CNA training exceptions	9	2	11	1	15
Reciprocity CNA coming to Oklahoma	1,154	1,123	974	890	897
Reciprocity CNA leaving Oklahoma	571	531	478	375	415
LTC deemed to DDDC	58	79	90	34	22
HH deemed to LTC	2	1	1	2	4
DDDC deemed to RC	0	0	0	0	0
LTC deemed to RC	3	1	0	0	0

CONFIRMED CASES OF ABUSE, NEGLECT OR MISAPPROPRIATION



NURSE AIDE TEMPORARY EMERGENCY WAIVER

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 • 6868
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

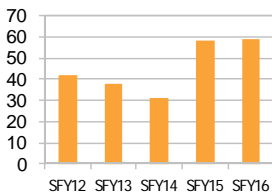
Program Fees

Initial Nurse Aide Temporary Emergency Waiver \$100.00

Renewal Nurse Aide Temporary Emergency Waiver\$75.00

	SFY12	SFY13	SFY14	SFY15	SFY16
NURSE AIDE WAIVER					
Initial approval letters	5	0	1	2	8
Renewal approval letters	37	38	30	56	54
Total approval letters	42	38	31	58	59
Approval letters withdrawn	0	0	0	0	0
Denial letters issued	0	0	0	0	0
Initial fees collected	\$500	\$0	\$100	\$200	\$800
Renewal fees collected	\$4,925	\$3,875	\$3,350	\$4,200	\$4,050
Total fees collected	\$5,425	\$3,875	\$3,450	\$4,400	\$4,850

TOTAL NURSE AIDE APPROVAL LETTERS



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

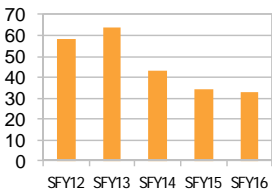
Program Fees

\$3,000 for New Facility (standard review), minimum \$1,000; \$3,000 for acquisition; \$100 for exemption from Certificate of Need.

	SFY12	SFY13	SFY14	SFY15	SFY16
CERTIFICATE OF NEED FOR NURSING AND SPECIALIZED FACILITIES					
Applications received	54	58	40	53	42
Applications completed	58	64	43	34	33
Exemptions approved*	24	26	20	22	12
Exemptions denied	3	4	1	2	0
Exemptions withdrawn	0	0	0	2	2
Acquisitions approved	13	31	16	7	34
Acquisitions denied	-----	0	4	2	0
Acquisitions dismissed	-----	1	0	0	0
New construction approved	1	1	2	0	2
New construction denied	-----	1	0	0	0
CONs withdrawn	2	0	0	1	6
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).

CON APPLICATIONS COMPLETED



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

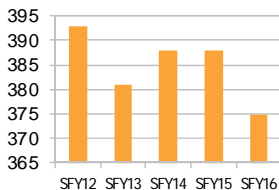
\$10.00 per licensed bed for initial license and renewal license.

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

*Does not include continuum of care nursing facilities.

**Includes initials, renewals, amendments, bed changes, name changes, changes of ownership.

LICENSED NURSING AND SPECIALIZED FACILITIES



OKLAHOMA NATIONAL BACKGROUND CHECK PROGRAM

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
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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.

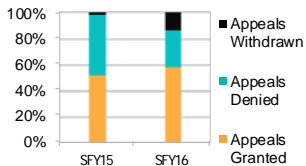
	SFY12	SFY13	SFY14	SFY15	SFY16
Eligible Background Checks Completed	-----	-----	-----	36,241	33,060
Ineligible Background Checks Completed	-----	-----	-----	303	439
Connected Applications*	-----	-----	-----	28,799	30,328
Appeals Completed	-----	-----	-----	44	92
Appeals Granted	-----	-----	-----	24	62
Appeals Denied	-----	-----	-----	21	30
Appeals Withdrawn	-----	-----	-----	1	14
Applicants with In State Charges	-----	-----	-----	3,668	3,788
Applicants with Out of State Charges	-----	-----	-----	1,634	1,814
Rap Backs**	-----	-----	-----	1,190	3,013
Rap Backs Disqualifying Applicant	-----	-----	-----	5	16
Fees collected	-----	-----	-----	\$767,829	\$ 1,521,634

**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.*

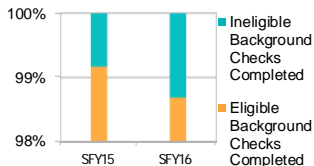
***A State rap back system under the National Background Check Program (NBCP) is a mechanism that allows a State's Criminal Justice Information Services (CJIS) agency to immediately inform the NBCP grantee State agency of any new criminal history record information (CHRI) against an employee that arises 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.

APPEALS



BACKGROUND CHECKS



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.

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QIES Help Desk

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Authority

42 CFR 484.20
42 CFR 484.55
42 CFR 488.68

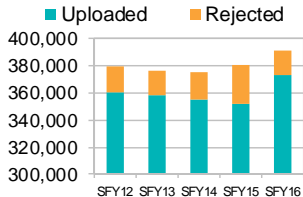
Funding Source

Federal Funds

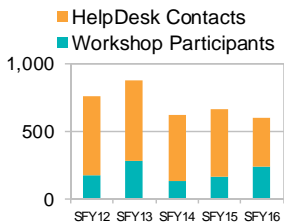
furnishing support to software vendors; and supplying support services to home health agency surveyors to assist with OASIS issues in the survey process. The QIES Help Desk is open from 8:00 AM to 5:00 PM, Monday through Friday, and is available to anyone who needs assistance with the OASIS process.

	SFY12	SFY13	SFY14	SFY15	SFY16
OASIS ASSESSMENTS FOR HOME HEALTH AGENCIES					
HHAs transmitting OASIS data	250	276	262	265	262
Software vendors	34	35	28	37	32
HHA client count	85,563	85,852	86,789	86,826	88,509
Batches submitted	19,558	20,647	21,675	23,666	25,339
Records processed	379,209	376,256	375,488	380,234	391,372
Records rejected	18,431	17,967	19,855	28,567	17,882
OASIS records uploaded to the National Repository	360,778	358,289	355,633	351,667	373,490
OASIS training sessions	2	4	2	2	3
Number of agencies with staff attending workshops	80	128	60	74	106
Workshop participants	174	285	133	165	240
HelpDesk contacts	580	585	490	498	362

OASIS RECORDS PROCESSED



OASIS TRAINING



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.

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Authority

63 O.S., §§ 1-880.1 et seq.

OAC 310:4

OAC 310:620

OAC 310:635

Funding Source

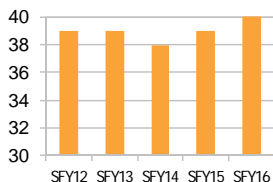
Fees Collected

Program Fees

.75% of capital cost of project, with a \$1,500 minimum and \$10,000 maximum.

	SFY12	SFY13	SFY14	SFY15	SFY16
CERTIFICATE OF NEED PSYCHIATRIC & CHEMICAL DEPENDENCY FACILITIES					
Facilities in operation	39	39	38	39	40
Applications completed	7	6	4	4	2
Acquisitions approved	2	0	2	0	2
Bed additions approved	1	5	2	4	2
Beds added to inventory	8	43	0	76	0
Beds approved by CON review	-----	97	40	188	64
Conversion from adult beds to child beds	0	0	0	0	0
Relocations approved	-----	1	0	0	0
Applications denied	-----	0	0	0	0
Applications withdrawn	-----	0	1	0	0
Fees collected	\$58,777	\$16,525	\$51,000	\$13,750	\$20,000

PSYCHIATRIC & CHEMICAL DEPENDENCY FACILITIES



QUALITY ASSURANCE & DATA SYSTEMS

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

Clients Served

PHS Service Areas and staff, CMS project managers, software vendors and other public and private entities that use CMSNet and the QIES Data System.

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QIES Help Desk

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Authority

OAC 310:675-17-1

Funding Source

State and Federal Funds

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.

	SFY12	SFY13	SFY14	SFY15	SFY16
QUALITY ASSURANCE & DATA SYSTEMS					
QA/QI Projects	2	3	3	6	6
Trainings conducted	15	6	0	0	1
HelpDesk contacts	Not Available	Not Available	Not Available	84	287

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.

RESIDENTIAL CARE HOMES LICENSE APPLICATIONS

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.

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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

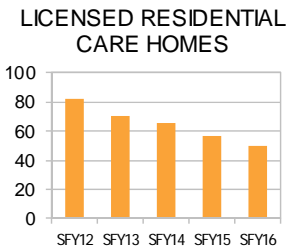
Fees Collected

Program Fees

Probationary license and two-year renewal license	\$50.00
Modification to the license documentation.....	\$20.00

	SFY12	SFY13	SFY14	SFY15	SFY16
LICENSE APPLICATIONS					
RESIDENTIAL CARE HOMES					
Licensed homes	82	71	66	57	50
Total licenses issued*	36	26	67	34	29
Fees collected	\$2,550	\$2,360	\$3,640	\$1,950	\$1,350

*Includes initials, renewals, amendments, bed changes, name changes, and changes of ownership.





