

ANNUAL REVIEW | 2020

PROTECTIVE HEALTH SERVICES



Oklahoma State Department of Health

VISION

Creating a State of Health

MISSION

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

VALUES

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

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

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

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

Accountability · To competently improve the public's health on the basis of sound scientific evidence and responsible research.

Public health impacts your life and that of your family every day through our assurance of quality in health care and consumer services. We oversee more than 114,000 assorted business and occupational licenses annually ranging from grocery stores, restaurants, hotels, and tattoo artists to ambulances, hospitals, surgical centers, and nursing homes.



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 website at phs.health.ok.gov.

Rocky McElvany
Deputy Commissioner
Regulation, Prevention & Preparedness

James Joslin, MPA
Assistant Deputy Commissioner
Protective Health Services

Protective Health Services (PHS) Leadership Team

Rocky D. McElvany, M.S.
Deputy Commissioner
rockym@health.ok.gov

Phone 405 • 271 • 5288
Fax 405 • 271 • 1402

James Joslin, MPA
Assistant Deputy Commissioner
james@health.ok.gov

Crystal Rushing,
Executive Assistant
crystalr@health.ok.gov

Travis Splawn, Consumer Health Service
405 • 271 • 5243; Fax: 405 • 271 • 3458; traviss@health.ok.gov

James Joslin, MPA, Health Resources Development Service
405 • 271 • 6868; Fax: 405 • 271 • 7360; james@health.ok.gov

Michael Cook, Long Term Care Service
405 • 271 • 6868; Fax: 405 • 271 • 2206; mikec@health.ok.gov

(vacant), Medical Facilities Service
405 • 271 • 6576; Fax: 405 • 271 • 1308; (vacant@health.ok.gov)

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CONSUMER HEALTH SERVICE (CHS)

Travis Splawn, RPS/RPES
traviss@health.ok.gov

405 • 271 • 5243
Fax: 405 • 271 • 5286

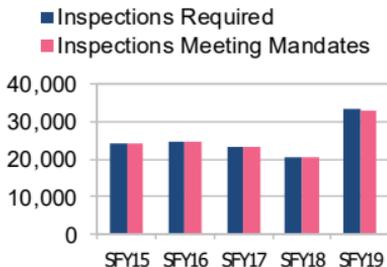
Phillip Jurina, RPS/RPES, Consumer Protection Division
phillipj@health.ok.gov

Samuel C. Cannella, Occupational Licensing Division
samuelc@health.ok.gov

INSPECTION FREQUENCY MANDATES

	SFY15	SFY16	SFY17	SFY18	SFY19
Number of inspection mandates	8	8	8	6	6
Inspections required	24,240	24,624	23,125	20,391	33,628
Inspections meeting mandates	24,239	24,623	23,125	20,391	33,164
Percent of inspections met	100.0%	100.0%	100.0%	100.0%	98.6%

CONSUMER HEALTH SERVICE



*****Go to page 183 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.

Contact

Phillip Jurina, RPS/RPES
phillipj@health.ok.gov

405 • 271 • 5243
Fax: 405 • 271 • 5286

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

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 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

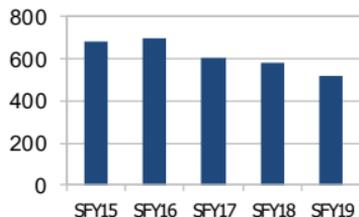
There are no fees associated with this program.

	SFY15	SFY16	SFY17	SFY18	SFY19
ANIMAL BITES					
Counties reporting	36	40	49	41	38
*Bites reported	686	698	608	583	521

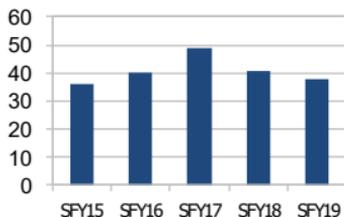
*None of the complaints investigated during SFY16 resulted in a transmission of rabies to the bite victim.

ANIMAL BITES

■ Bites reported



NUMBER OF COUNTIES REPORTING ANIMAL BITES



BEDDING INDUSTRY

Clients Served

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

Contacts

Inspections/Enforcement

Phillip Jurina, RPS/RPES
phillipj@health.ok.gov

Licensing

Samuel C. Cannella
samuelc@health.ok.gov

405•271•5243
Fax: 405•271•5286

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

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 safe manufacture and processing of wholesale and retail bedding products, and effective germicidal treatment of used bedding products.

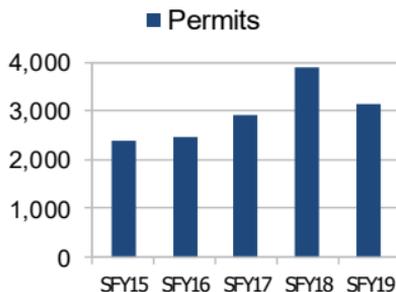
CHS staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry and consumers in bedding manufacturing practices, meet with consumer advisory committees, and provide technical assistance as necessary. On-site inspections of bedding establishments may also be 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
Bedding Article Fee for Items Manufactured, Sold, or Germicidally Treated	\$0.05

	SFY15	SFY16	SFY17	SFY18	SFY19
BEDDING INDUSTRY					
Permits	2,387	2,450	2,924	3,898	3,155
Inspections	461	66	12	14	0
Fees collected	\$136,766	\$46,157	\$21,133	\$150,866	\$188,309
Inspections with violations cited	---	21	9	5	0
Total violations cited	---	57	19	16	0
Average # of violations per inspection w/violation	---	2.7	2.1	3.2	0

BEDDING INDUSTRY



CONSUMER PRODUCT SAFETY COMMISSION

Clients Served

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

Contact

Phillip Jurina, RPS/RPES
phillipj@health.ok.gov

405 • 271 • 5243
Fax: 405 • 271 • 5286

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

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; track statistical data; provide for enforcement of establishments not in compliance; train industry and consumers in manufacturing practices; meet with consumer advisory committees; and provide technical assistance as necessary. On-site inspections of the establishments are also performed by CHS staff.

Clients Served

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

Contact

Phillip Jurina, RPS/RPES
phillipj@health.ok.gov

405 • 271 • 5243
Fax: 405 • 271 • 5286

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

Authority

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

Funding Source

Fees Collected

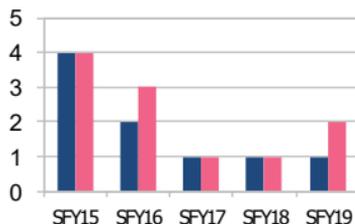
Program Fees

Initial license.....	\$425.00
Renewal license.....	\$335.00

	SFY15	SFY16	SFY17	SFY18	SFY19
DRUGS, COSMETICS, MEDICAL DEVICES					
Licensed entities	4	2	1	1	1
Inspections	4	3	1	1	2
Violations cited	0	0	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.

Contact

Samuel C. Cannella
samuelc@health.ok.gov

405 • 271 • 5243
Fax: 405 • 271 • 5286

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

Authority

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

Funding Source

Fees Collected

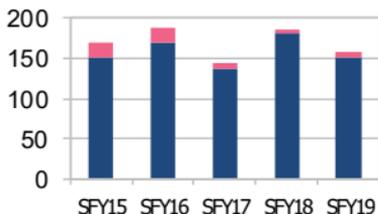
Program Fees

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

	SFY15	SFY16	SFY17	SFY18	SFY19
HEARING AID PROGRAM					
Licensed dealers/fitters	151	170	137	182	152
Temporary licenses	18	17	6	4	5
Fees collected	\$9,536	\$12,405	\$13,720	\$12,115	\$12,740

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 assurance of sanitary conditions. Regulations address buildings, 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.

Contacts

Inspections/Enforcement

Phillip Jurina, RPS/RPES
phillipj@health.ok.gov

Licensing

Samuel C. Cannella
samuelc@health.ok.gov

405•271•5243

Fax: 405•271•5286

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

Authority

63 O.S., § 1-1201
OAC 310:285

Funding Source

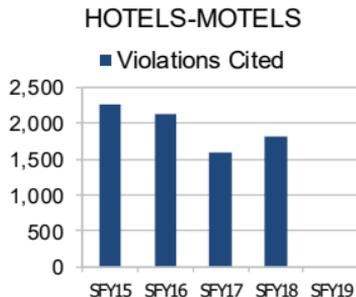
Fees Collected

Program Fees

\$300.00 to \$400.00 dollars depending on the class of the permit or renewal.

	SFY15	SFY16	SFY17	SFY18	SFY19
HOTELS-MOTELS					
Number licensed	1,202	1,197	1,037	1,094	1,208
Inspections	1,547	1,691	1,119	1,187	1,118
Violations cited	2,271	2,137	1,590	1,821	n/a
Fees collected	*	*	*	*	*

*Fee data is included in the Retail Foods program area





Hotels and Motels Top Violations

Violation #21

OAC 310:285-5-4 (a) – Room Furnishings:
Clean, Good Repair

Violation #22

OAC 310:285-5-4 (b) – Room Linens:
2 sheets, 1 mattress cover, pillow cover or double-cased

Violation #6

OAC 310:285-3-5 (b) – Fire Safety:
smoke detectors; maintained

Violation #19

OAC 310:285-5-2 & 7-1(h) – Laundry:
clean and dirty separate, clean area, hand sink

Violation #9

OAC 310:285-3-6 & 7-1(h) – Toilet:
Ventilation, good repair, min # per floor, no carpet, clean

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.

Contact

Samuel C. Cannella
samuelc@health.ok.gov

405•271•5243
Fax: 405•271•5286

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

Authority

63 O.S., §§ 1-561 et seq.
OAC 310:406

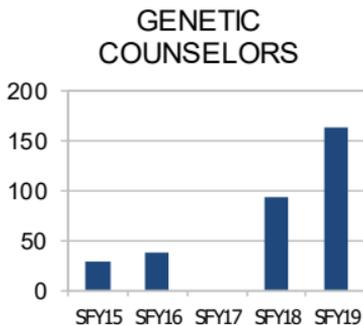
Funding Source

Fees Collected

Program Fees

Application	\$300.00
Renewal	\$200.00

	SFY15	SFY16	SFY17	SFY18	SFY19
GENETIC COUNSELORS					
Number licensed	29	37	---	94	164
Complaints	0	0	0	0	0
Disciplinary actions	0	0	0	0	0
Fees collected	\$4,100	\$12,800	\$12,525	\$16,760	\$22,900



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, verify training hours, 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

Clients Served

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

Contacts

Inspections/Enforcement
Phillip Jurina, RPS/RPES
phillipj@health.ok.gov

Licensing

Samuel C. Cannella
samuelc@health.ok.gov

405 • 271 • 5243
Fax: 405 • 271 • 5286

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

Authority

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

Funding Source

Fees Collected

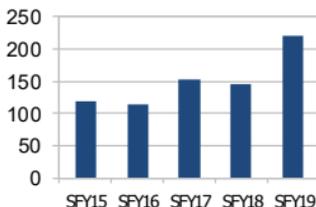
Health Advisory Council Modernization Act. The Act placed the Medical Micropigmentation Program under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the “Advisory Councils” section of this booklet.

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
Exam Fee.....	\$200.00
1st Retake Fee.....	\$75.00
2nd Retake Fee	\$75.00

	SFY15	SFY16	SFY17	SFY18	SFY19
MICROPIGMENTOLOGISTS					
Number certified	120	114	154	145	220
Enforcement cases	---	1	---	12	1
Fees collected	\$19,275	\$17,355	\$28,810	\$31,625	\$39,995

**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.

Contacts

Inspections/Enforcement
Phillip Jurina, RPS/RPES
phillipj@health.ok.gov

Licensing

Samuel C. Cannella
samuelc@health.ok.gov

405 • 271 • 5243
Fax: 405 • 271 • 5286

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

Authority

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

Funding Source

Fees Collected

Program Fees

Type 82 Class I “Indoor Facility”

Public Bathing Places Initial License Fee	\$125.00
Public Bathing Places Renewal License Fee	\$75.00
Public Bathing Places Re-inspection Fee	\$250.00

Type 82 Class O “Outdoor Facility”

Public Bathing Places Initial License Fee	\$125.00
Public Bathing Places Renewal License Fee	\$75.00
Public Bathing Places Re-inspection Fee	\$250.00

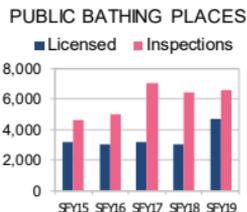
Pool Category M “Municipality of 5,000 or less Population”

Public Bathing Places Initial License Fee	\$50.00
Public Bathing Places Renewal 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) (\$2,000.00 maximum)
Modification to Existing Pool	\$50.00 per 5000 gallons (\$250.00 minimum) (\$2,000.00 maximum)
New Spas	\$50.00 per 100 gallons (\$250.00 minimum) (\$2,000.00 maximum)
Modification to Existing Spa	\$25.00 per 100 gallons (\$125.00 minimum) (\$2,000.00 maximum)
Securing Fee	\$50.00

	SFY15	SFY16	SFY17	SFY18	SFY19
PUBLIC BATHING PLACES					
Number licensed	3,204	3,041	3,180	3,056	4,678
New construction permits	103	92	74	61	63
Inspections	4,629	4,966	6,996	6,409	6,601
Violations cited	15,905	8,995	13,812	14,849	n/a
Pool classes conducted	22	24	19	19	14
Pool class attendees	698	680	527	535	432
License fees collected	\$200,003	\$151,100	\$152,587	\$191,100	\$259,762
Construction fees collected	\$71,390	\$72,400	\$160,050	\$43,725	\$46,175



Public Bathing Places Top Violations

Violation #19

OAC 310:320-3-2

Flow meter, flow rate

Violation #6

OAC 310:320-3-2

Decks, gutter, pool finish: Clean, good repair

Violation #34

OAC 310:320-3-7

Total Alkalinity between 80 and 200 ppm

Violation #31

OAC 310:320-3-7

Free available chlorine less than 1 ppm; bromine less than 2 ppm

Violation #10

OAC 310:320-3-2 – Skimmers

Weirs and baskets installed: Clean and Operating

RETAIL FOOD ESTABLISHMENTS

Clients Served

All segments of the retail food service industry and the consumers who utilize services of the retail food service industry.

Contacts

Inspections/Enforcement

Phillip Jurina, RPS/RPES
phillipj@health.ok.gov

Licensing

Samuel C. Cannella
samuelc@health.ok.gov

405 • 271 • 5243

Fax: 405 • 271 • 5286

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

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 made and 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, perform plan review, 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. OMMA compliance inspections have been performed by county inspectors on processors as a pilot program, except for Oklahoma City and Tulsa, where it is performed through contract. Information on the Oklahoma Food Service Advisory Board can be found in the “Advisory Councils” section of this booklet.