INJURY PREVENTION SERVICE (IP)

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CHILD PASSENGER SAFETY PROGRAM

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

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.

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^f

	National	Oklahoma
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%)

^fBlack, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

MOTOR VEHICLE INJURY PREVENTION PROGRAM

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)

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.

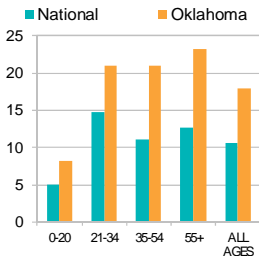
RATE OF MOTOR VEHICLE TRAFFIC CRASH DEATHS BY AGE, CY 2014

	0-20	21-34	35-54	55+	ALL AGES
National	5.0	14.8	11.1	12.7	10.6
Oklahoma	8.2	21.0	21.0	23.2	17.9

Rate per 100,000 Population

Source: CDC WISQARS

RATE OF MOTOR VEHICLE TRAFFIC CRASH DEATHS BY AGE, CY 2014



Rate per 100,000 Population

Source: CDC WISQARS

OKLAHOMA VIOLENT DEATH REPORTING SYSTEM PROGRAM

Clients Served

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

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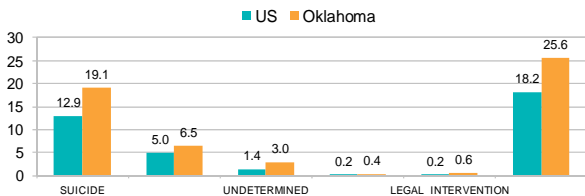
<http://okvdrs.health.ok.gov>

Funding Source

National Violent Death Reporting System (CDC)

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.

AGE-ADJUSTED VIOLENT DEATH RATES, 2014



Violent Deaths by Manner of Death and Year, Oklahoma, 2004-2015

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

OLDER ADULT FALLS PREVENTION EDUCATION PROGRAM

Clients Served

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

Contact

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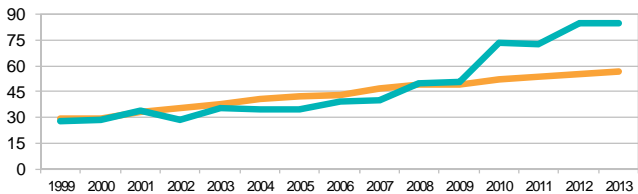
Funding Source

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

United States Oklahoma



Rate per 100,000 Population
Source: CDC WISQARS

SPORTS-RELATED CONCUSSION PREVENTION PROGRAM

Clients Served

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

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Funding Source

Core State Violence and Injury
Prevention Program (CDC)

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 Power-Point 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.

UNINTENTIONAL POISONING AND PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM

Clients Served

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

Contact

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Funding Source

Preventive Health and Health Services Block Grant (CDC)

Prescription Drug Overdose: Prevention for States (CDC)

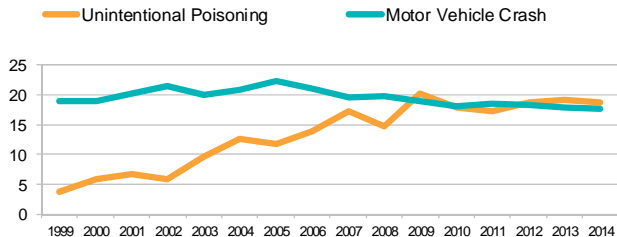
Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality (CDC)

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.

MORTALITY RATES 1999 - 2014

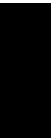


Rate per 100,000 Population
Source: CDC WISQARS

UNINTENTIONAL POISONINGS 2007 - 2014



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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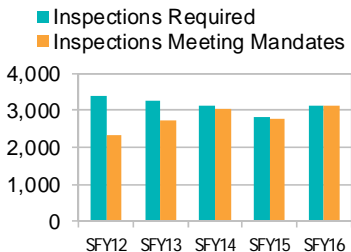
Beverly Clark, Training
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beverlyc@health.ok.gov

Michael Jordan, Compliance Officer
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INSPECTION FREQUENCY MANDATES

	SFY12	SFY13	SFY14	SFY15	SFY16
Number of inspection mandates	24	24	24	24	24
Inspections required	3,414	3,273	3,126	2,830	3,149
Inspections meeting mandates	2,348	2,728	3,025	2,785	3,146
Percent of inspections met	68.8%	83.3%	96.8%	98.4%	99.9%

LONG TERM CARE SERVICE



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

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.

Contact

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Authority

63 O.S., §§ 1-870 et seq.
OAC 310:605

Funding Source

State Funds

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.

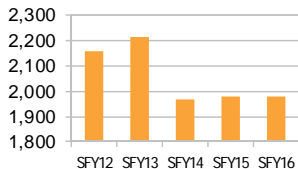
Long Term Care (LTC) staff develop minimum licensure requirements and monitor the center's compliance with the rules. Each center is required to submit an application for licensure.

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

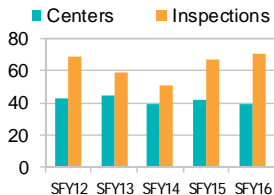
	SFY12	SFY13	SFY14	SFY15	SFY16
INSPECTIONS & INVESTIGATIONS					
ADULT DAY CARE CENTERS					
Number of centers	43	45	39	42	39
Capacity for participants	2,158	2,212	1,969	1,981	1,977
Average capacity per center	50	49	52	54	51
Participants served by largest center	150	150	150	150	150
Participants served by smallest center	12	12	16	5	5
Inspections conducted*	69	59	51	67	71
Centers closed	2	5	0	4	1
State Enforcement Actions	0	0	0	0	0

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

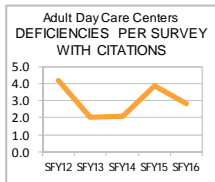
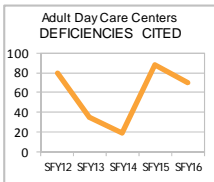
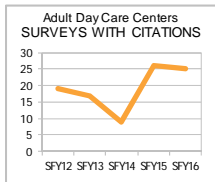
ADULT DAY CARE CENTERS CAPACITY FOR PARTICIPANTS



ADULT DAY CARE CENTERS



	SFY12	SFY13	SFY14	SFY15	SFY16
CITATIONS					
Surveys with citations	19	17	9	26	25
Deficiencies cited	79	35	19	88	70
Deficiencies cited per survey with citations	4.2	2.1	2.1	3.9	2.8



Adult Day Care Centers Top Violations—State Licensure

- Staffing requirements.** Employment examination within 72 hours of employment.
- 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.
- Admission.** A signed application for participation and current medical information shall be obtained prior to or upon the applicant's first day of participation.
- Admission.** Written plan of care developed within 10 days.
- Staffing Requirements.** Each paid staff shall arrange for an employment examination within 72 hours of employment.
- Additional Services.** Medications may not be administered without a physician's order.
- Required services.** The menu shall be dated for the week of service and posted in a prominent area.
- Admission.** A current medical report and medical assessment by the participant's physician; within five days of participant's entry.
- Required Services.** Provisions made for assistance with activities of daily living by those qualified by licensure or certification.
- 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.

Contact

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Authority

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

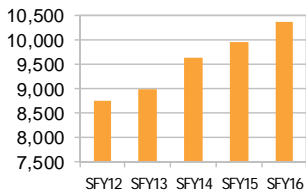
Funding Source

State Funds

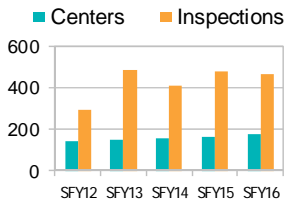
	SFY12	SFY13	SFY14	SFY15	SFY16
INSPECTIONS & INVESTIGATIONS					
ASSISTED LIVING CENTERS					
Number of centers	144	149	160	165	175
Licensed beds	8,764	8,985	9,633	9,969	10,384
Average bed capacity	61	60	61	60	59
Largest assisted living center	166	166	166	166	166
Smallest assisted living center	5	5	5	5	5
Inspections conducted*	291	489	409	481	465
Centers closed	3	0	1	0	1
State enforcement actions	40	48	31	36	49

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

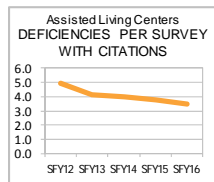
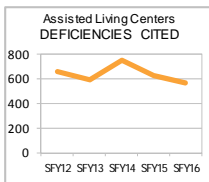
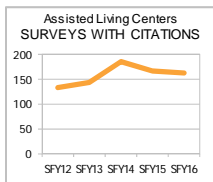
ASSISTED LIVING CENTERS LICENSED BEDS



ASSISTED LIVING CENTERS



	SFY12	SFY13	SFY14	SFY15	SFY16
CITATIONS					
Surveys with citations	133	144	186	166	163
Deficiencies cited	659	590	748	626	565
Deficiencies cited per survey with citations	5.0	4.1	4.0	3.8	3.5



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

Clients Served

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

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Authority

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

Funding Source

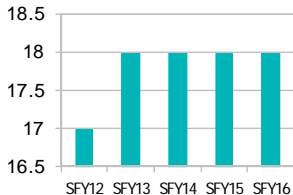
State and Federal Funds

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.