Program Fees

Food Service

Initial.....	\$425.00
Renewal.....	\$335.00
Late Renewal	\$375.00

State Operated, non-profit or Health Facilities not meeting exempt

status.....	\$175.00
Renewal.....	\$125.00
Late Renewal	\$150.00
Seasonal, Initial	\$250.00
Seasonal, Reinstatement	\$250.00

Temporary (\$250 maximum)

Initial Day	\$50.00
Each Consecutive Day.....	\$25.00

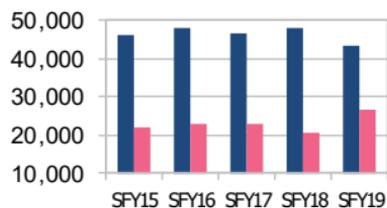
Plan Review Fee.....	\$425.00
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	SFY15	SFY16	SFY17	SFY18	SFY19
FOOD ESTABLISHMENTS					
Number licensed	22,197	22,708	23,125	20,391	26,702
Food establishment inspections	45,303	47,457	45,606	47,217	43,050
Child care facility inspections	660	586	658	590	415
Total inspections	45,963	48,043	46,264	47,807	43,465
Food service violations	156,145	157,805	135,925	143,643	n/a
Mobile service violations	4,355	3,810	3,006	3,187	n/a
Total violations	160,500	161,615	138,931	146,830	n/a
Food establishment fees collected*	\$5,439,549	\$5,777,843	\$5,901,308	\$6,769,390	\$8,506,266
Child care facility fees collected	\$66,000	\$58,600	\$64,700	\$58,900	\$61,700
Total fees	\$5,505,549	\$5,836,443	\$5,966,008	\$6,828,290	\$8,567,966

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

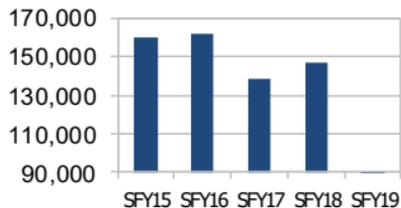
RETAIL FOOD ESTABLISHMENTS

■ Inspections ■ Licensed



RETAIL FOOD ESTABLISHMENTS

■ Violations Cited



Retail Food Establishments Top Violations

Violation #47

Non-food contact surfaces clean; cleaning frequency

Violation #45

Food & non-food contact surfaces cleanable, design

Violation #53

Floors, walls, ceiling (physical facilities):
design, maintained, good repair; Outer openings protected

Violation #52

Floors, walls, ceilings: clean, free of litter; removal of pests

Violation #33

Food contact surfaces of equipment and utensils clean

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
samuelc@health.ok.gov

405 • 271 • 5243
Fax: 405 • 271 • 5286

<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

Registered Professional Sanitarian or Registered Professional Environmental Specialist Examination Fee	\$30.00
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

	SFY15	SFY16	SFY17	SFY18	SFY19
SANITARIANS AND ENVIRONMENTAL SPECIALISTS					
Registered or in training	539	507	531	518	518
Fees collected	\$14,915	\$14,275	\$11,640	\$13,145	\$11,020

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
phillipj@health.ok.gov

Licensing

Samuel C. Cannella
samuelc@health.ok.gov

405 • 271 • 5243
Fax: 405 • 271 • 5286

<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, verify trainings, 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

Exam Fee

Initial.....	\$200.00
1 st Retake.....	\$75.00
2 nd Retake.....	\$75.00

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

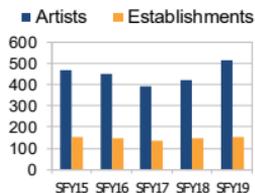
Initial license.....	\$1,000.00
Renewal license.....	\$500.00
Late renewal license (not renewed within 30 days after expiration).....	\$750.00
Temporary event license (not to exceed 3 days).....	\$500.00

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

	SFY15	SFY16	SFY17	SFY18	SFY19
VIOLATIONS					
Violations cited	126	113	---	96	77
Inspections	388	333	252	199	194
Violations per inspection	0.3	0.3	---	0.4	0.3
	SFY15	SFY16	SFY17	SFY18	SFY19
TATTOO ARTISTS AND ESTABLISHMENTS					
Licensed individuals	389	360	374	380	409
Temporary artists	75	90	20	40	107
Total licensed artists	464	450	394	420	516
Establishments	152	145	135	146	154
BODY PIERCING ARTISTS AND ESTABLISHMENTS					
Licensed individuals	74	64	57	63	53
Temporary artists	10	10	4	1	2
Total licensed artists	85	74	61	64	55
Establishments	60	47	47	45	38
TOTAL FEES & FINES	\$241,386	\$208,515	\$191,085	\$161,325	\$132,050

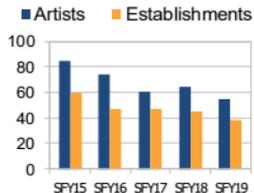
TATTOO PROGRAM



Tattoo & Body Piercing INSPECTIONS CONDUCTED



BODY PIERCING



Tattoo and Body Piercing Program Top Violations

Violation #2

OAC 310:233-3-2(a), (i); 9-2(b), (f)
Artist License

Violation #1

OAC 310:233-3-2(i); 9-1(a-c)
Shop License

Violation #19

OAC 310:233-5-1(b)(c)
Sterilization

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
phillipj@health.ok.gov

Licensing

Samuel C. Cannella
samuelc@health.ok.gov

405 • 271 • 5243
Fax: 405 • 271 • 5286

<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	\$425.00
Renewal licenses	\$335.00
Late Renewal	\$375.00

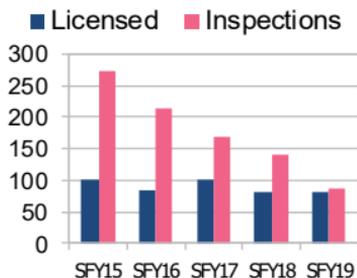
	SFY15	SFY16	SFY17	SFY18	SFY19
FOOD MANUFACTURERS					
Number licensed	1,165	1,184	1,192	1,074	1,171
Inspections	1,409	1,456	1,323	1,217	1,254
Violations cited	1,229	741	550	705	n/a
CORRECTIONAL FACILITIES					
Number licensed	100	83	100	81	82
Inspections	273	213	169	140	88
Fees collected	*	*	*	*	*

*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 to ensure it is functioning properly, make practitioners and health care workers 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
samuelc@health.ok.gov

405 • 271 • 5243
Fax: 405 • 271 • 5286

<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.

All facilities except dental, podiatric and veterinary

Each Tube \$95.00
(maximum of \$500)

Dental and Podiatric

Each Tube \$30.00
(maximum of \$500)

Veterinary

Each Tube \$25.00
(maximum of \$500)

	SFY15	SFY16	SFY17	SFY18	SFY19
X-RAY FACILITIES					
Number of permits	3,059	3,026	3,010	2,800	3,008
Inspections	1,507	1,788	1,563	1,644	1,486
Fees collected	\$394,798	\$397,234	\$400,297	\$336,244	\$426,575

X-RAY FACILITIES





HEALTH RESOURCES DEVELOPMENT SERVICE (HRDS)

James Joslin, MPA

405 • 271 • 6868

Fax: 405 • 271 • 7360

james@health.ok.gov

Barry Edwards, Detention Program

405 • 271 • 3912; Fax: 405 • 271 • 5304; ccdf@health.ok.gov

Espa Bowen, Health Facility Systems & Managed Care Systems

405 • 271 • 6868; Fax: 405 • 271 • 7360; healthresources@health.ok.gov

Diane Henry, MDS-OASIS Program

405 • 271 • 5278; Fax: 405 • 271 • 1402; mdshelp@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

Barry Edwards, Oklahoma National Background Check Program

405 • 271 • 3598; Fax: 405 • 271 • 3611; okscreen@health.ok.gov

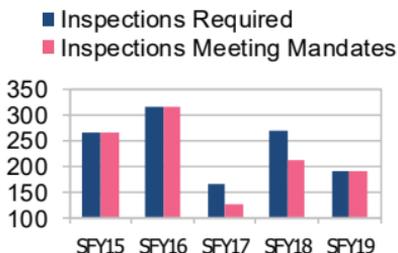
Alexandria Hart-Smith, Quality Assurance and Data Systems

405 • 271 • 5278; Fax: 405 • 271 • 1402; qieshelpdesk@health.ok.gov

INSPECTION FREQUENCY MANDATES

	SFY15	SFY16	SFY17	SFY18	SFY19
Number of inspection mandates	3	3	3	3	3
Inspections required	264	315	165	269	189
Inspections meeting mandates	264	315	125	213	189
Percent of inspections met	100.0%	100.0%	75.8%	79.2%	100.0%

HEALTH RESOURCE DEVELOPMENT SERVICE



Go to page 183 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
healthresources@health.ok.gov

405 • 271 • 6868
Fax: 405 • 271 • 7360

<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.

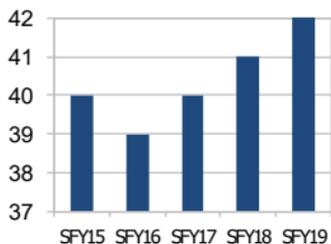
Program Fees

Initial license and annual renewal \$75.00

	SFY15	SFY16	SFY17	SFY18	SFY19
LICENSE APPLICATIONS					
ADULT DAY CARE CENTERS					
Licensed centers	40	39	40	41	42
Licenses issued*	32	45	38	39	46
Fees collected	\$2,550	\$3,225	\$3,000	\$3,075	\$3,450

*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
hfs@health.ok.gov

405 • 271 • 6868
Fax: 405 • 271 • 7360

<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

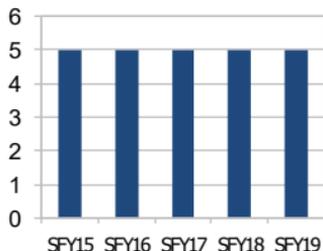
management of the claimant's needs are adequately met in a timely manner and that the certified workplace medical plan is complying with all other applicable provisions of the Act and rules, and is operating in accordance with their current application. MCS staff also accept and investigate inquiries from any party seeking assistance.

Program Fees

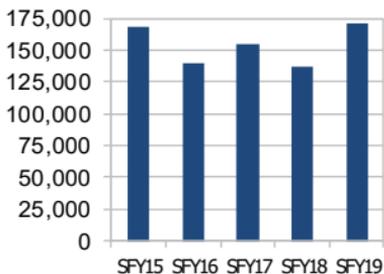
Initial certification and five year renewal.....	\$1,500.00
Annual on-site inspection.....	\$1,500.00
Follow-up visits	\$1,000.00
Change of ownership.....	\$1,500.00

	SFY15	SFY16	SFY17	SFY18	SFY19
WORKPLACE MEDICAL PLANS					
Number of plans	5	5	5	5	5
Initial certifications	0	0	0	0	0
Five-year renewals	0	2	2	0	0
Changes of ownership	1	0	0	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	168,566	140,364	154,373	136,963	171,522
Fees collected	\$9,000	\$10,500	\$10,707	\$9,175	\$7,863

WORKPLACE MEDICAL PLANS



PLAN MEMBERS



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
healthresources@health.ok.gov

405•271•6868
Fax: 405•271•7360

<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

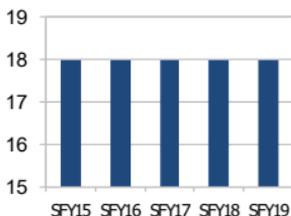
\$10.00 per licensed bed for establishment, with a \$1,000.00 maximum.

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

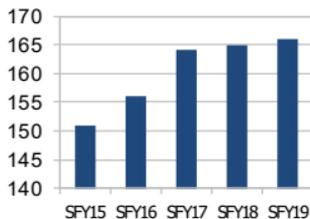
	SFY15	SFY16	SFY17	SFY18	SFY19
LICENSE APPLICATIONS					
CONTINUUM OF CARE FACILITIES					
Licensed facilities	18	18	18	18	18
Nursing facilities with assisted living centers	18	18	18	18	18
Nursing facilities with adult day care centers	0	0	0	0	0
Licenses issued*	17	24	20	22	22
Fees collected	\$28,685	\$29,838	\$25,750	\$34,865	\$30,881
LICENSE APPLICATIONS					
ASSISTED LIVING CENTERS					
Licensed centers	151	156	164	165	166
Licenses issued*	132	258	198	194	195
Fees collected	\$101,340	\$110,090	\$110,833	\$119,650	\$116,530
Total continuum of care facilities and assisted living centers	169	174	183	183	184
Total licenses issued*	149	282	218	218	206
Total fees collected	\$130,025	\$139,928	\$136,583	\$154,515	\$147,412

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

LICENSED CONTINUUM OF CARE FACILITIES



LICENSED ASSISTED LIVING CENTERS



DETENTION PROGRAM

Clients Served

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

Contact

Barry Edwards
ccdf@health.ok.gov

405 • 271 • 3912
Fax: 405 • 271 • 5304

ccdf.health.ok.gov

Authority

74 O.S., §192
OAC 310:670

Funding Source

State Funds

This program is designed to monitor compliance with minimum detention facility standards and to improve the facilities. Staff from Health Resources Development Service implement and interpret rules, conduct routine detention facility inspections, investigate complaints and detention facility deaths, and provide technical assistance as necessary.

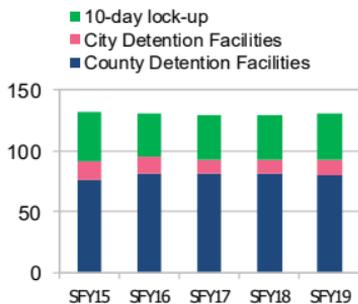
The Department is required to inspect all city and county detention facilities at least once each year to ensure standards are being followed. The standards adopted address admission and release procedures, security measures, sanitary conditions, diet, clothing and living area, detention staff training, safety and segregation of women, the infirm, and minors, medical care, twenty-four hour supervision, fire and emergency procedures, 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 person immediately responsible for the administration of the facility.

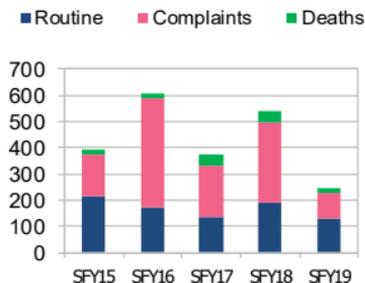
	SFY15	SFY16	SFY17	SFY18	SFY19
DETENTION FACILITIES					
County Detention Facilities*	77	81	81	81	80
City Detention Facilities	15	15	12	12	13
Ten-day lock-up facilities	40	35	37	37	38
Total Number of Detention Facilities	132	131	130	130	131
Mandated Inspections Completed	216	172	133	189	131
Complaints investigated	159	414	200	306	96
Deaths investigated	19	22	40	44	17
Serious suicide attempts investigated	29	21	33	67	25
Escapes recorded	8	5	18	11	9
Jailers tested	1,925	2,458	0	0	0
Facility Tests Administered	125	267	0	0	0
New Detention Facilities under construction	0	2	0	0	9
New Detention Facilities in planning stage	0	1	0	0	1

*Data reflects that some counties have multiple facilities

DETENTION FACILITIES BY TYPE



DETENTION FACILITY



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
espab@health.ok.gov

405•271•6868
Fax: 405•271•7360

<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 .

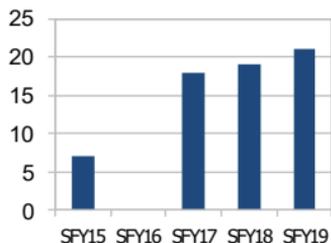
Program Fees

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

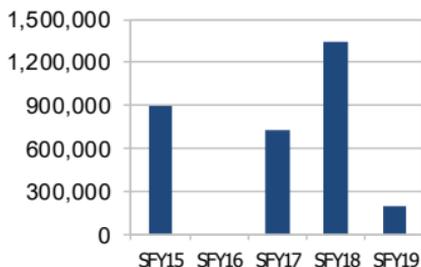
	SFY15	SFY16	SFY17	SFY18	SFY19
HEALTH MAINTENANCE ORGANIZATIONS					
Number licensed	7	N/A	18	19	21
HMO members	893,355	N/A	730,689	1,343,197	198,739
Fees collected	\$0	N/A	\$1,500	\$1,500	\$4,500

*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
hcar@health.ok.gov

405 • 271 • 6868
Fax: 405 • 271 • 7360

<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.

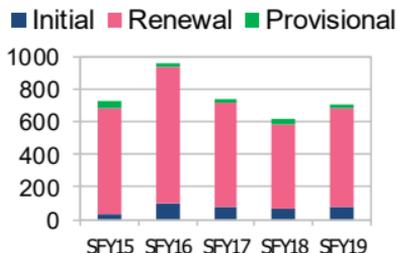
Program Fees

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

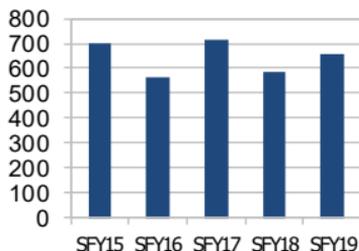
	SFY15	SFY16	SFY17	SFY18	SFY19
HOME CARE ADMINISTRATORS					
Total certified administrators	697	564	717	582	656
Initial certificates	33	104	73	72	76
Renewal certificates	654	833	644	510	606
Provisional certificates	41	26	23	36	21
Complaints investigated	0	0	0	0	0
Tested for OHCAPA*	103	104	73	72	76
Testing sites	9	9	9	9	9
Preparedness programs	2	2	3	3	3
Preparedness program attendees	24	43	24	25	48
Fees collected	\$69,048	\$67,460	\$54,337	\$47,479	\$45,615

*Oklahoma Home Care Administrator Preparedness Assessment

HOME CARE ADMINISTRATORS



TOTAL CERTIFIED ADMINISTRATORS



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
mdshelp@health.ok.gov

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

QIES Help Desk

405 • 271 • 5278
Fax: 405 • 271 • 1402

Authority

63 O.S., § 1-1925.2(I)(1)
63 O.S., § 1-890.3(A)(1)
OAC 310:675-9-5.1
42 CFR 483.20, 42 CFR
483.315, 42 CFR 485.645

Funding Source

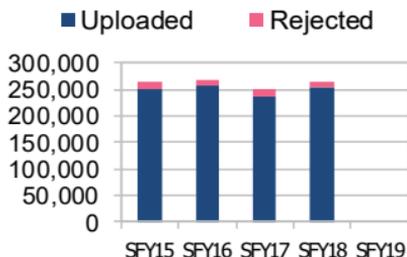
State and Federal Funds

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.

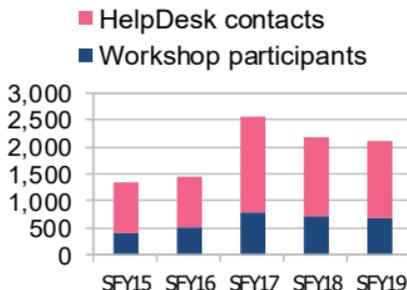
Personnel in the MDS program develop and provide health care information and consultative assistance to nursing facilities. Responsibilities include educating providers in the clinical methodology and completion of MDS forms; receipting and validating MDS records; assisting nursing facilities and swing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



	SFY15	SFY16	SFY17	SFY18	SFY19
MDS ASSESSMENTS FOR NURSING FACILITIES (NF)					
NFs transmitting MDS data	311	311	311	307	301
NF software vendors	22	22	21	21	15
NF resident count	19,032	18,829	18,863	18,439	*18,000+
NF batches submitted	33,476	31,664	34,819	35,114	33,274
NF records processed	261,394	263,252	247,022	262,441	269,018
NF records rejected	14,372	10,280	14,372	11,018	7,118
NF-MDS records uploaded to the National Repository	247,022	252,972	232,650	251,423	261,900
MDS ASSESSMENTS FOR SWING BED HOSPITALS (SB)					
SBs transmitting MDS data	27	24	23	24	*
SB software vendors	4	4	3	3	*
SB batches submitted	1,583	1,729	2,025	1,662	*
SB records processed	3,755	3,346	3,218	2,922	*
SB records rejected	468	348	314	256	*
SB-MDS records uploaded to the National Repository	3,287	2,998	2,904	2,666	*
TOTALS FOR NFs AND SBs					
Transmitting MDS data	338	335	334	331	n/a
Software vendors	26	26	24	24	n/a
Batches submitted	35,059	33,393	36,844	36,776	n/a
Records processed	265,149	266,598	250,240	265,363	n/a
Records rejected	14,840	10,628	14,686	11,274	n/a
Records uploaded to the National Repository	250,309	255,970	235,554	254,089	n/a
MDS training sessions					
Facilities/Hospitals with staff attending workshops	8	12	15	12	13
Workshop participants	186	250	448	394	406
HelpDesk Contacts	390	504	786	731	699
	959	950	1,772	1,441	1,426

* NH Resident Count data not available in QBIC

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
qieshelpdesk@health.ok.gov

405 • 271 • 5278
Fax: 405 • 271 • 1402

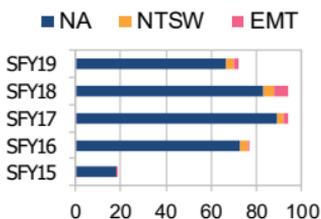
<https://www.npdb.hrsa.gov/>

Authority

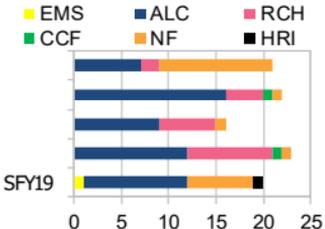
45 CFR Part 60

	SFY15	SFY16	SFY17	SFY18	SFY19
DATA BANK REPORTING					
Nurse Aides (NA)	18	73	89	83	67
Non-Technical Service Workers (NTSW)	0	3	3	5	3
Emergency Medical Technicians (EMT)	1	1	2	6	2
Emergency Medical Services (EMS)	1	0	0	0	0
Assisted Living Centers (ALC)	11	12	9	16	7
Residential Care Homes (RCH)	0	9	6	4	2
Continuum of Care Facilities (CCF)	0	1	0	1	0
Nursing Facilities (NF)	7	1	1	1	12
Hospital Related Institutes	n/a	n/a	n/a	n/a	1

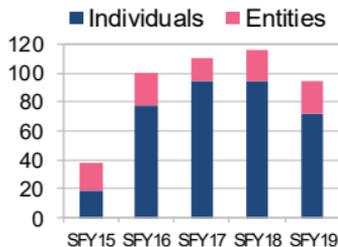
REPORTS SUBMITTED ON INDIVIDUALS



REPORTS SUBMITTED ON ENTITIES



TOTAL NPDB REPORTS



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
nar@health.ok.gov

405•271•4085
1•800•695•2157
Fax: 405•271•1130

<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

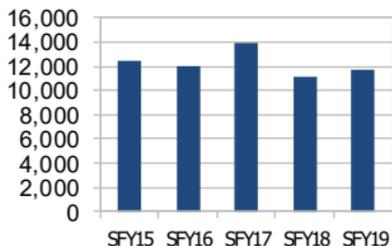
	SFY15	SFY16	SFY17	SFY18	SFY19
NURSE AIDE REGISTRY					
Certifications*, registrations, and advanced amendments added	12,394	12,063	13,865	11,092	11,744
Certified nurse aides	67,254	66,579	66,908	68,067	68,764
Registered feeding assistants	605	653	603	576	460
Approved training programs	257	273	281	289	285
Facilities ineligible to train due to substandard quality of care	58	55	52	32	26
Confirmed cases of abuse, neglect, or misappropriation of property	30	73	76	52	57
Fees collected	\$122,613	\$122,826	\$122,619	\$119,059	\$115,451

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

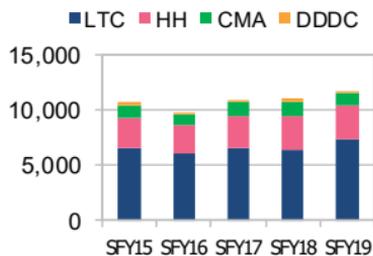
	SFY15	SFY16	SFY17	SFY18	SFY19
CERTIFICATIONS AND REGISTRATIONS ADDED THIS YEAR					
Long Term Care (LTC)	6,554	6,099	6,565	6,415	7,360
Home Health (HH)	2,783	2,522	2,850	3,041	2,985
Certified Medication Aide* (CMA)	1,121	1,024	1,259	1,328	1,149
Developmentally Disabled Direct Care (DDDC)	325	201	231	277	234
Residential Care (RC)	0	3	1	26	1
Adult Day Care (ADC)	2	3	0	5	15
CMA Advanced Nasogastric-Gastrostomy (NA-GA)	468	688	992	1315	554
CMA Advanced Respiratory (RESP)	460	706	1024	1322	589
CMA Advanced Glucose Monitoring (GLU-MON)	226	323	399	538	289
CMA Advanced Insulin Administration (IN-ADM)	153	228	304	399	198
Registered Feeding Assistants (FA)	302	266	230	198	80

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

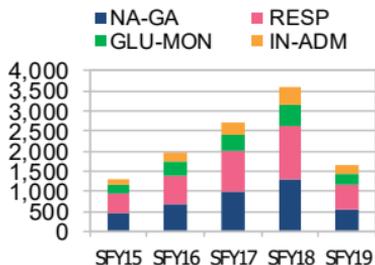
NURSE AIDES ADDED THIS YEAR



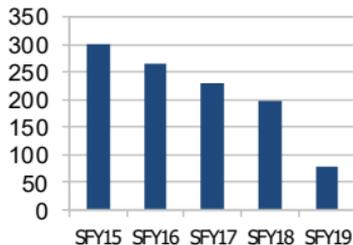
LEADING CERTIFICATION TYPES ADDED THIS YEAR



CMA ADVANCED TYPES ADDED THIS YEAR



FEEDING ASSISTANTS ADDED THIS YEAR

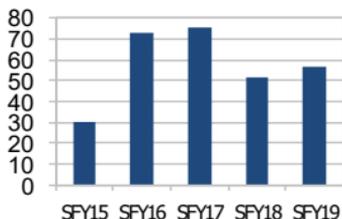


	SFY15	SFY16	SFY17	SFY18	SFY19
ACTIVE TRAINING PROGRAMS					
Long Term Care	119	129	131	131	127
Home Health	0	0	0	0	0
Developmentally Disabled	12	11	10	10	9
Residential Care	2	1	1	1	1
Adult Day Care	1	0	0	0	0
Certified Medication Aide	47	47	46	50	49
CMA Continuing Education	35	35	36	38	38
CMA Diabetes Care and Insulin Administration	15	20	21	23	25
CMA Gastronomy	---	1	1	1	1
CMA Glucose Monitoring	2	2	4	4	4
CMA Respiratory	1	2	2	1	2
CMA Respiratory and Gastrostomy	23	25	26	29	29
Competency Evaluation Program	3	3	3	3	3

	SFY15	SFY16	SFY17	SFY18	SFY19
PROGRAM ACTIVITIES					
Renewal forms mailed	27,905	25,958	26,000	26,728	27,703
*Certification cards mailed	34,688	34,578	35,799	10,660	0
Training program inspections	61	196	81	135	107
Certified Nurse Aide (CNA) Re-tester	323	367	244	250	267
Certified Medication Aide Re-tester	57	91	98	61	54
RN/LPN Student CNA/CMA training exceptions	67	88	88	152	116
RN/LPN Graduate CNA waivers	19	48	12	52	10
Foreign CNA training exceptions	1	15	0	1	9
Reciprocity CNA coming to Oklahoma	890	897	1,001	1,369	1,651
Reciprocity CNA leaving Oklahoma	375	415	417	401	373
LTC deemed to DDDC	34	22	21	37	16
HH deemed to LTC	2	4	0	3	0
DDDC deemed to RC	0	0	0	0	0
LTC deemed to RC	0	0	0	0	0

* In SFY2018 stopped mailing Certification Cards and started online verification

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
vickik@health.ok.gov

405 • 271 • 6868
Fax: 405 • 271 • 1130

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

Authority

63 O.S., § 1-1950
OAC 310:677-1-6

Funding Source

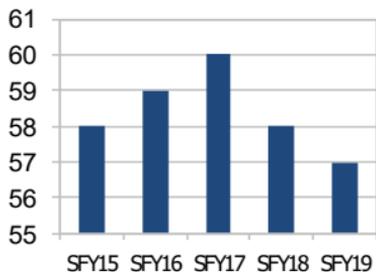
State Funds and Fees

Program Fees

Initial Nurse Aide Temporary Emergency Waiver.....	\$100.00
Renewal Nurse Aide Temporary Emergency Waiver	\$75.00

	SFY15	SFY16	SFY17	SFY18	SFY19
NURSE AIDE WAIVER					
Initial approval letters	2	8	5	12	4
Renewal approval letters	56	54	55	46	53
Total approval letters	58	59	60	58	57
Approval letters withdrawn	0	0	0	0	0
Denial letters issued	0	0	0	0	0
Initial fees collected	\$200	\$800	\$500	\$1,200	\$400
Renewal fees collected	\$4,200	\$4,050	\$4,575	\$3,450	\$3,975
Total fees collected	\$4,400	\$4,850	\$5,075	\$1,650	\$4,375

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
healthresources@health.ok.gov

405•271•6868
Fax: 405•271•7360

<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

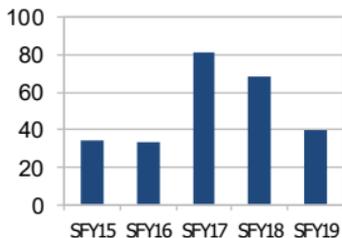
Program Fees

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

	SFY15	SFY16	SFY17	SFY18	SFY19
CERTIFICATE OF NEED FOR NURSING AND SPECIALIZED FACILITIES					
Applications received	53	42	115	69	45
Applications completed	34	33	81	68	40
Exemptions approved*	22	12	51	50	22
Exemptions denied	2	0	1	0	1
Exemptions withdrawn	2	2	29	1	1
Acquisitions approved	7	34	13	12	18
Acquisitions denied	2	0	0	0	0
Acquisitions dismissed	0	0	0	0	1
New construction approved	0	2	1	2	8
New construction denied	0	0	0	0	0
CONs withdrawn	1	6	2	0	1
Fees collected	\$71,800	\$84,900	\$236,101	\$50,920	\$61,625

* Effective January 27, 2015, fees and applications were no longer taken for

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
healthresources@health.ok.gov

405 • 271 • 6868
Fax: 405 • 271 • 7360

<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

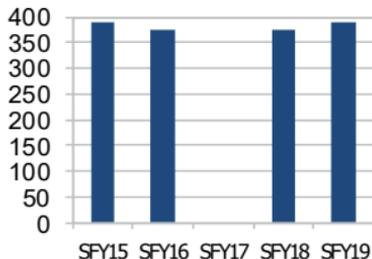
\$10.00 per licensed bed for initial license and renewal license.