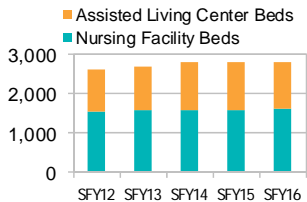
Long Term Care (LTC) staff evaluate services provided in these facilities to ensure the needs of residents are met. LTC staff investigate complaints, perform annual licensure, certification surveys, conduct revisits when necessary, monitor compliance with State and Federal regulations, provide technical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

	SFY12	SFY13	SFY14	SFY15	SFY16
INSPECTIONS & INVESTIGATIONS					
CONTINUUM OF CARE FACILITIES					
Number of facilities	17	18	18	18	18
Number of facilities with nursing facility services	17	18	18	18	18
Nursing facility beds	1,560	1,606	1,606	1,606	1,625
Number of facilities with assisted living services	17	18	18	18	18
Assisted living beds	1,077	1,109	1,189	1,189	1,189
Facilities closed	0	0	0	0	0
State enforcement actions	4	1	2	0	5

CONTINUUM OF CARE FACILITIES



CONTINUUM OF CARE FACILITIES LICENSED BEDS



INTAKES, INCIDENTS & ENFORCEMENT

Clients Served

Individuals who reside in long term care facilities, family members, friends, and advocates. Long term care facilities consist of nursing facilities and specialized nursing facilities including intermediate care facilities for the mentally retarded, assisted living centers, residential care homes, and adult day care centers.

Contact

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Authority

63 O.S., §§ 1-821, 1-830, 1-875, 1-1909, 1-1939, 1-1940, and 1-1941

OAC 310:663-25-2

OAC 310:675-7-6.1

OAC 310:680-3-9

Funding Source

State and Federal Funds

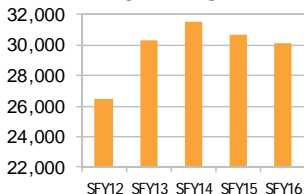
The purpose of this program is to receive complaints alleging violations of Federal and/or State rules and laws. In addition, qualified staff review facility reported incidents that are mandated by federal and state rules and laws.

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.

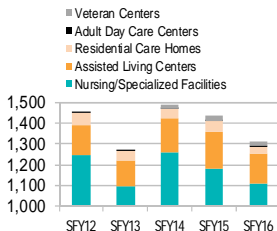
Intakes and incidents are prioritized based on the Centers for Medicare and Medicaid Services' triage guidelines and/or state statutes that take into consideration the seriousness of the allegation. Investigation findings may provide a basis for imposing remedies against providers. In some cases, the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

	SFY12	SFY13	SFY14	SFY15	SFY16
INTAKES AND INCIDENTS					
Complaint intakes investigated in nursing/specialized facilities	1,245	1,095	1,261	1,183	1,111
Complaint intakes investigated in assisted living centers	147	128	165	172	144
Complaint intakes investigated in residential care homes	60	44	42	55	32
Complaint intakes investigated in adult day care centers	3	1	3	2	3
Complaint intakes investigated in veteran centers	---	---	16	27	21
Total investigated	1,455	1,268	1,487	1,439	1,311
Facility reported incidents received	26,455	30,299	31,512	30,628	30,137

FACILITY REPORTED INCIDENTS



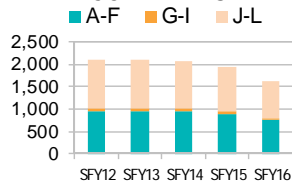
COMPLAINTS INVESTIGATED



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.

	SFY12	SFY13	SFY14	SFY15	SFY16
DEFICIENCIES CITED ON FEDERAL NURSING FACILITY COMPLAINTS					
Scope/Severity A - F	951	968	956	899	750
Scope/Severity G - I	75	50	59	51	44
Scope/Severity J - L	48	45	50	47	40
Total deficiencies cited	1,074	1,063	1,065	997	834

SCOPE/SEVERITY CITED ON FEDERAL NURSING HOME COMPLAINTS



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

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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

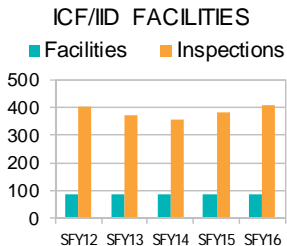
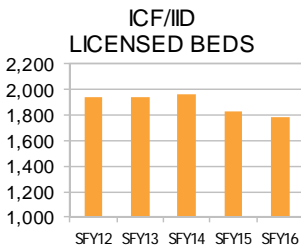
State and Federal Funds

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.

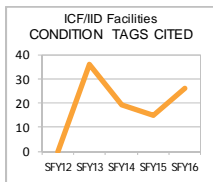
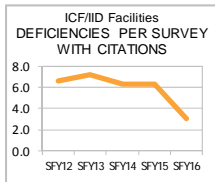
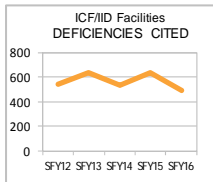
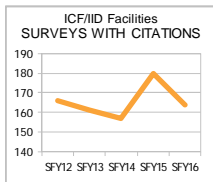
	SFY12	SFY13	SFY14	SFY15	SFY16
INSPECTIONS & INVESTIGATIONS					
ICF/IID FACILITIES					
Number of facilities	88	88	88	88	88
Licensed beds	1,944	1,944	1,963	1,825	1,779
Average bed capacity	22	22	22	21	21
Largest ICF/IID facility	160	160	160	160	160
Smallest ICF/IID facility	3	3	4	4	4
Inspections conducted*	405	370	354	380	407
Facilities closed	0	1	0	2	1
State enforcement actions	0	0	2	2	4

*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.

	SFY12	SFY13	SFY14	SFY15	SFY16
CITATIONS					
Surveys with citations	166	161	157	180	164
Deficiencies cited*	547	633	535	634	495
Condition tags cited	0	36	19	15	26
Average number of deficiencies cited per survey with citations	6.6	7.1	6.3	6.3	3.0



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.

NURSING FACILITIES INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

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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

This program was created in the mid 1950's 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.

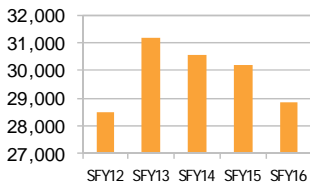
LTC staff also develop and interpret licensure rules, monitor compliance with Medicaid and Medicare certification requirements, provide technical assis-

tance as necessary, participate in provider training programs, and take enforcement actions against facilities when appropriate.

	SFY12	SFY13	SFY14	SFY15	SFY16
INSPECTIONS & INVESTIGATIONS					
NURSING FACILITIES					
Number of facilities	324	328	322	319	310
Hospital-based skilled nursing units	7	7	6	6	6
Private-pay only facilities	5	2	1	0	0
Number of residents	18,813	19,304	19,006	18,987	18,880
Licensed beds	28,470	31,195	30,553	30,175	28,838
Average number of beds	93	95	95	95	93
Largest nursing facility	375	375	375	375	375
Smallest nursing facility	8	8	8	8	8
Inspections conducted*	1,982	2,226	2,492	2,280	2,297
Facilities closed	7	5	4	2	4

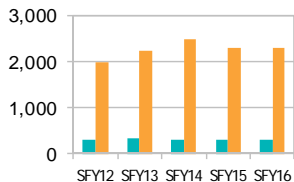
*Includes surveys for licensure/recertification, life safety code, complaints, follow-up visits and other inspections.

NURSING FACILITY LICENSED BEDS



NURSING FACILITIES

■ Facilities ■ Inspections



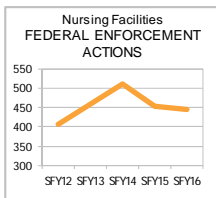
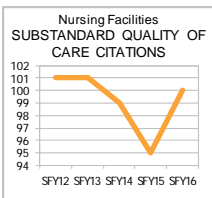
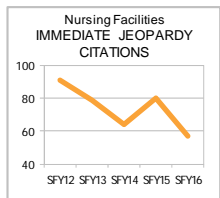
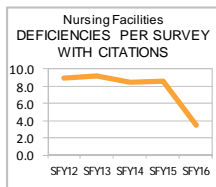
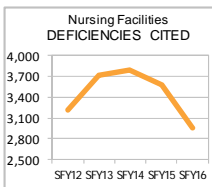
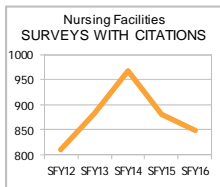
Immediate jeopardy in a nursing facility is defined as a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death to a resident. An immediate jeopardy tag is a deficiency that has been ranked 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					
Surveys with citations	810	883	967	880	848
Deficiencies cited*	3,212	3,714	3,793	3,584	2,961
Immediate jeopardy tags	91	79	64	80	57
Substandard quality of care tags	101	101	99	95	100
Average number of deficiencies cited per survey with citations	8.9	9.1	8.4	8.6	3.5

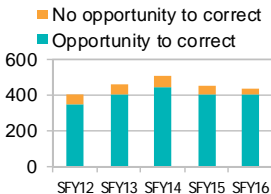
*Federal Only



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.