	SFY15	SFY16	SFY17	SFY18	SFY19
LICENSE APPLICATIONS					
NURSING/SPECIALIZED FACILITIES					
Nursing facilities*	292	287	184	187	288
Specialized facilities for individuals with intellectual disabilities	86	85	88	88	90
Specialized alzheimer's facilities	3	3	3	3	3
Oklahoma Veteran's Centers	7	7	7	7	7
Total facilities*	388	375	---	376	388
Total licenses issued**	296	538	185	195	39
Facilities with suspended licenses	8	2	1	3	2
Facilities closed	2	3	11	8	3
Fees collected	\$259,673	\$297,733	\$712,729	\$176,915	\$61,671

*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

Barry Edwards
OKSCREEN@health.ok.gov

405 • 271 • 3598
Secure Fax: 405 • 271 • 3611

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

Authority

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

Funding Source

Fees Collected

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

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

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

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

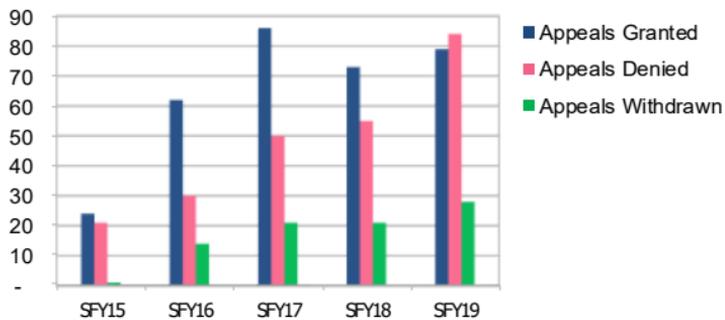
Phased implementation of the program began February 1, 2014.

	SFY15	SFY16	SFY17	SFY18	SFY19
Eligible Background Checks Completed	36,241	33,060	23,345	30,302	26,453
Ineligible Background Checks Completed	303	439	319	300	420
Connected Applications*	28,799	30,328	36,236	40,618	42,096
Appeals Completed	44	92	136	149	163
Appeals Granted	24	62	86	73	79
Appeals Denied	21	30	50	55	84
Appeals Withdrawn	1	14	21	21	28
Applicants with In State Charges	3,668	3,788	3,812	3,485	3,353
Applicants with Out of State Charges	1,634	1,814	2,313	2,079	1,955
Rap Backs**	1,190	3,013	521	433	608
Rap Backs Disqualifying Applicant	5	16	42	42	86
Fees collected	\$767,829	\$1,521,634	\$1,135,288	\$1,141,235	\$485,298

**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



OUTCOME ASSESSMENT AND INFORMATION SET (OASIS)

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

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

Clients Served

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

Contact

Diane Henry
oasishelp@health.ok.gov

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

QIES Help Desk

405 • 271 • 5278
Fax: 405 • 271 • 1402

Authority

42 CFR 484.20
42 CFR 484.55
42 CFR 488.68

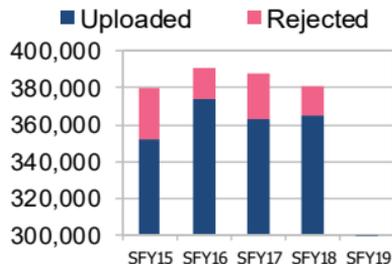
Funding Source

Federal Funds

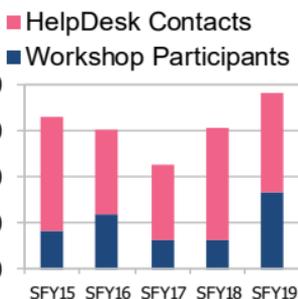
furnishing support to software vendors; and supplying support services to home health agency surveyors to assist with OASIS issues in the survey process. The QIES Help Desk is open from 8:00 AM to 5:00 PM, Monday through Friday, and is available to anyone who needs assistance with the OASIS process.

	SFY15	SFY16	SFY17	SFY18	SFY19
OASIS ASSESSMENTS FOR HOME HEALTH AGENCIES					
HHAs transmitting OASIS data	265	262	254	250	256
Software vendors	37	32	28	28	26
HHA client count	86,826	88,509	90,634	91,904	92,686
Batches submitted	23,666	25,339	26,775	34,555	35,017
Records processed	380,234	391,372	388,031	380,544	*
Records rejected	28,567	17,882	25,362	15,197	*
OASIS records uploaded to the National Repository	351,667	373,490	362,669	365,347	*
OASIS training sessions	2	3	2	3	5
Number of agencies with staff attending workshops	74	106	69	67	201
Workshop participants	165	240	128	124	336
HelpDesk contacts	498	362	322	490	430

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 to ensure compliance.

Clients Served

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

Contact

Espa Bowen
healthresources@health.ok.gov

405 • 271 • 6868

Fax: 405 • 271 • 7360

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

Authority

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

Funding Source

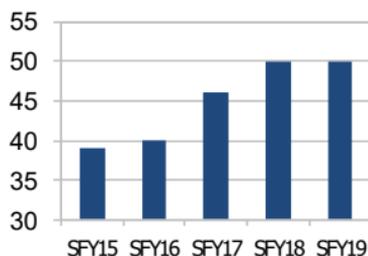
Fees Collected

Program Fees

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

	SFY15	SFY16	SFY17	SFY18	SFY19
CERTIFICATE OF NEED PSYCHIATRIC & CHEMICAL DEPENDENCY FACILITIES					
Facilities in operation	39	40	46	50	50
Applications completed	4	2	6	4	0
Acquisitions approved	0	2	6	1	0
Bed additions approved	4	2	1	1	0
Beds added to inventory	76	0	72	0	0
Beds approved by CON review	188	64	72	79	0
Conversion from adult beds to child beds	0	0	12	24	0
Relocations approved	0	0	0	1	0
Applications denied	0	0	0	0	0
Applications withdrawn	0	0	1	0	0
Fees collected	\$13,750	\$20,000	\$43,519	\$31,500	\$0

PSYCHIATRIC & CHEMICAL DEPENDENCY FACILITIES



QUALITY ASSURANCE & DATA SYSTEMS (QADS)

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.

Contact

Alexandria Hart-Smith
qieshelpdesk@health.ok.gov

405•271•5278

Fax: 405•271•1402

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

QIES Help Desk

405•271•5278

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.

	SFY15	SFY16	SFY17	SFY18	SFY19
QUALITY ASSURANCE & DATA SYSTEMS					
QA/QI Projects	6	6	6	3	6
Trainings conducted	0	1	2	37	16
HelpDesk contacts	84	287	359	506	523

Quality Improvement / Quality Assurance Projects

This information is located on page 183

Reports

- **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.
- **Composite Score Card Reports, Individualized** - Data showing quality measure percentages for Individual Oklahoma Long Term Care Facilities. Data is obtained and reviewed through the iQIES system and provided as a weekly report to Long Term Care Surveyor Teams.
- **Payroll Based Journal (PBJ) Report** - Quarterly report tabulated to showcase the work of the Protective Health Services' program efforts to track and assist Long Term Care Facilities compliance with The Center for Medicaid and Medicare Services (CMS) man-

date to staff an RN at a minimum of eight consecutive hours a day, seven days a week. Data is collected from the iQIES system and reported to the PBJ Quality Improvement Committee.

- **CMS Quality Measures Report** - Data showing quality measure percentages for the Nation, Region IV and Oklahoma. Data was obtained through the QIES Workbench and is provided uploaded to the website.
- **Substandard Quality of Care (SQC) Tag Reports** - Substandard Quality of Care (SQC)s allow Health Facility Systems (HFS) to measure the severity and scope, if any, of abuse or neglect of patients while in the care of a particular operator and staff. The SQC reports are used to gage the level of penalties that are imposed upon an applicant based on the possible amount of residents that could have been effected and were effected during an incident.

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.

Contact

Espa Bowen
healthresources@health.ok.gov

405 • 271 • 6868
Fax: 405 • 271 • 7360

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

Authority

63 O.S., §§ 1-820 et seq.
OAC 310:680

State license required. No Medicare or Medicaid Certification.

Certificate of Need does not apply to this program.

Funding Source

Fees Collected

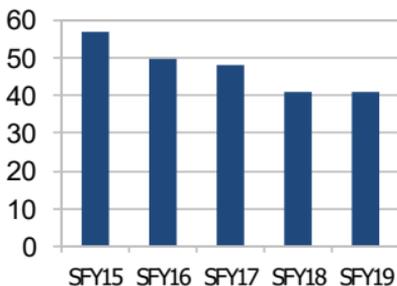
Program Fees

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

	SFY15	SFY16	SFY17	SFY18	SFY19
LICENSE APPLICATIONS					
RESIDENTIAL CARE HOMES					
Licensed homes	57	50	48	41	41
Total licenses issued*	34	29	32	22	34
Fees collected	\$1,950	\$1,350	\$1,505	\$1,000	\$1,670

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

LICENSED RESIDENTIAL CARE HOMES





LONG TERM CARE SERVICE (LTC)

Michael Cook

405 • 271 • 6868

Fax: 405 • 271 • 2206

mikec@health.ok.gov

Glenn Box, Manager of Intake & Incidents

glenb@health.ok.gov

Beverly Clark, Manager of Training

beverlyc@health.ok.gov

Lisa McAlister, Manager of Survey (ALC, ADC & RC)

lisaam@health.ok.gov

Patty Scott, Manager of Enforcement

pattys@health.ok.gov

Natalie Smith, Compliance Officer

natalies@health.ok.gov

Paula Terrel, Manager of Survey (NH & ICF/IID)

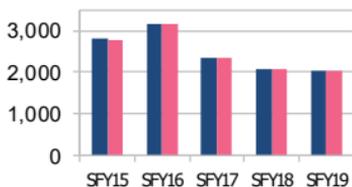
paulart@health.ok.gov

INSPECTION FREQUENCY MANDATES

	SFY15	SFY16	SFY17	SFY18	SFY19
Number of inspection mandates	24	24	24	24	24
Inspections required	2,830	3,149	2,359	2,094	2,032
Inspections meeting mandates	2,785	3,146	2,357	2,080	2,030
Percent of inspections met	98.4%	99.9%	99.9%	99.3%	99.9%

LONG TERM CARE SERVICE

■ Inspections Required
■ Inspections Meeting Mandates



Go to page 183 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

Lisa McAlister
lisaam@health.ok.gov

405 • 271 • 6868
Fax: 405 • 271 • 2206

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

Authority

63 O.S., §§ 1-870 et seq.
OAC 310:605

Funding Source

State Funds

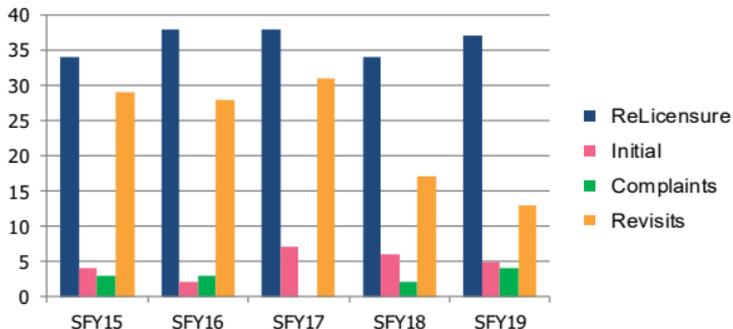
This program was established in 1992 to support and regulate a community-based system of quality adult day care. Participants do not stay in the center overnight and continue to live in their own homes, usually with the aid of family caregivers. Adult day care centers prevent premature or inappropriate 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.

	SFY15	SFY16	SFY17	SFY18	SFY19
NUMBER OF FACILITIES	41	38	41	41	42
Inspections:	70	71	76	59	59
ReLicensure	34	38	38	34	37
Initial	4	2	7	6	5
Complaints	3	3	0	2	4
Revisits	29	28	31	17	13

Adult Day Care Centers Number of Surveys



Adult Day Care Centers
Top Violations
(63 O.S., §§ 1-870 et seq.)