	SFY12	SFY13	SFY14	SFY15	SFY16
FEDERAL ENFORCEMENT ACTIONS					
Opportunity to correct	344	401	439	401	405
No opportunity to correct	60	54	68	49	32
Past non-compliance	2	2	4	2	8
Total federal enforcement cases	406	457	511	452	445

Nursing Facilities FEDERAL ENFORCEMENT ACTIONS



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 careplan.** An individual care plan shall be developed and implemented for each resident to reflect the resident's needs.

RESIDENTIAL CARE HOMES INSPECTIONS & INVESTIGATIONS

Clients Served

Residents living in residential care homes, their families, friends and advocates, facility staff and operators.

Contact

Debbie Zamarripa
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http://ltc.health.ok.gov

Authority

63 O.S., §§ 1-819 et seq.
OAC 310:680

Funding Source

State Funds

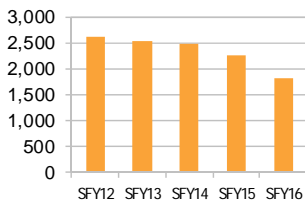
This program was created in 1991 to establish standards for licensure of Residential Care Homes. Long Term Care (LTC) staff evaluate compliance with the regulations to assure individual needs of the residents are met to optimize the quality of life in the homes.

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.

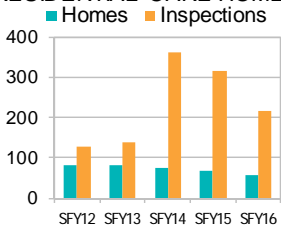
	SFY12	SFY13	SFY14	SFY15	SFY16
INSPECTIONS & INVESTIGATIONS					
RESIDENTIAL CARE HOMES					
Number of homes	81	80	75	68	56
Licensed beds	2,608	2,528	2,471	2,257	1,822
Average number of licensed beds	32	32	33	33	34
Largest residential care home	98	98	98	78	78
Smallest residential care home	4	4	4	4	5
Inspections conducted*	128	138	362	317	215
Homes closed	2	6	10	12	4
State enforcement actions	8	2	20	24	14

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

RESIDENTIAL CARE HOMES LICENSED BEDS

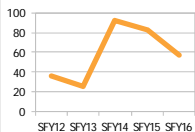


RESIDENTIAL CARE HOMES



	SFY12	SFY13	SFY14	SFY15	SFY16
CITATIONS					
Surveys with citations	36	26	92	83	57
Deficiencies cited	291	143	814	645	406
Deficiencies cited per survey with citations	8.1	5.5	8.9	7.8	7.1

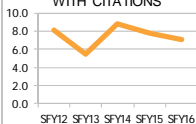
Residential Care Homes
SURVEYS WITH CITATIONS



Residential Care Homes
DEFICIENCIES CITED



Residential Care Homes
DEFICIENCIES PER SURVEY
WITH CITATIONS



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.

Clients Served

Residents who are veterans of the United States Armed Forces, friends and advocates, facility staff and operators.

Contact

Vacant
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Fax: 405 • 271 • 2206

<http://ltc.health.ok.gov>

Authority

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

Funding Source

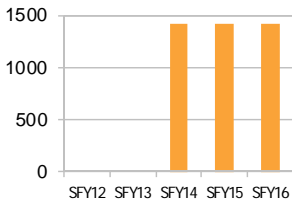
State Funds

	SFY12	SFY13	SFY14	SFY15	SFY16
CITATIONS					
Surveys with citations	-----	-----	14	16	10
Deficiencies cited	-----	-----	65	65	34
Average number of deficiencies cited per survey with citations	-----	-----	4.6	4.0	3.4

	SFY12	SFY13	SFY14	SFY15	SFY16
VETERAN'S CENTERS					
Number of centers	-----	-----	7	7	7
Licensed beds	-----	-----	1,423	1,423	1,423
Average number of licensed beds	-----	-----	203	203	203
Largest veteran's center	-----	-----	302	302	302
Smallest veteran's center	-----	-----	122	122	122
Inspections conducted*	-----	-----	25	48	32
Centers closed	-----	-----	0	0	0

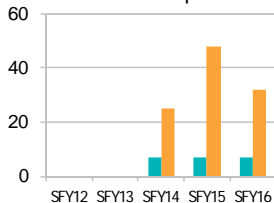
*Includes licensure surveys, complaint investigations, follow-up visits and other inspections

VETERAN'S CENTERS LICENSED BEDS

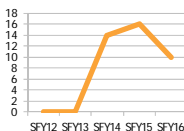


VETERAN'S CENTERS

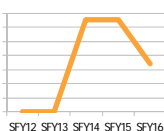
■ Centers ■ Inspections



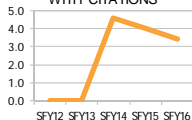
Veteran's Centers SURVEYS WITH CITATIONS



Veteran's Centers DEFICIENCIES CITED



Veteran's Centers DEFICIENCIES PER SURVEY WITH CITATIONS



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.
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leem@health.ok.gov

Brandon Bowen
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Dale Adkerson, Emergency Medical Services
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John Larson, Health Facilities Plan Review
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Terri Cook, Facility Services
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LaTrina Frazier, Home Services
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Harriet Cooper, Quality, Enforcement, & Review
405 • 271 • 6576; Fax: 405 • 271 • 1141; harrieta@health.ok.gov

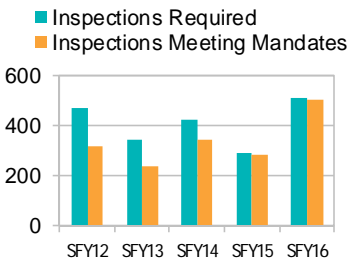
Grace Pelley, Trauma and Systems Development
405 • 271 • 4027; Fax: 405 • 271 • 4240; gracep@health.ok.gov

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

INSPECTION FREQUENCY MANDATES

	SFY12	SFY13	SFY14	SFY15	SFY16
Number of inspection mandates	14	14	14	14	14
Inspections required	472	342	422	287	508
Inspections meeting mandates	317	236	344	285	504
Percent of inspections met	67.2%	69.0%	81.5%	99.3%	99.2%

MEDICAL FACILITIES SERVICE



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

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<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.

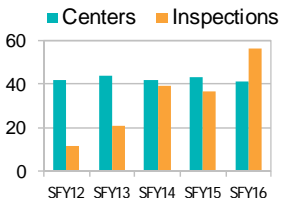
Facility Services Division (FSD) staff strive to ensure compliance with minimum standards and the provision of quality care. FSD staff review initial and final construction, perform on-site surveys to assure compliance with standards, issue licenses, monitor compliance, and investigate complaints.

Program Fees

Initial license	\$2,000.00
Annual renewal	\$500.00

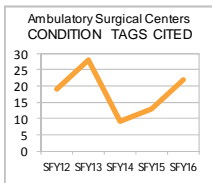
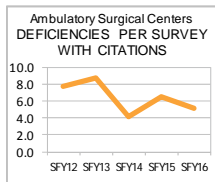
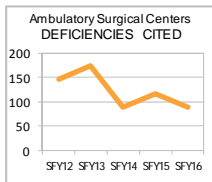
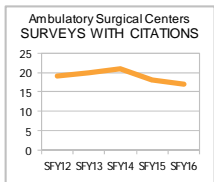
	SFY12	SFY13	SFY14	SFY15	SFY16
AMBULATORY SURGICAL CENTERS					
Number of centers	42	44	42	43	41
Centers surveyed	6	10	17	10	15
Licensure surveys & follow-ups	0	2	13	11	14
Recertification surveys & follow-ups	7	11	14	8	15
Life safety code surveys & follow-ups	5	8	11	8	12
Total inspections	12	21	39	37	56
Complaint investigations	0	0	1	0	1
Fees collected	\$20,150	\$20,300	\$28,000	\$20,190	\$28,500

AMBULATORY SURGICAL CENTERS



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.

	SFY12	SFY13	SFY14	SFY15	SFY16
CITATIONS					
Surveys with citations	19	20	21	18	17
Deficiencies cited	146	174	89	117	89
Condition tags cited	19	28	9	13	22
Deficiencies cited per survey with citations	7.7	8.7	4.2	6.5	5.2



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 on-going, 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

Clients Served

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

Contact

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<http://mfs.health.ok.gov>

Authority

63 O.S., § 1-701
OAC 310:616

Funding Source

State Licensure Fees

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.