- 1118—Staffing Requirements. Employment Exam
- 1321—Required Services. Chapter 257
- 1910—Registered Sex/Violent Crime Offender
- 1920—Criminal History Background Check
- 1574—General Safety. Hot Water—115° F
- 1970—Provisional Employment. 60 Days
- 0706—Development of Written Policies & Procedures.
- 0728—Personnel Records System.
- 1100—Staffing Requirements. Adequate/Qualified
- 1114—Staffing Requirements. Medication Staff

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

Lisa McAlister
lisaam@health.ok.gov

405 • 271 • 6868
Fax: 405 • 271 • 2206

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

Authority

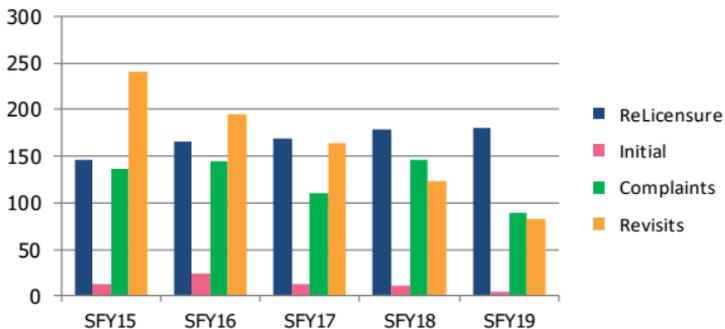
63 O.S., §§ 1-890.1 et seq.
OAC 310:663

Funding Source

State Funds

	SFY15	SFY16	SFY17	SFY18	SFY19
Number of facilities	167	175	183	183	184
Inspections:	537	529	457	460	357
ReLicensure	147	165	169	178	181
Initial	13	24	13	11	5
Complaints	136	145	111	147	89
Revisits	241	195	164	124	82

Assisted Living Centers Number of Surveys



Assisted Living Centers
Top Violations for Chapter 663
(Continuum of Care and Assisted Living Rules)

- 1505 - Resident Rights - Medical Care
 - 0921 - Medication Staffing
- 5010 - Care and Services - Coordination of Care
- 0391 - Food Storage, Preparation and Service
 - 0522 - Assessment Timeframes
- 1512 - Resident Rights - Abuse/Neglect
 - 1951 - Maintenance of Records
- 6000 - Criminal History Background Check
 - 0552 - Use of Assessment
 - 0954 - Staff Qualifications

Top Violations for Chapter 677
(Nurse Aide Training and Certification Rules)

- 1442 - Skills and Functions
- 1105 - General Requirements - LTC
- 1320 - General Requirements - CMA
 - 1437 - Skills and Functions
- 1405 - Competency and Practice Standards
 - 1427 - Skills and Functions
 - 1429 - Skills and Functions

CONTINUUM OF CARE FACILITIES INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

Lisa McAlister
405 • 271 • 6868
Fax: 405 • 271 • 2206
lisaam@health.ok.gov

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

Authority

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

Funding Source

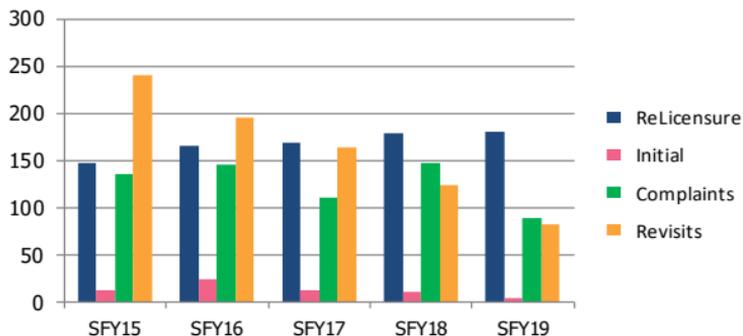
State and Federal Funds

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.

	SFY15	SFY16	SFY17	SFY18	SFY19
Number of facilities	18	18	18	18	18
Inspections:					
ReLicensure	34	47	37	35	24
Initial	17	20	18	17	16
Complaints	0	1	1	1	1
Revisits	6	10	5	5	3
Revisits	11	16	13	12	4

Continuum of Care Facilities Number of Surveys



Continuum of Care Facilities
Top Violations for Chapter 663
(Continuum of Care and Assisted Living Rules)

- 1507 - Resident Rights - Reasonable Accommodation
 - 1922 - Medication Administration
- 5010 - Care and Services - Coordination of Care
 - 0301 - Service In Assisted Living
- 0398 - Food Storage, Preparation and Service
 - 0521 - Assessment Timeframes
 - 0522 - Assessment Timeframes
 - 0552 - Use of Assessment
 - 0921 - Medication Staffing
 - 0951 - Staff Qualifications

INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID) 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

Paula Terrel
405 • 271 • 6868
Fax: 405 • 271 • 2206
paulart@health.ok.gov

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

Authority

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

Funding Source

State and Federal Funds

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

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

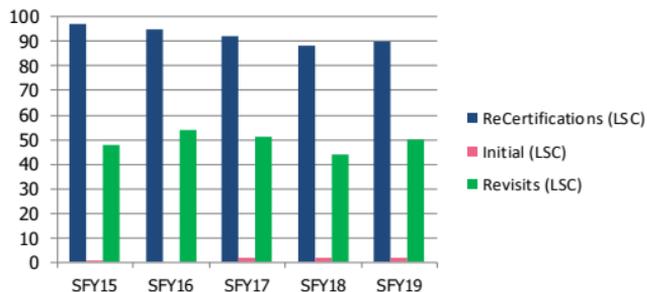
The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting 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.

	SFY15	SFY16	SFY17	SFY18	SFY19
Number of facilities	88	86	87	89	91
Inspections:	388	413	390	350	382
ReCertifications (Health)	99	94	92	88	92
Initial (Health)	1	0	2	2	2
Complaints (Health)	26	40	26	29	35
Revisits (Health)	116	130	125	97	111
ReCertifications (Life Safety Code)	97	95	92	88	90
Initial (Life Safety Code)	1	0	2	2	2
Revisits (Life Safety Code)	48	54	51	44	50

ICF/IID Number of Health Surveys



ICF/IID Number of Life Safety Code Surveys



ICF/IID Facilities

Top Federal Violations for 42 CFR 483.400—483.480

(Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities)

0474 - Meal Services

0104 - Governing Body

0325 - Physician Services

0102 - Governing Body and Management

0327 - Physician Services

0454 - Infection Control

0111 - Client Records

0124 - Protection of Clients Rights

0189 - Staff Training Program

0255 - Program Monitoring & Change

Top Federal Violations for Emergency Preparedness

0036 - EP Training and Testing

0004 - Develop EP Plan, Review and Update Annually

0015 - Subsistence Needs for Staff and Patients

0001 - Establishment of the Emergency Program (EP)

Top State Violations, Chapter 675

(Nursing and Specialized Facilities)

M102 - Active Treatment

L863 - Diet - Meals

L786 - Facility Maintenance

L347 - Personnel Records: Health Examination On Hire

L749 - Resident's Clinical Record

L837 - Clinical Laboratory

L817 - Assist Resident In Securing Services

L816 - Basic Nursing and Personal Care

L244 - Rights and Responsibilities - Violations

L865 - Food Storage, Supply and Sanitation

Top Federal Violations for Life Safety Code

(NFPA101)

S353 - Sprinkler System - Maintenance and Testing

S712 - Fire Drills

S300 - Protection - Other

S500 - Building Services - Other

S321 - Hazardous Areas - Enclosure

0712 - Fire Drills

S347 - Smoke Detection

0291 - Emergency Lighting

0321 - Hazardous Areas - Enclosure

0353 - Sprinkler System - Maintenance and Testing

NURSING FACILITIES INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

Paula Terrel
405 • 271 • 6868
Fax: 405 • 271 • 2206
paulart@health.ok.gov

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

Authority

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

Funding Source

State and Federal Funds

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.

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.

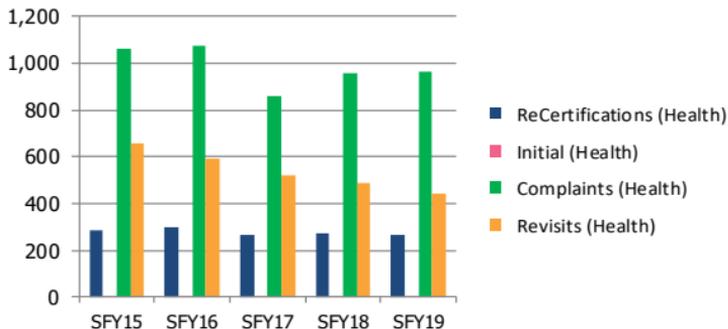
Under the federal survey, certification, and enforcement system, nursing facilities are not assured an opportunity to correct deficiencies prior to the imposition of remedies. No opportunity to correct means remedies will be imposed on a facility immediately after a determination of noncompliance has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

Nursing Homes (Medicare/Medicaid)	SFY15	SFY16	SFY17	SFY18	SFY19
Number of facilities	309	310	305	306	303
Inspections	2,573	2,551	2,189	2,279	2,217
ReCertifications (Health)	288	298	263	272	268
Initial (Health)	2	6	5	6	2
Complaints (Health)	1,061	1,074	862	955	961
Revisits (Health)	654	594	521	487	445
ReCertifications (Life Safety Code)	290	294	265	272	268
Initial (Life Safety Code)	2	6	5	6	2
Revisits (Life Safety Code)	276	279	268	281	271

Nursing Homes (Private Pay)	SFY15	SFY16	SFY17	SFY18	SFY19
Number of facilities	2	1	2	2	1
Inspections	1	2	5	3	1
ReLicensure	1	0	1	1	1
Initial	0	0	0	0	0
Complaints	0	1	2	1	0
Revisits	0	1	2	1	0

Nursing Homes (Combined)	SFY15	SFY16	SFY17	SFY18	SFY19
Number of licensed beds	30,175	28,838	28,510	28,794	28,675
Number of residents	18,987	18,880	18,467	18,135	18,059
Occupancy Rate	62.9%	65.5%	64.8%	63.0%	63.0%

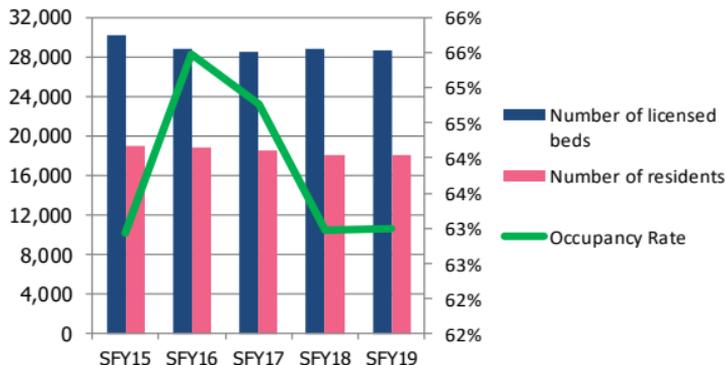
Nursing Homes (Medicare/Medicaid) Number of Health Surveys



Nursing Homes (Medicare/Medicaid) Number of Life Safety Code Surveys



Nursing Home Occupancy



Nursing Homes (Medicare/Medicaid)
Top Federal Health Surveys Violations
63 §§ 1-1901 et seq.

- 0880 - Infection Prevention & Control
- 0812 - Food Procurement, Store/Prepare/Serve-Sanitary
 - 0656 - Develop/Implement Comprehensive Care Plan
 - 0689 - Free of Accident Hazards/Supervision/Devices
- 0758 - Free from Unnecessary Psychotropic Meds/PRN Use
 - 0677 - ADL Care Provided for Dependent Residents
 - 0684 - Quality of Care
 - 0657 - Care Plan Timing and Revision
 - 0580 - Notify of Changes (Injury/Decline/Room, etc.)
- 0755 - Pharmacy Services/Procedures/Pharmacist/Records

Top Federal Violations for Emergency Preparedness

- 0036 - EP Training and Testing
 - 0015 - Subsistence Needs for Staff and Patients
 - 0001 - Establishment of the Emergency Program (EP)
 - 0004 - Develop EP Plan, Review and Update Annually
 - 0039 - EP Testing Requirements
 - 0009 - Local, State, Tribal Collaboration Process
 - 0006 - Plan Based on All Hazards Risk Assessment

Top State Violations, Chapter 675 (Nursing and Specialized Facilities)

- L816 - Basic Nursing and Personal Care
- L865 - Food Storage, Supply and Sanitation
 - L242 - Resident Rights
 - L810 - Infection Control
 - L829 - Assessment and Care Plans
 - L830 - Written Resident Assessment
 - L360 - Resident Assessment
 - L900 - Required Staff
- L815 - Nursing and Personal Care Services
 - L362 - Individual Care Plan

Top Federal Violations for Life Safety Code (NFPA101)

- 0353 - Sprinkler System - Maintenance and Testing
 - 0321 - Hazardous Areas - Enclosure
 - 0363 - Corridor - Doors
 - 0712 - Fire Drills
 - 0521 - HVAC
 - 0291 - Emergency Lighting
 - 0324 - Cooking Facilities
 - 0362 - Corridors - Construction of Walls
 - 0741 - Smoking Regulations
- 0923 - Gas Equipment - Cylinder and Container Storage

RESIDENTIAL CARE HOMES INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

Lisa McAlister
405•271•6868
Fax: 405•271•2206
<http://ltc.health.ok.gov>
lisaam@health.ok.gov

Authority

63 O.S., §§ 1-819 et seq.
OAC 310:680

Funding Source

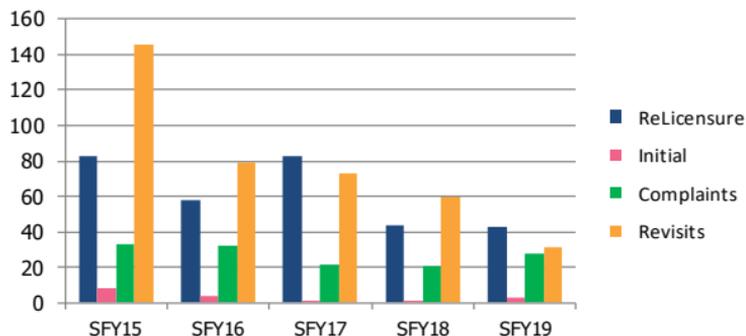
State Funds

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.

	SFY15	SFY16	SFY17	SFY18	SFY19
Number of facilities	68	55	51	47	44
Inspections:	270	173	179	126	105
ReLicensure	83	58	83	44	43
Initial	8	4	1	1	3
Complaints	33	32	22	21	28
Revisits	146	79	73	60	31

Residential Care Homes Number of Surveys



**Residential Care Homes
Top Violations**
(63 O.S. §§ 1-820 et seq.)

- 0182 - Criminal Arrest
- 0232 - Resident Records/Medical Summary
- 0351 - Insect and Rodent Control
- 0206 - Licensed Plumber, Building Inspectors Report
- 0411 - Food Service - Chapter 257
- 0813 - Statement Provisions
- 0204 - Inspections, Physician and Ems Services
- 0207 - Electrician, Municipal Inspector's Report
- 0213 - Posting Administrators Certificate
- 0224 - Records and Reports

Top Violations for Chapter 677
(Nurse Aide Training and Certification Rules)

- 1442 - Skills and Functions
- 1105 - General Requirements - LTC

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

Paula Terrel
405 • 271 • 6868
Fax: 405 • 271 • 2206
paulart@health.ok.gov

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

Authority

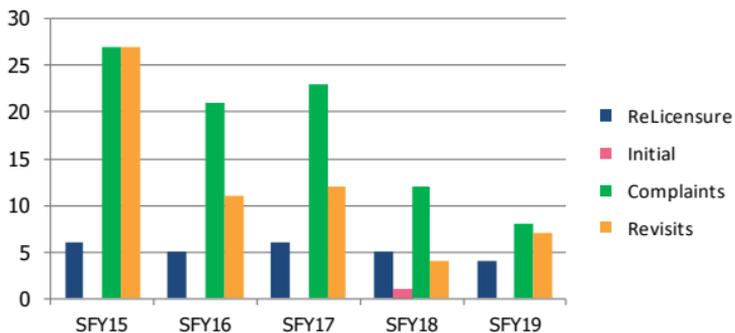
63 O.S., §§ 1-1901 et seq.
OAC 310:675

Funding Source

State Funds

	SFY15	SFY16	SFY17	SFY18	SFY19
Number of facilities	7	7	7	7	4
Inspections:	60	37	41	22	19
ReLicensure	6	5	6	5	4
Initial	0	0	0	1	0
Complaints	27	21	23	12	8
Revisits	27	11	12	4	7

Veteran Centers Number of Surveys



Veteran's Centers
Top Federal Health Surveys Violations
63 §§ 1-1901 et seq.