Program Fees

Per bed per year \$10.00

	SFY12	SFY13	SFY14	SFY15	SFY16
BIRTHING CENTERS					
Number of centers	0	0	0	0	0
Licensure surveys & follow-ups	0	0	0	0	0
Complaint investigations	0	0	0	0	0
Fees collected	\$0	\$0	\$0	\$0	\$0

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)

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

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405 • 271 • 6576
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terrid@health.ok.gov

<http://mfs.health.ok.gov>

Authority

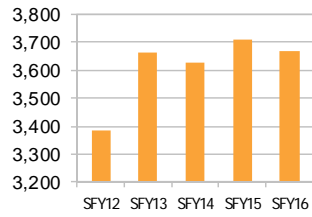
Public Law 100-578 (CLIA-88)
42 CFR Part 493

Funding Source

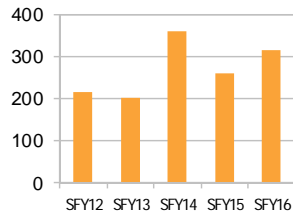
Federal Contract Allocation

	SFY12	SFY13	SFY14	SFY15	SFY16
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 Provider Performed Microscopy Procedures Labs	513	523	495	484	455
Certificate of Accreditation Labs	245	273	293	298	292
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

CLINICAL LABORATORIES

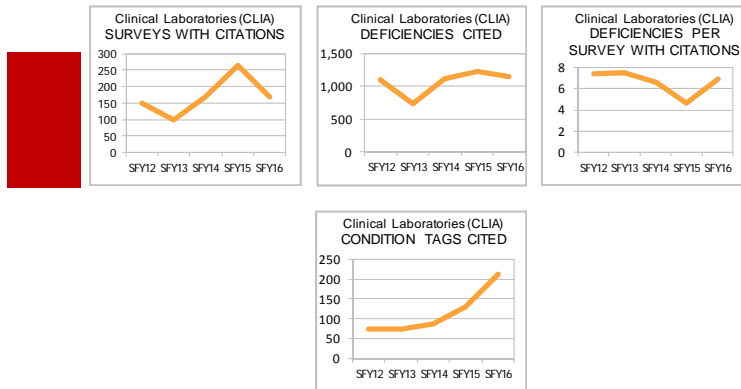


CLIA INSPECTIONS



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.

	SFY12	SFY13	SFY14	SFY15	SFY16
CITATIONS					
Surveys with citations	148	98	170	265	168
Deficiencies cited	1,094	734	1,114	1,220	1,151
Condition tags cited	75	75	88	131	211
Deficiencies cited per survey with citations	7.4	7.5	6.6	4.6	6.9



**Clinical Laboratory (CLIA)
Top Violations—Federal Certification**

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 interpretation, or both.
- g) Any information regarding the condition and disposition of specimens 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 accordance 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 manufacturer'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.

EMERGENCY SYSTEMS EMERGENCY MEDICAL SERVICES

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.

EMS staff draft, implement, and interpret rules; issue licenses to appropriate entities consistent with statute and rule; collect statistical data; inspect and approve training programs; coordinate testing of EMT candidates; inspect and approve ambulance services, vehicles, equipment, and documentation; investigate complaints against regulated entities; provide technical assistance as necessary; and take enforcement actions against regulated entities for noncompliance.

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 jurisdic-

146 • 2017 ANNUAL REVIEW • MEDICAL FACILITIES SERVICE

Clients Served

Ambulance services, emergency medical technicians, training programs, emergency medical responders, emergency medical response agencies, and consumers who utilize these services.

Contact

Dale Adkerson
405 • 271 • 4027
Fax: 405 • 271 • 4240
dalea@health.ok.gov

<http://ems.health.ok.gov>

Authority

63 O.S., §§ 1-2501 et seq.
OAC 310:641

Funding Source

State Licensure Fees and
State Appropriated Funds

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:

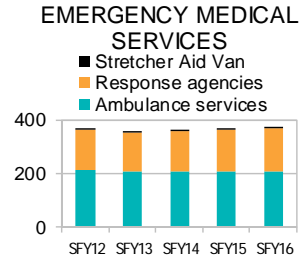
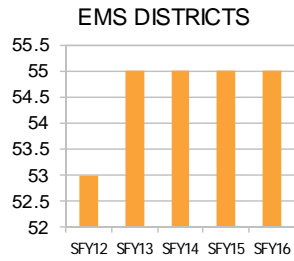
Basic \$20.00 + \$2.50 DBA*
Intermediate \$25.00 + \$2.50 DBA*
Paramedic \$30.00 + \$2.50 DBA*

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

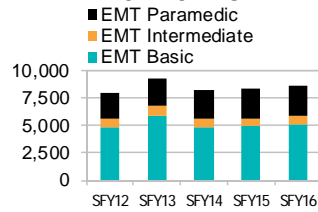
	SFY12	SFY13	SFY14	SFY15	SFY16
EMERGENCY MEDICAL SERVICES					
EMS Districts	53	55	55	55	55
Ambulance Services	212	209	207	209	208
Emergency Medical Response Agencies	150	142	149	152	158
Stretcher Aid Van Services	7	7	6	6	6



	SFY12	SFY13	SFY14	SFY15	SFY16
TRAINING					
EMS training institutions	41	45	41	40	43
EMT training courses	908	1004	856	801	918
Advanced Life Support exams administered	12	13	15	13	12
Candidates tested	310	313	5	302	249

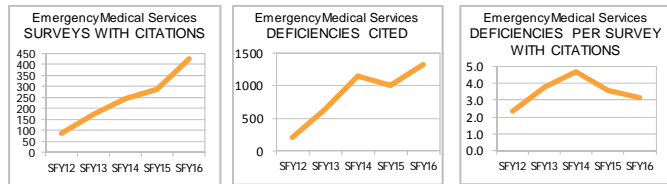
	SFY12	SFY13	SFY14	SFY15	SFY16
EMERGENCY MEDICAL TECHNICIANS					
EMT Basic	4,796	5,904	4,883	4,929	5,148
EMT Intermediate	853	875	753	724	729
EMT Paramedic	2,336	2,593	2,631	2,735	2,809
Total EMTs	7,985	9,372	8,267	8,388	8,686

EMERGENCY MEDICAL TECHNICIANS



	SFY12	SFY13	SFY14	SFY15	SFY16
PROGRAM ACTIVITIES					
Ambulance service surveys	141	270	260	236	255
Complaints investigated	56	53	73	76	106
Training program site visits	15	4	36	36	42
EMT new licenses	1,182	1,273	1,018	958	1,099
EMT renewal licenses	2,651	3,134	3,226	2,839	3,412
EMS new licenses	5	10	3	10	8
EMS renewal licenses	128	127	108	69	123
Total licenses issued	3,966	4,544	4,355	3,876	4,642
Fees collected	\$252,537	\$213,112	\$275,180	\$233,716	\$243,415

	SFY12	SFY13	SFY14	SFY15	SFY16
CITATIONS					
Surveys with citations	88	170	244	285	424
Deficiencies cited	204	640	1,147	1,000	1,325
Deficiencies cited per survey with citations	2.3	3.8	4.7	3.6	3.1



**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.

EMERGENCY SYSTEMS TRAUMA & SYSTEMS DEVELOPMENT

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 (TRC), administration and management of EMR-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.

Clients Served

All Oklahomans and the public requiring trauma care.

Contact

Grace Pelley
405 • 271 • 4027
Fax: 405 • 271 • 4240
gracep@health.ok.gov

<http://td.health.ok.gov>

Authority

63 O.S., §§ 1-2530 et seq.
63 O.S., § 1-103a.1
OAC 310:669

Funding Source

State Tobacco Taxes, Fines,
and Special Assessments

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.

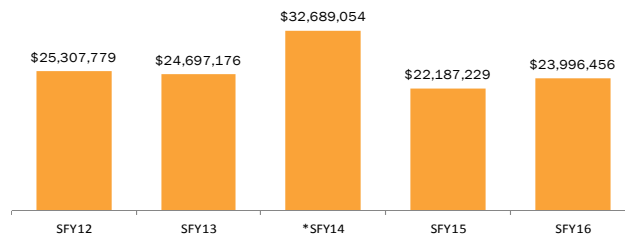
The five Regional Continuous Quality Improvement Committees conducted 15 meetings to review 218 cases, while providing feedback to providers for exemplary behavior, areas of improvement, and recommendations. Providers were introduced to the “vertical timeline” for trauma patient care at the Regional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

The Trauma Care Assistance Revolving Fund (Trauma Fund) moved from bi-annual 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.

	SFY12	SFY13	*SFY14	SFY15	SFY16
TRAUMA FUND					
Distributed to physicians, hospitals and EMS agencies for reimbursement of eligible uncompensated major trauma care claims	\$25,307,779	\$24,697,176	\$32,689,054	\$22,187,229	\$23,996,456

*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).

TRAUMA FUND ANNUAL DISBURSEMENT, SFY12-SFY16



*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.

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

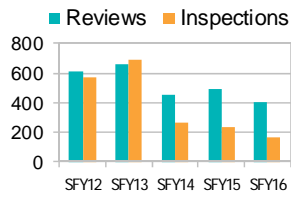
\$250.00 up to and including \$2,000.00 (dependent upon construction cost) for plan reviews for ASC, hospital and inpatient hospice construction.

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.