L816 - Basic Nursing and Personal Care

L829 - Assessment and Care Plans

L900 - Required Staff

L242 - Resident Rights

L360 - Resident Assessment

L362 - Individual Care Plan

L810 - Infection Control

L815 - Nursing and Personal Care Services

L830 - Written Resident Assessment

L865 - Food Storage, Supply and Sanitation

MEDICAL FACILITIES SERVICE (MF)

(vacant)

(vacant)@health.ok.gov

Phone 405 • 271 • 6576

Fax 405 • 271 • 1141

LaTrina Frazier

latrinaf@health.ok.gov

Dale Adkerson, Emergency Medical Services

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

Nazli Toloie, Health Facilities Plan Review

405 • 271 • 6785; Fax: 405 • 271 • 1738; nazlit@health.ok.gov

LaTrina Frazier, Facility Services

405 • 271 • 6576;; Fax: 405 • 271 • 1141; latrinaf@health.ok.gov

Dawn Lovett-Whitney, Home Services

405 • 271 • 6576; Fax: 405 • 271 • 1141; dawnl@health.ok.gov

Andrea Jordan, Quality, Enforcement, & Review

405 • 271 • 6576; Fax: 405 • 271 • 1141; andreaxj@health.ok.gov

Grace Pelley, Trauma and Systems Development

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

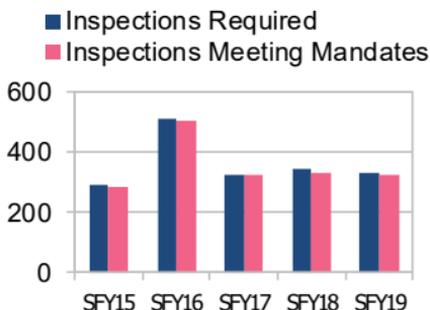
Nena West, Survey and Compliance

405 • 271 • 6576; Fax: 405 • 271 • 1141; nenaw@health.ok.gov

INSPECTION FREQUENCY MANDATES

	SFY15	SFY16	SFY17	SFY18	SFY19
Number of inspection mandates	14	14	14	14	14
Inspections required	287	508	323	339	328
Inspections meeting mandates	285	504	320	330	325
Percent of inspections met	99.3%	99.2%	99.1%	97.3%	99.1%

MEDICAL FACILITIES SERVICE



Go to page 183 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

LaTrina Frazier
LaTrinaF@health.ok.gov

405 • 271 • 6576
Fax: 405 • 271 • 1141

<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.

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.

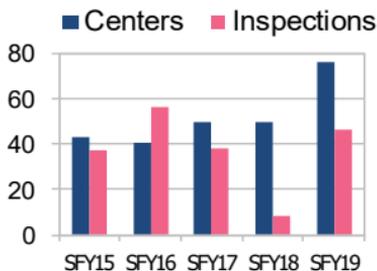
Program Fees

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

	SFY15	SFY16	SFY17	SFY18	SFY19
AMBULATORY SURGICAL CENTERS					
Number of centers	43	41	50	50	76
Centers surveyed	10	15	16	5	14
Licensure surveys & follow-ups	11	14	5	1	0
Recertification surveys & follow-ups	8	15	19	6	17
Life safety code surveys & follow-ups	8	12	14	1	15
Total inspections	37	56	38	8	46
Complaint investigations	0	1	0	0	0
Fees collected	\$20,190	\$28,500	\$24,500	\$22,500	\$28,000

	SFY15	SFY16	SFY17	SFY18	SFY19
CITATIONS					
Surveys with citations	18	17	----	----	----
Deficiencies cited	117	89	80	27	199
Condition tags cited	13	22	5	2	----
Deficiencies cited per survey with citations	6.5	5.2	----	----	----

AMBULATORY SURGICAL CENTERS



Ambulatory Surgical Centers Top Violations—Federal Certification

E0026—Roles Under a Waiver Declared by Secretary

E0037—Emergency Preparedness Training Program

Q0241—Sanitary Environment

Q0064—Standard Level Tag for Surgical Services

Q0061—Anesthetic Risk and Evaluation

Q0181—Administration of Drugs

Q0042—Hospitalization

Q0101—Physical Environment

E0022—Policies/Procedures for Sheltering in Place

E0039—EP Testing Requirements

Ambulatory Surgical Centers Top Violations—Federal Certification Life Safety Code

K0712—Fire Drills

K0901—Fundamentals—Building System Categories

K0291—Emergency Lighting

K0761—C Maintenance, Inspection & Testing—Doors

K0323—Anesthetizing Locations

K0321—Hazardous Areas—Enclosure

K0918—Electrical Systems—Essential Electric Systems

K0222—Egress Doors

K0511—Utilities—Gas and Electric

K0771—Engineer Smoke Control Systems

BIRTHING CENTERS

Clients Served

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

Contact

LaTrina Frazier
latrinaf@health.ok.gov

405 • 271 • 6576
Fax: 405 • 271 • 1141

<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

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

Nena West
nenaw@health.ok.gov

405 • 271 • 6576
Fax: 405 • 271 • 1141

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

Authority

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

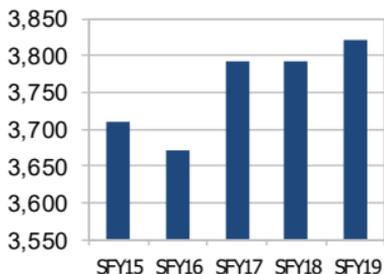
Funding Source

Federal Contract Allocation

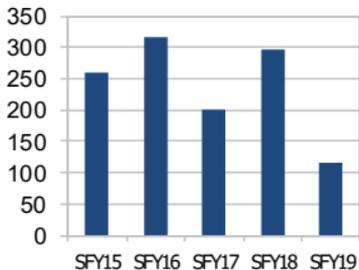
	SFY15	SFY16	SFY17	SFY18	SFY19
CITATIONS					
Surveys with citations	265	168	---	---	---
Deficiencies cited	1,220	1,151	821	800	806
Condition tags cited	131	211	84	85	---
Deficiencies cited per survey with citations	4.6	6.9	---	---	---

	SFY15	SFY16	SFY17	SFY18	SFY19
CLINICAL LABORATORIES					
Certificate of Compliance Labs	274	261	242	242	244
Certificate of Waiver Labs	2,655	2,663	2,854	2,854	2,919
Certificate of Provider Performed Microscopy Procedures Labs	484	455	391	391	363
Certificate of Accreditation Labs	298	292	306	306	296
Total Clinical Laboratories	3,711	3,671	3,793	3,793	3,822
INSPECTIONS					
Initial surveys for new labs	13	21	4	21	10
Recertification surveys for Certificate of Compliance Labs	106	133	80	143	80
Validation surveys of Certificate of Accreditation Labs	4	9	2	0	0
Recertification surveys for Certificate of Waiver Labs	2	9	2	0	0
Follow-up surveys	134	137	102	127	25
Complaint investigations	2	8	10	5	0
Total inspections conducted	261	317	200	296	115

CLINICAL LABORATORIES



CLIA INSPECTIONS



Clinical Laboratory (CLIA) Top Violations—Federal Certification

D5211—Evaluation of Proficiency Testing Performance

D5429—Maintenance and Function Checks

D5411—Test Systems, Equipment, Instruments, Reagent

D5791—Analytic Systems Quality Assessment

D6016—Laboratory Director Responsibilities

D5413—Test Systems, Equipment, Instruments, Reagent

D2015—Testing of Proficiency Testing Samples

D5555—Immunohematology

D5209—Personnel Competency Assessment Policies

D6033—Technical Consultant—Moderate Complexity

COMPLAINTS & ENFORCEMENT

Clients Served

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

Contact

Andrea Jordan
andreaxj@health.ok.gov

405 • 271 • 6576
Fax: 405 • 271 • 1141

[https://www.ok.gov/health/
Protective_Health/
Medical_Facilities_Service/
Complaints_&_Enforcement_Division/
index.html/](https://www.ok.gov/health/Protective_Health/Medical_Facilities_Service/Complaints_&_Enforcement_Division/index.html/)

Authority

63 O.S., § 1-707

Funding Source

State Appropriation

The purpose of these programs is to receive complaints alleging violations of federal and/or State rules and laws and the imposition of civil money penalties and the processing of termination actions when facilities/agencies do not correct serious deficiencies, according to Centers for Medicare and Medicaid Services (CMS) enforcement guidelines.

Medical Facilities staff strive to ensure the practices of non-long-term care facilities/agencies protect and promote patients health and safety. Complaints by interested parties are investigated by qualified survey staff. Any individual with personal knowledge or specific information, who believes that State or Federal laws or regulations have been violated may request an investigation through the complaint/intake process.

Complaint intakes are prioritized based on the CMS triage guidelines and/or State statutes that take into consideration the seriousness of the allegation. Investigation findings may provide a basis for possi-

ble termination of a provider's certification (agreement with CMS) through the enforcement process.

The Enforcement program is responsible for the process of imposing remedies for noncompliance of rules and regulations of all non-LTC facilities/agencies under the State and/or Federal authority of Medical Facilities. This program monitors submittal of plans of corrections, makes recommendations for provider agreement terminations, civil money penalties, directed in-service training or other State/CMS approved alternative remedies.

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-

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
dalea@health.ok.gov

405 • 271 • 4027
Fax: 405 • 271 • 4240

<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*

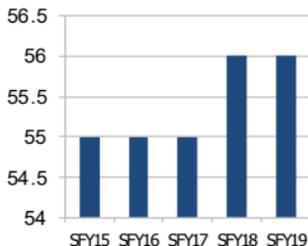
Skills re-testing fees (Intermediate and Paramedic only):

Partial (up to 2 skills for Intermediate; up to 5 skills for Paramedic)	\$50.00
Full test, all skills	\$100.00

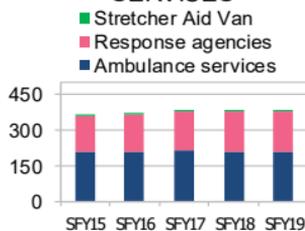
*Death Benefit Assessment

	SFY15	SFY16	SFY17	SFY18	SFY19
EMERGENCY MEDICAL SERVICES					
EMS Districts	55	55	55	56	56
Ambulance Services	209	208	213	210	206
Emergency Medical Response Agencies	152	158	168	167	169
Stretcher Aid Van Services	6	6	6	7	10

EMS DISTRICTS



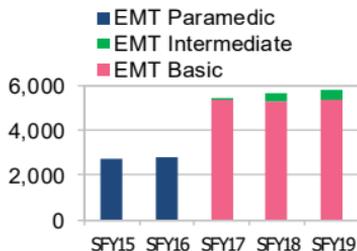
EMERGENCY MEDICAL SERVICES



	SFY15	SFY16	SFY17	SFY18	SFY19
TRAINING					
EMS training institutions	40	43	42	43	41
EMT training courses	801	918	652	555	545
Advanced Life Support exams administered	13	12	15	14	12
Candidates tested	302	249	306	261	307

	SFY15	SFY16	SFY17	SFY18	SFY19
EMERGENCY MEDICAL PERSONNEL					
EMT Basic	4,929	5,148	---	---	---
EMT	---	---	5,378	5,304	5,374
EMT Intermediate	724	729	---	---	---
Intermediate	---	---	645	323	288
AEMT	---	---	118	400	458
EMT Paramedic	2735	2809	---	---	---
Paramedic	---	---	2,879	2,869	2,932
Total Emergency Medical Personnel	8,388	8,686	9,020	8,896	9,052

EMERGENCY MEDICAL TECHNICIANS



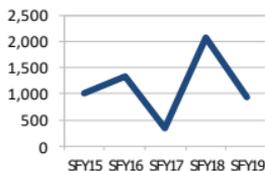
	SFY15	SFY16	SFY17	SFY18	SFY19
PROGRAM ACTIVITIES					
Ambulance service surveys	236	255	213	349	431
Complaints investigated	76	106	133	89	69
Training program site visits	36	42	0	2	1
EMT new licenses	958	1,099	1,546	1,442	1,029
EMT renewal licenses	2,839	3,412	3,023	4,045	4,595
EMS new licenses	10	8	11	14	7
EMS renewal licenses	69	123	79	133	81
Total licenses issued	3,876	4,642	4,659	5,634	5,712
Fees collected	\$233,716	\$243,415	\$277,890	\$323,794	n/a

	SFY15	SFY16	SFY17	SFY18	SFY19
CITATIONS					
Surveys with citations	285	424	120	296	264
Deficiencies cited	1,000	1,325	349	2,068	943
Deficiencies cited per survey with citations	3.6	3.1	2.9	7	n/a

EmergencyMedical Services
SURVEYS WITH CITATIONS



EmergencyMedical Services
DEFICIENCIES CITED



EmergencyMedical Services
DEFICIENCIES PER SURVEY
WITH CITATIONS



Emergency Medical Services Providers Top Violations—State Licensure

Prehospital emergency medical response agency equipment. All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer's guidelines. Documentation will be maintained at the agency showing that periodic tests, maintenance, and calibration are being conducted in accordance with the manufactures requirements.

Emergency medical response agency records and files. The agency is to maintain a credentialing document that describes the medical director authorized procedures for each member employed or associated with the agency.

Emergency medical response agency records and files. The agency is to maintain a log of each request received and/initiated to include: 1) Disposition, 2) Report Number, 3) request date, 4) report times, 5) location, 6) ambulance origination, and 7) nature of call.

Certified pre-hospital emergency medical response agency. The application shall contain a copy of the patient care protocols and quality assurance plan as required by the medical director to include a policy for: 1) refusals, 2) air ambulance utilization, 3) airway management, 4) cardiac arrest, 5) time sensitive medical and trauma cases, 6 other reports not specifically identified.

Prehospital emergency medical response agency equipment. An adult traction splint will be present on each emergency medical response.

Prehospital emergency medical response agency equipment. A digital thermometer will be present on each emergency medical response.

Emergency Medical response agency records and files. The agency is to maintain a credential or license file for personnel employed or associated with the service. The file is to include: 1) Oklahoma license or certification, 2) BLS certification, 3) ACLS Certification, if applicable, 4) ICS certification, 5) defensive driving verification, 6) credentialing document, 7) medical director credentials.

Emergency medical response agency records and files. The agency will maintain a copy of the medical director credentials.

Emergency medical response agency records and files. The agency will maintain records on the maintenance and regular inspections of each vehicle.

Emergency medical response agency records and files. The agency will maintain documentation that verifies an ongoing, physician involved quality assurance program.

First Response Agencies

Top Violations—State Licensure

Equipment for ground ambulance vehicles. All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer's guidelines. Documentation will be maintained at the agency showing that periodic tests, maintenance, and calibration are being conducted in accordance with the manufacturer's requirements.

Equipment for ground ambulance vehicles. The medications authorized by the medical director will be detailed on the unit checklist to include the number, weight, and volume of the medication containers.