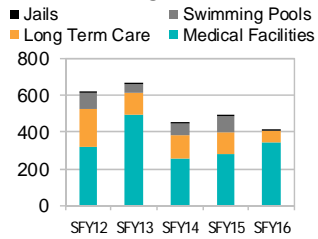
	SFY12	SFY13	SFY14	SFY15	SFY16
PLAN REVIEWS					
Ambulatory Surgical Centers	22	79	25	13	21
Hospitals	298	416	233	269	319
Inpatient Hospice Facilities	0	0	0	0	0
Total Medical Facilities	320	495	258	282	340
Jails	2	1	7	1	1
Long Term Care Facilities	204	120	123	114	63
Swimming Pools	89	41	66	93	0
Total plan reviews	615	657	454	490	404
PLAN REVIEW INSPECTIONS					
Inpatient Hospice	0	0	0	0	0
Long Term Care	136	181	66	64	35
Medical Facilities	421	496	201	170	129
Swimming Pools	14	16	0	0	0
Total inspections	571	693	267	234	164
Fees collected	\$182,750	\$173,440	\$169,766	\$117,597	\$189,560



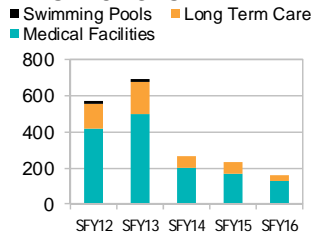
HEALTH FACILITIES PLAN REVIEW



REVIEWS BY TYPE



INSPECTIONS BY TYPE



HOME HEALTH PROVIDERS

Clients Served

Home health agencies, companion sitter agencies, and individuals that utilize the services of home health agencies.

Contact

LaTrina Frazier
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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.

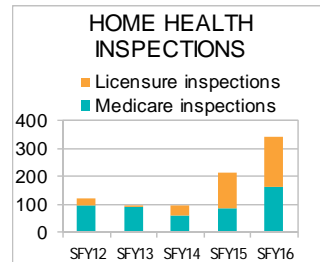
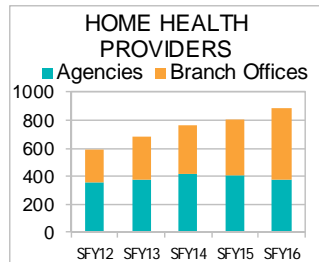
Effective November 1, 2015, House Bill 1085 amended the Oklahoma Public Health Advisory Council Mod-

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

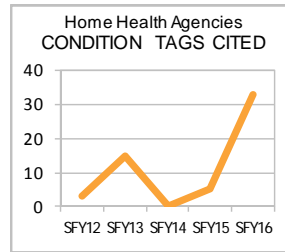
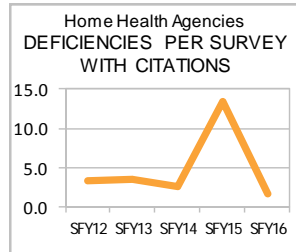
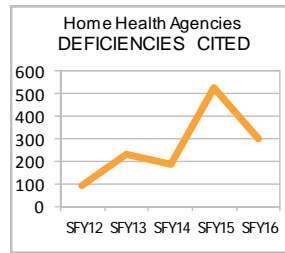
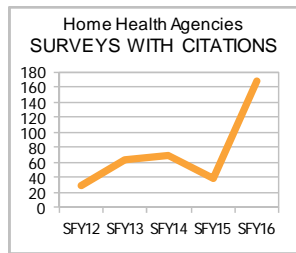
	SFY12	SFY13	SFY14	SFY15	SFY16
HOME HEALTH AGENCIES					
Licensed only HHAs	135	131	141	144	137
Licensed & medicare HHAs	222	251	274	265	240
Total licensed HHAs	357	382	415	409	377
Additional branch offices	235	299	345	397	511
<hr/>					
Medicare surveys	88	71	51	70	129
Medicare follow-up visits	1	7	0	2	13
Medicare complaints	7	16	11	15	20
Total Medicare inspections	96	94	62	87	162
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Licensure surveys	25	1	35	122	136
Licensure follow-up visits	0	0	0	0	0
Licensure complaints	1	2	2	5	45
Total licensure inspections	26	3	37	127	181
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COMPANION SITTER SERVICE					
Number of services	0	0	0	0	24
Licensure surveys	0	0	0	0	2
Licensure follow-up visits	0	0	0	0	0
Licensure complaints	0	0	0	1	2
<hr/>					
Fees collected	\$265,831	\$242,868	\$229,968	\$266,352	\$283,175



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.



	SFY12	SFY13	SFY14	SFY15	SFY16
CITATIONS					
Surveys with citations	29	64	69	39	168
Deficiencies cited	95	229	187	523	302
Condition tags cited	3	15	0	5	33
Deficiencies cited per survey with citations	3.3	3.6	2.7	13.4	1.8



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

Clients Served

Terminally ill patients and hospice programs.

Contact

LaTrina Frazier
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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

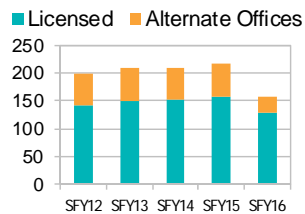
Council. For more information see the “Advisory Councils” section of this booklet.

Program Fees

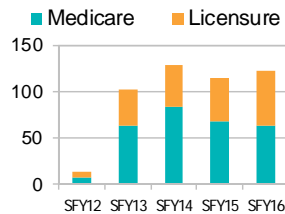
Initial application fee.....	\$500.00
Initial license fee.....	\$1500.00
Permanent license fee	\$2000.00
Renewal fee (annual renewal).....	\$2000.00
Alternate Administrative Office	\$500.00

	SFY12	SFY13	SFY14	SFY15	SFY16
HOSPICE					
Licensed hospice programs	141	150	152	158	129
Alternate administrative offices	57	58	58	58	28
Medicare surveys	6	39	34	49	47
Medicare follow-ups	0	4	11	13	2
Medicare complaints	2	21	8	6	14
Total Medicare inspections	8	64	83	68	63
Licensure surveys	6	36	45	43	48
Licensure follow-ups	0	0	0	0	0
Licensure complaints	0	3	0	4	12
Total Licensure inspections	6	39	45	47	60
Fees collected	\$288,075	\$288,529	\$286,000	\$304,000	\$289,840

HOSPICE PROVIDERS

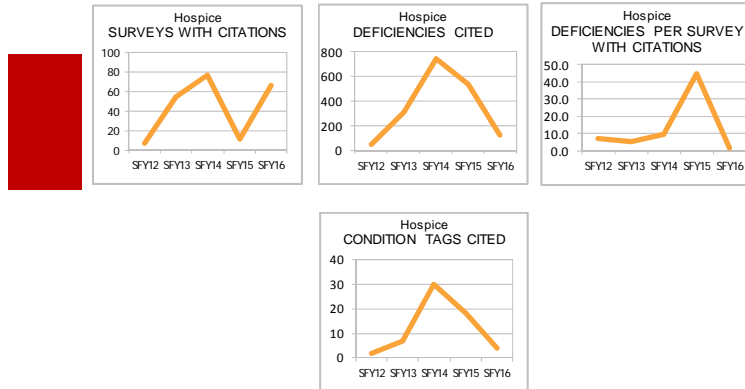


HOSPICE INSPECTIONS



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.

	SFY12	SFY13	SFY14	SFY15	SFY16
CITATIONS					
Surveys with citations	7	55	77	12	66
Deficiencies cited	52	305	742	534	125
Condition tags cited	2	7	30	18	4
Deficiencies cited per survey with citations	7.4	5.6	9.6	44.5	1.9



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.

HOSPITALS

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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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

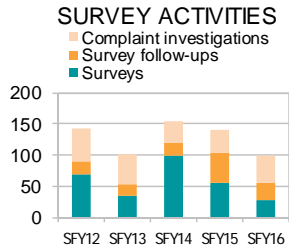
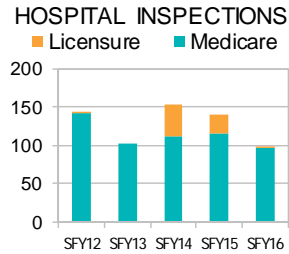
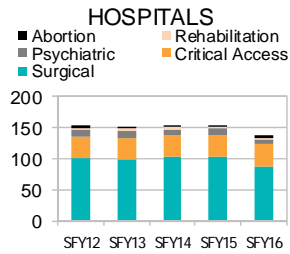
Federal Contract Allocation
and State Licensure Fees

Program Fees

Initial and renewal fees\$10. 00 per bed per year

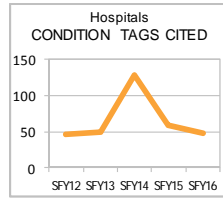
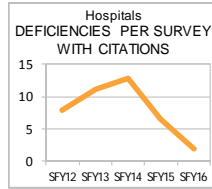
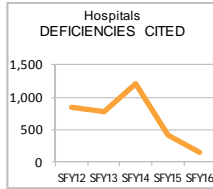
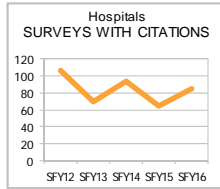
	SFY12	SFY13	SFY14	SFY15	SFY16
HOSPITALS					
General medical surgical	101	99	104	104	88
Critical access	34	34	34	34	35
Specialized, psychiatric	11	11	10	11	8
Specialized, rehabilitation	4	5	3	3	3
Specialized, abortion	3	3	3	3	3
Total licensed hospitals	153	152	154	155	137
Fees collected	\$186,515	\$175,171	\$165,530	\$176,690	\$188,294

	SFY12	SFY13	SFY14	SFY15	SFY16
MEDICARE SURVEYS					
Initial surveys	0	0	0	0	0
Recertification surveys	33	12	30	18	7
Validation surveys	2	4	2	2	5
Life Safety Code surveys	33	18	30	18	14
Survey follow-ups	21	19	17	42	29
Complaint investigations	53	49	33	35	42
Total Medicare inspections	142	102	112	115	97
LICENSURE SURVEYS					
Initial surveys	1	0	0	0	0
Re-licensure surveys	0	0	37	18	1
Survey follow-ups	0	0	3	5	0
Complaint investigations	0	0	2	3	0
Total Licensure inspections	1	0	42	26	1
TOTAL SURVEYS					
Surveys	69	34	99	56	27
Survey follow-ups	21	19	20	47	29
Complaint investigations	53	49	35	38	42
Total inspections	143	102	154	141	98



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.

	SFY12	SFY13	SFY14	SFY15	SFY16
CITATIONS					
Surveys with citations	106	70	94	64	85
Deficiencies cited	842	778	1,210	421	159
Condition tags cited	46	50	127	59	47
Deficiencies cited per survey with citations	7.9	11.1	12.9	6.6	1.9



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.

MEDICARE CERTIFICATION & STATE PERMITS

Clients Served

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

Contact

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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

Federal Contract Allocation and State Licensure Fees

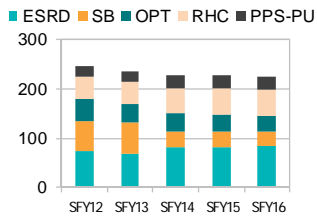
These Medicare-certified programs were implemented to assure quality care for beneficiaries. Medical Facilities Service staff strive to ensure that services provided by these facilities meet the minimum standards for certification. These programs do not have statutory requirements for annual surveys and therefore, no funding to perform annual surveys. Staff perform on-site surveys for initial certification, periodic surveys for continued certification, and complaint investigations.



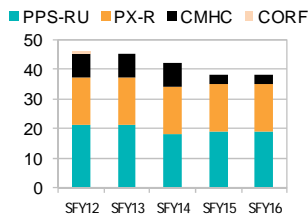
	SFY12	SFY13	SFY14	SFY15	SFY16
MEDICARE CERTIFICATION					
End Stage Renal Disease Centers (ESRD)	73	70	81	82	84
Swing Bed Hospital Units (SB)	63	63	33	33	31
Outpatient Physical Therapy (OPT)	45	36	36	32	30
Rural Health Clinics (RHC)	45	46	52	54	53
PPS Excluded Psychiatric Units (PPS-PU)	21	21	26	27	27
PPS Excluded Rehabilitation Units (PPS-RU)	21	21	18	19	19
Portable X-Ray Units (PX-R)	16	16	16	16	16
Community Mental Health Centers (CMHC)	8	8	8	3	3
Comprehensive Outpatient Rehabilitation Facilities (CORF)	3	2	2	2	2
CORF recertifications	1	0	0	0	0
OPT recertifications	3	3	7	11	1
PX-R recertifications	1	0	0	0	0
RHC recertifications	4	3	13	14	3
Tissue Banks (TB)	3	3	3	5	5
Eye Banks (EB)	1	1	1	1	1



MEDICARE CERTIFICATION

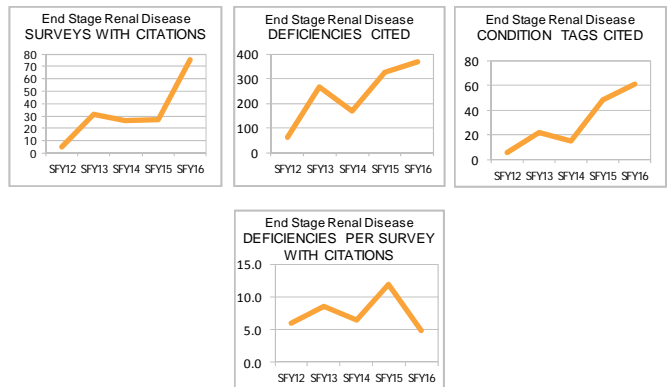


MEDICARE CERTIFICATION



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.

	SFY12	SFY13	SFY14	SFY15	SFY16
END STAGE RENAL DISEASE					
Surveys with citations	5	31	26	27	75
Deficiencies cited	64	268	170	324	367
Condition tags cited	6	22	15	48	61
Deficiencies cited per survey with citations	6.0	8.7	6.5	12.0	4.9



**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/Accountable 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

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harrieta@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

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<http://mfs.health.ok.gov>

Authority

40 O.S., §§ 551 et seq.
OAC 310:638

Funding Source

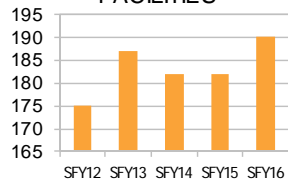
Fees Collected

Program Fees

Initial.....	\$150.00
Annual renewal.....	\$150.00

	SFY12	SFY13	SFY14	SFY15	SFY16
WORKPLACE DRUG AND ALCOHOL TESTING					
Number of facilities	175	187	182	182	190
Surveys conducted	0	0	0	0	0
Follow-ups conducted	0	0	0	0	0
Complaint investigations	0	0	0	0	0
Fees collected	\$22,800	\$24,000	\$26,975	\$26,250	\$28,350

WORKPLACE DRUG & 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



CONSUMER PROTECTION LICENSING ADVISORY COUNCIL

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

Consumer Protection Licensing Advisory Council Members

Craig Myers, Chair
Bryan Alexander, Vice-Chair
Michael Grim, Secretary
Bradley Lamprich
Erin Meier
Vacant—Licensed
Radiologist Asst.
Vacant—Hearing Impaired
Public Member



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.

Industry, the Radiation Industry and such other areas as designated by the State Board of Health.

The jurisdictional areas of the Consumer Protection Licensing Advisory Council includes the Hearing Aid Fitting Industry, the Medical Micropigmentation

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.



OKLAHOMA FOOD SERVICE ADVISORY COUNCIL

63 O.S. Section 1-106.3

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

Oklahoma Food Service Advisory Council Members

John Kelly
Michael Echelle
Jim Hopper
Harold Kelly
Park Ribble
Bill Ryan, Ed.D., RD,LD
Phil Maytubby
J. Roy Escoubas, Ph.D.
Elizabeth Nutt
Bill Ricks
Stan Stromberg
Brenda Potts
(1 Vacancy)



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.



SANITARIAN & ENVIRONMENTAL SPECIALIST REGISTRATION ADVISORY COUNCIL

59 O.S. Section 1150.5

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
Alisa Mankins, Vice-Chair
John Vaught, Secretary
Gary Collins
Jimmy Echelle
Patty Nelson
Troy Skow
Danny Walters
OSDH Representative (Vacant)



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.



LONG TERM CARE FACILITY ADVISORY BOARD

63 O.S. Section 1-1923

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

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

Ivorla Holt

Pamela Humphreys

Adam Jordan

Jimmy McWhirter

Jacki Millspaugh

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.



HOME CARE, HOSPICE, AND PALLIATIVE CARE ADVISORY COUNCIL

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

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

Home Care, Hospice, and Palliative Care Advisory Council Members

Gregory Bridges
Gregory Brooks
Rayetta Dominguez
Michelle Fox
David Gibson
Greg McCortney
Jan Slater
Karen Vahlberg
(1 Vacancy)



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.



HOSPITAL ADVISORY COUNCIL

63 O.S. Section 1-707

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 practi-

Hospital Advisory Council Members

Dale Bratzler, DO
Darin Smith, PharmD, BCPS, FASHP
Dave Wallace, FACHE
Heather Bell, DO, BS, RTCT
Tricia Horn
Jay Gregory, MD, FACS
Susan Dragoo, RN
Stanley Alexander, CLU
David Keith, FACHE



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.



TRAUMA AND EMERGENCY RESPONSE ADVISORY COUNCIL

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

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.

Trauma and Emergency Response Advisory Council Members

David Teague, M.D., Chair
Eddie Sims, NREMT-P, Vice-Chair
Greg Reid, Secretary
Angela Selmon, M.D.
Michael Thomas, M.D.
Susan Watkins, RN
(1 vacancy)



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 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.