Ambulance service files. The agency is to maintain a log of each request received and initiated to include: 1) Disposition, 2) Report Number, 3) request date, 4) report times, 5) location, 6) ambulance origination, and 7) nature of call.

Ground Ambulance Application. The application shall contain a copy of the patient care protocols and quality assurance plan as required by the medical director to include a policy for: 1) refusals, 2) air ambulance utilization, 3) airway management, 4) cardiac arrest, 5) time sensitive medical and trauma cases, and 6) other reports not specifically identified.

Ambulance service files. The agency is to maintain documentation that verifies an ongoing, physician involved quality assurance program.

Ambulance service files. The agency is to maintain a credential or license file for personnel employed or associated with the service. The file is to include a credentialing document that defines the medical director authorized procedures for each certified or licensed member of the agency.

Equipment for ground ambulance vehicles. Each vehicle is to have one adult and one pediatric traction splint.

Ambulance service files. The agency is to maintain a credential or license file for personnel employed or associated with the service. The file is to include: 1) Oklahoma license or certification, 2) BLS certification, 3) ACLS Certification, if applicable, 4) ICS certification, 5) defensive driving verification, 6) credentialing document, 7) medical director credentials.

Equipment for ground ambulance vehicles. Licensed ambulance services shall ensure that all recalled, outdated, misbranded, adulterated, deteriorated fluids, supplies, and medications are removed from ambulances immediately.

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

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 2019 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, regional quality improvement activities, oversight of the Trauma Referral Centers (TReC), administration and management of EMResource.

During this time period, Systems Development:

- Provided 5 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 working directly with new EMS directors to educate them on EMS regulations and responsibilities of the EMS Director;

Clients Served

All Oklahomans and the public requiring trauma care.

Contact

Grace Pelley
gracep@health.ok.gov

405 • 271 • 4027
Fax: 405 • 271 • 4240

<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

- Conducted nine Oklahoma Trauma Education Programs (OTEP) developed through a collaborative effort with the University of Oklahoma Institute of Disaster and Emergency Medicine focused on the optimal method for triaging and transfer of the critically injured patient;
- Co-sponsored five Rural Trauma Team Development Courses conducted by the Level I and II Trauma Centers; and
- Facilitated 49 Regional Trauma Advisory Board (RTAB) and sub-committee meetings to improve regional collaboration and coalition.
- Conducted 15 regional and onsite Trauma Registry trainings to more than 102 registrars statewide. These registrars represent 62 hospitals.

Reviewed more than 750 cases, conducted 15 Regional Continuous Quality Improvement (CQI) Committee meetings to reviewing 136 cases, while providing feedback to providers for exemplary behavior, areas of improvement, and recommendations. There are 63 physicians, nurses, emergency medical technicians and paramedics that volunteer to service on the five regional committees.

The Trauma Care Assistance Revolving Fund (Trauma Fund) provides bi-annual payouts to physician providers while hospital and EMS providers receive monthly disbursements to reduce significant accumulation of funds pending disbursement. The table below reflects changes as a result of this transition. During FY19, the Trauma Fund provided disbursement to 509 physicians, 69 hospitals and 46 EMS providers.

	SFY15	SFY16	SFY17	SFY18	SFY19
TRAUMA FUND					
Distributed to physicians, hospitals and EMS agencies for reimbursement of eligible uncompensated major trauma care claims	\$22,187,229	\$23,996,456	\$23,281,559	\$24,186,926	\$22,038,374

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

Nazli Toloie
nazlit@health.ok.gov

405 • 271 • 6785
Fax: 405 • 271 • 1738

<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 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. Self-certification, consultations and courtesy inspection fees were added October 1, 2017.

Health Facilities Plan Review (HFPR) staff perform on-site inspections of different types of facilities and submission types to assure compliance with standards, and to monitor construction compliance. HFPR staff also provide consultation to providers, owners, architects, and parties associated with all types of medical related facilities and long term care facilities.

Program Fees

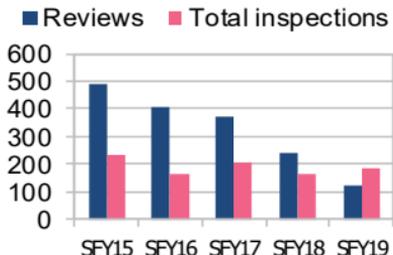
\$250.00 up to and including \$2,000.00 (dependent upon construction cost) for plan reviews for ASC, hospital and inpatient hospice construction.

Fees are assessed for plan reviews of Continuum of Care & Assisted Living, Residential Care Homes, Long Term Care Nursing and ICF/IID Facilities in an amount not more than two one-hundredths percent (0.02%) or of the cost of design and construction of the project, with a minimum of \$50.00 and a maximum fee of \$1,000.00.

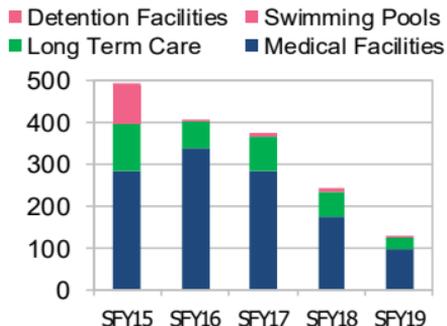
	SFY15	SFY16	SFY17	SFY18	SFY19
PLAN REVIEWS					
Ambulatory Surgical Centers	13	21	10	8	6
Hospitals	269	319	273	164	89
Inpatient Hospice Facilities	0	0	0	0	0
Total Medical Facilities	282	340	283	172	95
Detention Facilities	1	1	6	7	3
Long Term Care Facilities	114	63	84	63	27
Swimming Pools	93	0	0	0	0
Total plan reviews	490	404	373	242	125
PLAN REVIEW INSPECTIONS					
Inpatient Hospice	0	0	0	0	0
Long Term Care	64	35	49	29	30
Medical Facilities	170	129	158	132	155
Swimming Pools	0	0	0	0	0
Total inspections	234	164	207	161	185
Fees collected	\$117,597	\$189,560	\$141,710	\$151,351	\$134,315

	SFY15	SFY16	SFY17	SFY18	SFY19
PLAN REVIEW SERVICES					
Self Certification	----	----	----	20	57
Consultation	----	----	----	0	10
Total Plan Review Services	----	----	----	20	67

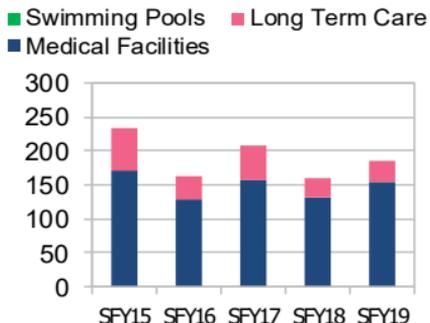
HEALTH FACILITIES PLAN REVIEW



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

Dawn Lovett-Whitney
dawnl@health.ok.gov

405 • 271 • 6576
Fax: 405 • 271 • 1141

Complaint Hotline

1 • 800 • 234 • 7258

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

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.

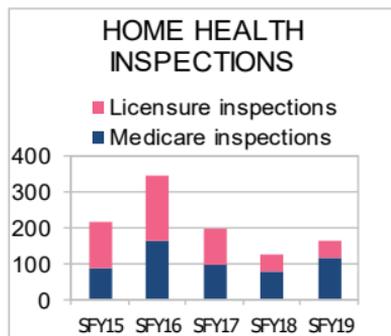
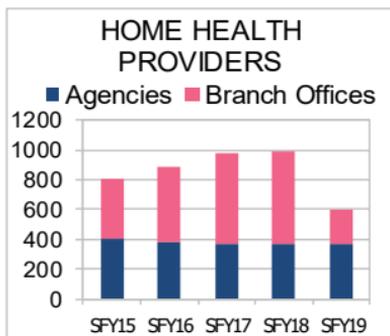
Effective November 1, 2015, House Bill 1085 amended the Oklahoma Public Health Advisory Council Mod-

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

	SFY15	SFY16	SFY17	SFY18	SFY19
HOME HEALTH AGENCIES					
Licensed only HHAs	144	137	119	124	136
Licensed & medicare HHAs	265	240	251	251	239
Total licensed HHAs	409	377	370	375	375
Additional branch offices	397	511	613	613	226
Medicare surveys	70	129	78	52	84
Medicare follow-up visits	2	13	5	5	8
Medicare complaints	15	20	15	20	22
Total Medicare inspections	87	162	98	77	114
Licensure surveys	122	136	77	27	47
Licensure follow-up visits	0	0	0	0	0
Licensure complaints	5	45	24	21	2
Total licensure inspections	127	181	101	48	49
COMPANION SITTER SERVICE					
Number of services	0	24	23	26	30
Licensure surveys	0	2	0	0	1
Licensure follow-up visits	0	0	0	0	0
Licensure complaints	1	2	0	0	0
Fees collected	\$266,352	\$283,175	\$217,662	\$203,056	\$259,675



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.

	SFY15	SFY16	SFY17	SFY18	SFY19
CITATIONS					
Surveys with citations	39	168	---	---	---
Deficiencies cited	523	302	404	183	435
Condition tags cited	5	33	10	1	5
Deficiencies cited per survey with citations	13.4	1.8	---	---	4.1

Home Health Providers Top Violations—State Licensure

H0307—Criminal background checks

H0134—Personnel policies

H0108—Federal, state, and local laws

H0002—Licensure

H0136—Personnel records

H0088—Client Rights and Responsibilities

H0110—Organization

H0270—Quality Assessment & Performance Improvement

H0309—Individual Service Plan

H0306—Base of operation

Home Health Providers Top Violations—Federal Certification

G0658—Performance Improvement Projects

G0942—Governing body

G0578—Conformance with physician orders

G0574—Plan of Care must include the following...

G0710—Provide Services in the plan of care

G0718—Communication with physicians

G0808—Onsite supervisory visit every 14 hours

G0602—Communication with all physicians

G0642—Program scope

G0660—Executive responsibilities for QAPI

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

Dawn Lovett-Whitney
dawnl@health.ok.gov

405 • 271 • 6576
Fax: 405 • 271 • 1141

<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.

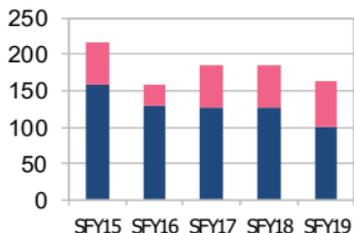
Program Fees

Initial license fee.....	\$2,000.00
Permanent license fee	\$2,000.00
Renewal fee (annual renewal)	\$2,000.00
Alternate Administrative Office	\$500.00
Change of Ownership	\$2,000.00
Late Fee	\$50.00

	SFY15	SFY16	SFY17	SFY18	SFY19
HOSPICE					
Licensed hospice programs	158	129	126	126	100
Alternate administrative offices	58	28	59	59	62
Medicare surveys	49	47	42	33	39
Medicare follow-ups	13	2	2	3	3
Medicare complaints	6	14	16	22	12
Total Medicare inspections	68	63	60	58	55
Licensure surveys	43	48	43	6	7
Licensure follow-ups	0	0	0	0	0
Licensure complaints	4	12	0	0	0
Total Licensure inspections	47	60	43	6	7
Fees collected	\$304,000	\$289,840	\$295,240	\$275,600	\$378,570

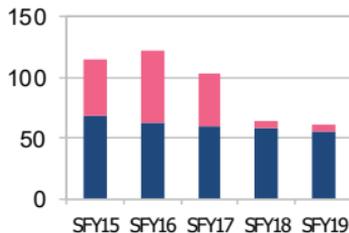
HOSPICE PROVIDERS

■ Licensed ■ Alternate Offices



HOSPICE INSPECTIONS

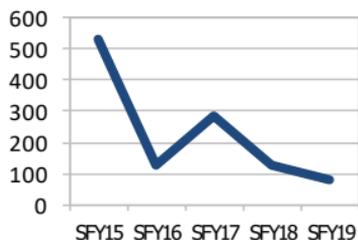
■ Medicare ■ Licensure



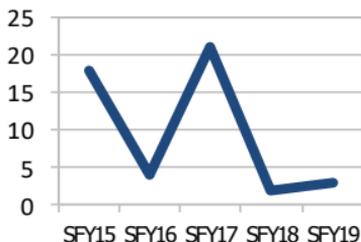
The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting 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.

	SFY15	SFY16	SFY17	SFY18	SFY19
CITATIONS					
Surveys with citations	12	66	----	----	17
Deficiencies cited	534	125	285	126	81
Condition tags cited	18	4	21	2	3
Deficiencies cited per survey with citations	44.5	1.9	----	----	4.4

Hospice
DEFICIENCIES CITED



Hospice
CONDITION TAGS CITED



Hospice Providers Top Violations— Federal Certification

L0543—Plan of Care

L0647—Level of activity

L0523—Timeframe for completion of assessment

L0535—Patient outcome measures

L0513 Rights of the patient

L0552—Review of the Plan of Care

L0629—Supervision of hospice aides

L0528—Content of comprehensive assessment

L0547—Content of Plan of Care

L0571/L0573—Performance improvement projects

L0671—Clinical records

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

Nazli Toloie
nazlit@health.ok.gov

405 • 271 • 6576
Fax: 405 • 271 • 1141

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

Authority

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

Funding Source

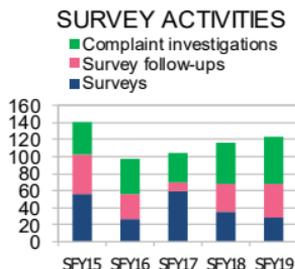
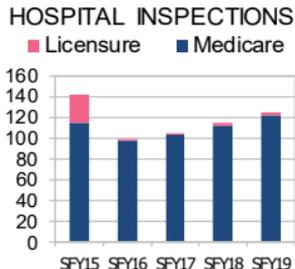
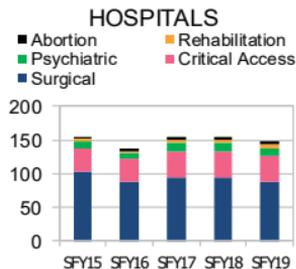
Federal Contract Allocation
and State Licensure Fees

Program Fees

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

	SFY15	SFY16	SFY17	SFY18	SFY19
HOSPITALS					
General medical surgical	104	88	94	94	87
Critical access	34	35	39	39	40
Specialized, psychiatric	11	8	13	13	11
Specialized, rehabilitation	3	3	4	4	6
Specialized, abortion	3	3	4	4	4
Total licensed hospitals	155	137	154	154	148
Fees collected	\$176,690	\$188,294	\$156,860	\$162,370	\$177,654

	SFY15	SFY16	SFY17	SFY18	SFY19
MEDICARE SURVEYS					
Initial surveys	0	0	1	1	0
Recertification surveys	18	7	34	16	10
Validation surveys	2	5	4	3	3
Life Safety Code surveys	18	14	19	13	13
Survey follow-ups	42	29	11	31	39
Complaint investigations	35	42	34	47	56
Total Medicare inspections	115	97	103	111	121
LICENSURE SURVEYS					
Initial surveys	0	0	0	0	0
Re-licensure surveys	18	1	1	1	3
Survey follow-ups	5	0	0	1	0
Complaint investigations	3	0	0	1	0
Total Licensure inspections	26	1	1	3	3
TOTAL SURVEYS					
Surveys	56	27	59	36	29
Survey follow-ups	47	29	11	32	39
Complaint investigations	38	42	34	48	56
Total inspections	141	98	104	116	124



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.