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
STRATEGIC 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 education process that included the Plan Do Check Act (PDCA) Cycle of continuous quality improvement (CQI). The main objectives of the quality improvement training are to learn how to collect and use data to identify and analyze problems; develop solutions based upon data and analysis; 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. This 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

- 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

MANDATES STRATEGIC ACTION TEAM

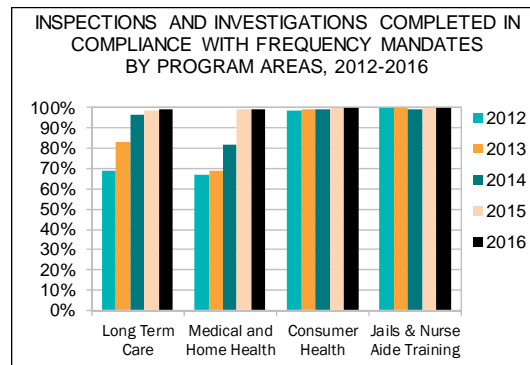
*Ensuring Compliance with Inspection Frequency Mandates (IFMs)
Population Served: All Oklahoma Citizens and Visitors*

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

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.

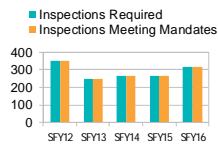


MANDATES STRATEGIC ACTION TEAM INSPECTION FREQUENCY MANDATES (IFMs)

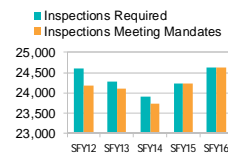
	SFY12	SFY13	SFY14	SFY15	SFY16
CONSUMER HEALTH SERVICE IFMs					
Number of inspection mandates	8	8	8	8	8
Inspections required	24,596	24,277	23,914	24,240	24,624
Inspections meeting mandates	24,179	24,100	23,744	24,239	24,623
Percent of inspections met	98.3%	99.3%	99.3%	100.0%	100.0%
HEALTH RESOURCE DEVELOPMENT SERVICE IFMs					
Number of inspection mandates	3	3	3	3	3
Inspections required	353	247	267	264	315
Inspections meeting mandates	352	247	266	264	315
Percent of inspections met	99.7%	100.0%	99.6%	100.0%	100.0%
LONG TERM CARE SERVICE IFMs					
Number of inspection mandates	24	24	24	24	24
Inspections required	3,414	3,273	3,126	2,830	3,149
Inspections meeting mandates	2,348	2,728	3,025	2,785	3,146
Percent of inspections met	68.8%	83.3%	96.8%	98.4%	99.9%
MEDICAL FACILITIES SERVICE IFMs					
Number of inspection mandates	14	14	14	14	14
Inspections required	472	342	422	287	508
Inspections meeting mandates	317	236	344	285	504
Percent of inspections met	67.2%	69.0%	81.5%	99.3%	99.2%
ALL PROTECTIVE HEALTH SERVICES IFMs					
Number of inspection mandates	49	49	49	49	49
Inspections required	28,835	28,139	27,729	27,621	28,489
Inspections meeting mandates	27,196	27,311	27,379	27,573	28,482
Percent of inspections met	94.3%	97.1%	98.7%	99.8%	100.0%

	SFY12	SFY13	SFY14	SFY15	SFY16
COMPLAINT IFMs					
Number of complaint IFMs	-----	-----	17	17	17
Complaint IFMs met	-----	-----	10	16	15
Complaint IFMs not met	-----	-----	7	1	2
Inspections required	-----	-----	1,463	1,251	1,381
Inspections meeting mandates	-----	-----	1,362	1,206	1,375
Percent of inspections met	-----	-----	93.0%	96.4%	99.6%
NON-COMPLAINT IFMs					
Number of non-complaint IFMs	-----	-----	32	32	32
Non-complaint IFMs met	-----	-----	28	32	32
Non-complaint IFMs not met	-----	-----	4	0	0
Inspections required	-----	-----	26,266	26,370	27,108
Inspections meeting mandates	-----	-----	26,017	26,367	27,107
Percent of inspections met	-----	-----	99.0%	100.0%	100.0%

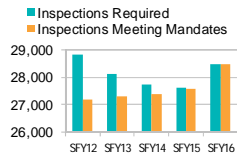
HEALTH RESOURCE DEVELOPMENT SERVICE



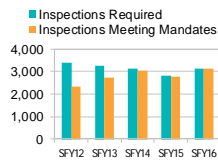
CONSUMER HEALTH SERVICE



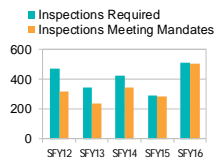
ALL MANDATES FOR PROTECTIVE HEALTH SERVICES



LONG TERM CARE SERVICE



MEDICAL FACILITIES SERVICE





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.

ACT

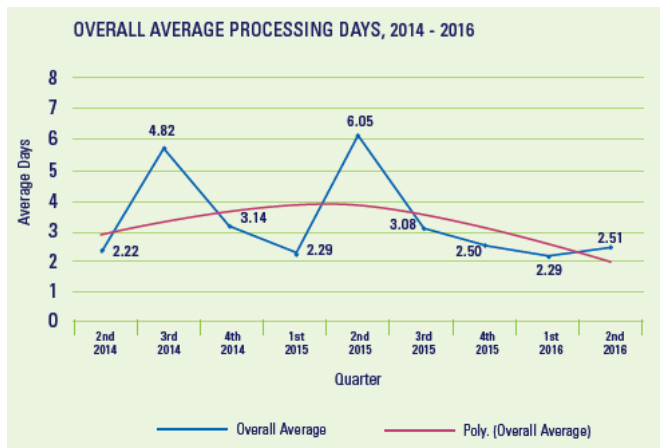
Standardize the Improvement or Develop a New Theory

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

	SFY12	SFY13	SFY14	SFY15	SFY16
Consumer Health Service					
Bedding Permits	2,224	2,218	2,192	2,387	2,450
Drugs, Cosmetics, Medical Devices	7	7	6	4	2
Hearing Aid Dealers and Fitters	189	160	160	169	170
Hotels-Motels	1,131	1,159	1,185	1,202	1,197
Licensed Genetic Counselors	24	12	20	29	37
Medical Micropigmentologists	129	129	119	120	114
Public Bathing Places	4,966	3,135	3,175	3,204	3,041
Retail Food Establishments	22,276	22,008	23,276	22,197	22,708
Sanitarians & Environmental Specialists	656	516	510	539	507
Tattoo Artists	344	528	377	464	450
Tattoo Establishments	130	120	128	152	145
Body Piercing Artists	108	68	74	85	74
Body Piercing Establishments	62	48	53	60	47
Food Manufacturers	1,064	1,147	1,132	1,165	1,184
Correctional Facilities	96	101	100	100	83
X-Ray Facility Permits	2,985	3,030	3,008	3,059	3,026
Health Resources					
Development Service					
Adult Day Care Centers	44	40	41	40	39
Certified Workplace Medical Plans	5	5	5	5	5
Continuum of Care Facilities & Assisted Living Centers	143	151	161	169	174
Health Maintenance Organizations	7	7	7	7	N/A
Home Care Administrators	799	805	809	697	564
Jails	124	129	128	132	131
Nurse Aides	71,329	70,913	67,678	67,254	66,579
Registered Feeding Assistants	182	165	512	605	653
Nurse Aide Training Programs	376	357	321	257	273
Nursing & Specialized Facilities	393	381	388	292	287
Residential Care Homes	82	71	66	57	50
Medical Facilities Service					
Ambulatory Surgical Centers	42	44	42	43	41
Birth Centers	0	0	0	0	0
Emergency Medical Services	369	358	362	367	372
Emergency Medical Technicians	7,985	9,372	8,267	8,388	8,686
EMS Training Institutions	41	45	41	40	43
Home Health Agencies	357	382	415	409	377
Home Health Agency Branch Offices	235	299	345	397	511
Hospice Providers	141	150	152	158	129
Hospice Alternate Administrative Offices	57	58	58	58	28
Hospitals	153	152	154	155	137
Tissue and Eye Banks	4	4	4	6	6
Workplace Drug and Alcohol Testing Facilities	175	187	182	182	190
STATE TOTAL:	119,434	118,461	115,653	114,654	114,510

Federal Certifications Issued

	SFY12	SFY13	SFY14	SFY15	SFY16
Long Term Care Service					
Intermediate Care Facilities for With Intellectual Disabilities	89	92	86	99	100
Nursing Facilities	291	309	302	289	290
Medical Facilities Service					
Ambulatory Surgical Centers	7	12	8	9	9
CLIA Laboratories	162	75	201	125	125
Comprehensive Out-patient Rehabilitation Agencies	0	1	0	0	0
End Stage Renal Disease (Dialysis Centers)	4	31	24	46	46
Home Health Agencies	59	143	67	79	80
Hospice Providers	9	45	46	44	45
Hospitals	42	37	49	32	36
Organ Procurement Organization	0	0	1	0	0
Outpatient Phys Therapy/Speech Portable X-Ray Units	2	6	1	12	13
Psychiatric Residential Treatment Rehabilitation Agencies	1	0	0	0	0
Rural Health Clinics	0	0	0	0	0
	1	9	17	16	17
FEDERAL TOTAL:	667	760	802	751	761

QUICK REFERENCE TELEPHONE DIRECTORY

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