	SFY15	SFY16	SFY17	SFY18	SFY19
CITATIONS					
Surveys with citations	64	85	----	----	----
Deficiencies cited	421	159	530	538	391
Condition tags cited	59	47	51	60	n/a
Deficiencies cited per survey with citations	6.6	1.9	----	----	4.9

Hospitals

Top Violations—Federal Certification

A0144—Care in a Safe Setting

A0395—RN Supervision of Nursing Care

A0749—Infection Control Program

A0115—Patient Rights

A0449—Content of Record

A0118—Grievances

A0631—Therapeutic Diet Manual

A0353—Medical Staff Bylaws

A0043—Governing Body

A0283—Quality Improvement Activities.

Hospitals Top Violations—Federal Certification Life Safety Code

K0712—Fire Drills

K0901—Fundamentals—Building System Categories

K0222—Egress Doors

K0761—Maintenance, Inspection & Testing—Doors

K0321—Hazardous Areas—Enclosure

K0323—Anesthetizing Locations

K0914—Electrical Systems—Maintenance and Testing

K0918—Electrical Systems—Essential Electric System

K0920—Electrical Equipment—Power Cords and Extensions

Hospitals

Top Violations—Federal Certification Emergency Preparedness

E0037—EP Training Program

E0026—Roles Under a Waiver Declared by Secretary

E0041—Hospital CAH and LTC Emergency Power

E0022—Policies/Procedures for Sheltering in Place

E0029—Development of Communication Plan

E0033—Methods for Sharing Information

E0006—Plan Based on All Hazards Risk Assessment

E0007—EP Program Patient Population

E0025—Arrangement with other Facilities

MEDICARE CERTIFICATION & STATE PERMITS

Clients Served

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

Contact

LaTrina Frazier
latrinaf@health.ok.gov

405 • 271 • 6576
Fax: 405 • 271 • 1141

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

Authority

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

The Social Security Act and
various Related Code of Federal
Regulations

Funding Source

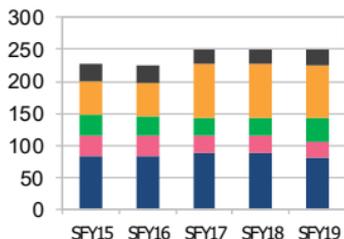
Federal Contract Allocation
and State Licensure Fees

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.

	SFY15	SFY16	SFY17	SFY18	SFY19
MEDICARE CERTIFICATION					
End Stage Renal Disease Centers (ESRD)	82	84	88	88	81
Swing Bed Hospital Units (SB)	33	31	27	27	24
Outpatient Physical Therapy (OPT)	32	30	28	28	37
Rural Health Clinics (RHC)	54	53	84	84	84
PPS Excluded Psychiatric Units (PPS-PU)	27	27	24	24	25
PPS Excluded Rehabilitation Units (PPS-RU)	19	19	19	19	19
Portable X-Ray Units (PX-R)	16	16	15	15	16
Community Mental Health Centers (CMHC)	3	3	3	3	9
Comprehensive Outpatient Rehabilitation Facilities (CORF)	2	2	1	1	2
CORF recertifications	0	0	0	0	0
OPT recertifications	11	1	4	0	3
PX-R recertifications	0	0	0	10	0
RHC recertifications	14	3	3	0	10
Tissue Banks (TB)	5	5	4	4	7
Eye Banks (EB)	1	1	1	1	2

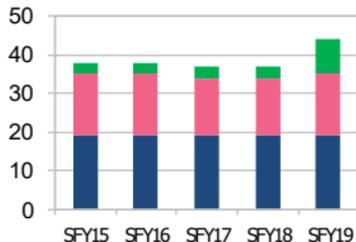
MEDICARE CERTIFICATION

■ ESRD ■ SB ■ OPT ■ RHC ■ PPS-PU



MEDICARE CERTIFICATION

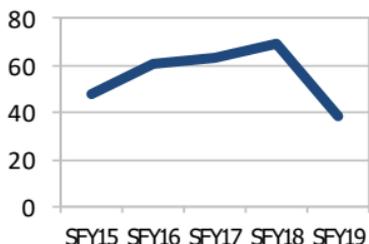
■ PPS-RU ■ PX-R ■ CMHC ■ CORF



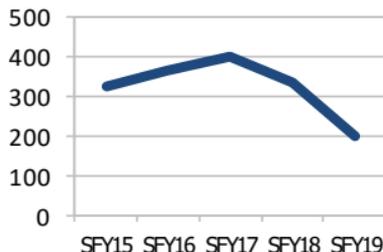
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	SFY15	SFY16	SFY17	SFY18	SFY19
END STAGE RENAL DISEASE					
Surveys with citations	27	75	----	----	----
Deficiencies cited	324	367	402	335	202
Condition tags cited	48	61	63	69	38
Deficiencies cited per survey with citations	12.0	4.9	----	----	4.0

End Stage Renal Disease
CONDITION TAGS CITED



End Stage Renal Disease
DEFICIENCIES CITED



End Stage Renal Disease Centers Top Violations—Federal Certification

- V0111—Infection Control—Sanitary Environment
- V0628—QAPI—Measure/Analyze/Track Quality Indicators
 - V0110—CFC—Infection Control
- V0402—Physical Environment Building Construction/Maintain for Safety
 - V0147—Infection Control—Staff Education—Catheters/Catheter Care
 - V0710—Responsibilities of the Medical Director
 - V0113—Infection Control—Wear gloves/hand hygiene
 - V0503—PA-Appropriateness of Dialysis Rx
- V0713—Medical Director Responsibility –Staff Education, Training & Performance
 - E0028—Dialysis Emergency Equipment
 - E0040—ESRD Patient Orientation Training

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

LaTrina Frazier
latrinaf@health.ok.gov

405 • 271 • 6576
Fax: 405 • 271 • 1141

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

Authority

40 O.S., §§ 551 et seq.
OAC 310:638

Funding Source

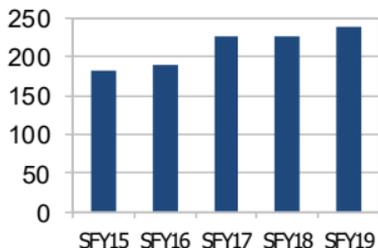
Fees Collected

Program Fees

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

	SFY15	SFY16	SFY17	SFY18	SFY19
WORKPLACE DRUG AND ALCOHOL TESTING					
Number of facilities	182	190	226	226	240
Surveys conducted	0	0	0	0	0
Follow-ups conducted	0	0	0	0	0
Complaint investigations	0	0	0	0	0
Fees collected	\$26,250	\$28,350	\$30,150	\$31,510	\$34,350

WORKPLACE DRUG & ALCOHOL TESTING FACILITIES





ADVISORY COUNCILS TO PHS SERVICE AREAS

Consumer Health Service

Consumer Protection Licensing 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

Michael Grim, Chair
Erin Meier, Vice-Chair
Bryan Alexander, Secretary
Vacant—Public Member
Wayne Morris
Radiologist Asst.
Vacant—Hearing Impaired
Vacant—Licensed

Effective November 1, 2013, House Bill 1467 repealed language relating to the Hearing Aid Advisory Council, the Medical Micropigmentation Advisory Committee, and the Radiation Advisory Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Consumer Protection Licensing Advisory Council.

The jurisdictional areas of the Council includes the Hearing Aid Fitting Industry, the Medical Micropigmentation Industry, the Radiation Industry and

such other areas as designated by the State Board of Health.

The 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. A majority of the council members constitute a quorum. The 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 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 Council. Special meetings may be called by the Chair or by the concurrence of any three members.

All members of the 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 Commissioner of Health shall appoint:

- One member representing a diagnostic x-ray facility.

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 Council, and (2) make recommendations to the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars.

The Council is encouraged to cooperate with other advisory councils, the public 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 Council must not recommend rules for promulgation to the Commissioner 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 Oklahoma Food Service Advisory Council is to advise 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 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 Council consists of fourteen (14) members. Nine (9) members are appointed by the Commissioner 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 nine appointments to the Council include the following:

Oklahoma Food Service Advisory Council Members

J. Roy Escoubas, Ph.D.

Michael Farney

Erica Hering

DeBrena Hilton

Jim Hopper

Harold Kelly

Krista Neal

Bill Ricks

Bill Ryan, Ed.D., RD,LD

Troy Slow

Scott Yates

(3 Vacancies)

- 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 the Food Service Education;
- One member represents the Food Processing Education;
- One member represents the School Nutrition Association of Oklahoma;
- 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 Council serve three year terms.

A majority of Council members constitutes a quorum.

SANITARIAN & ENVIRONMENTAL SPECIALIST REGISTRATION ADVISORY COUNCIL

59 O.S. Section 1150.5

This Council is mandated by statute to assist and advise the Commissioner 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

Jimmy Echelle, Chair
(vacant), Vice-Chair
Phillip Jurina, Secretary
David Bales, IHS
Tanya Harris
Richard McDaniel
Patty Nelson
Chad Newton
Troy Skow
Chad Winn

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 medical profession;

Long Term Care Advisory Board Members

Alan Mason, Chair

Jimmy McWhirter, Vice-Chair

Theo Crawley, Sec-Treas.

Joanne Alderman

Christean Bolding

Willie Burkhart

Jonathan Bushman

Tracy Chlouber

Joyce Clark

Dustin Cox

Terry Ferrel

Ivoria Holt

Krisinda Housh

Patricia Ingram

Adam Jordan

Joanna Martin

Jacki Millspaugh

Kay Parsons

Charles Schwarz

Dewey Sherbon

Wendell Short

Diana Lynn Sturdevant

William Whited

Denise Wilson

- 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
Jennifer Clark, M.D.
Rayetta Dominguez
Michelle Fox
John Hendrix, M.D.
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.

Hospital Advisory Council Members

Dale Bratzler, DO
Darin Smith, PharmD, BCPS, FASHP
Heather Bell, DO, BS, RTCT
Jay Gregory, MD, FACS
David Keith, FACHE
Daryle Voss, FACHE
Scott White
(2 vacancies)

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-

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 and 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 (OTERAC).

Trauma and Emergency Response Advisory Council Members

Greg Reid, MD, Chair
Eddie Sims, NREMT-P, Vice-Chair
Edith Smith, Secretary
Angela Selmon, MD
David Teague, MD
Michael Thomas, MD
Susan Watkins, RN

The jurisdictional areas of the OTERAC 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 OTERAC consists of seven appointed members, two members by the Governor, two members by the President Pro Tempore of the Senate, two members by the Speaker of the House of Representatives, and one member by the State Board of Health.

Each appointment is 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 OTERAC 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.

From FY17 through FY18, the OTERAC held six meetings discussing the following issues:

- Oklahoma EMS Health and Wellness Study
- Implementation of the Good Samaritan risk exposure notification system.
- Legal protection of quality improvement activities for Trauma and all time-sensitive medical conditions to include Stroke and ST-Elevation Myocardial Infarction (STEMI)
- National Emergency Department Overcrowding Score (NEDOCS)
- National Trauma Care Systems—Oklahoma activity comparison
- Radiography Exchange
- Regional Stroke Plans
- Review of trauma data comparing current trends to the prior 10-years
- Regional CQI Indicators
- Standard triage tag
- ST-Elevation Myocardial Infarction (STEMI)

PROTECTIVE HEALTH SERVICES QUALITY IMPROVEMENT / QUALITY ASSURANCE ACTIVITIES



Protective Health Services is committed to increasing the quality and consistency of services provided to citizens of Oklahoma.

“The only way forward, if we are going to improve the quality of the environment, is to get everybody involved.”

~ Richard Rogers

LIST OF QI/QA ACTIVITIES

HEALTHY AGING, LIVING LONGER BETTER GROUP

STRATEGIC PLANNING

HEALTH RESOURCE DEVELOPMENT SERVICE

COMPOSITE SCORE CARD REPORTS FOR OK NURSING HOMES

“INTENSIVE” QUALITY IMPROVEMENT TRAININGS WITH LTC FACILITIES

MDS/OASIS-QAPI TRAININGS

PLAN DO STUDY ACT (PDSA) SIMULATION

PROTECTIVE HEALTH SERVICES

MANDATES STRATEGIC ACTION TEAM

INSPECTION FREQUENCY MANDATES

PAYROLL BASED JOURNAL (PBJ) PROJECT

HEALTHY AGING, LIVING LONGER BETTER GROUP STRATEGIC PLANNING

The Healthy Aging Reducing Depression Work group created a statewide strategic plan entitled the “Older Adult Plan for Behavioral Health” in an effort to Reduce Depression among older Oklahomans. The work group conducted strategic planning sessions, and QI training in an effort to effectively establish their goals and make them measurable through the PDSA cycle of CQI. Some of the Reducing Depression Among older Oklahoma’s Goals include the following areas:

Screenings

Introduce behavioral health screenings to other networks and provide referral information to those networks;

Suicide Prevention

Question, Persuade and Refer suicide prevention training to the networks, older adult service providers, and training to older adults.

Education

Identify opportunities to educate about behavioral health issues, parity, Medicare Benefits and consequences of inaction.

Integration

Mapping behavioral health resources for distribution to various networks working with older adults – determine methodology for collecting the resources and updating the referral resources.

Increase membership in Oklahoma Mental Health and Aging Coalition.

HEALTH RESOURCE DEVELOPMENT SERVICE **COMPOSITE SCORE CARD REPORTS FOR** **OKLAHOMA NURSING HOMES**

The Quality Assurance & Data Systems group assists Long Term Care Survey Teams with individualized reports of the Long Term Care Facility Composite Score Card Report for each survey conducted. As a quality assurance activity this report shows data of Oklahoma's top 13 Quality Measures for each Nursing Home as well as comparing the individual nursing home to the state, region and nation quality measures.

“INTENSIVE” QUALITY IMPROVEMENT TRAININGS WITH LONG TERM CARE FACILITIES

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)

Through a Quality Assurance/Process Improvement (QAPI) approach, The QADS team has collaborated with external partners including Oklahoma Foundation for Medical Quality (OFMQ) and the Texas Medical Foundation (TMF) to provide opportunities for improvement to Oklahoma Long Term Care Facilities to achieve positive outcomes and improve quality of life for Older Oklahomans. Long Term Care Leadership and Staff participated in a six session Continuous Quality Improvement (CQI) training series. The process included the Plan Do Study Act (PDSA) Cycle of the CQI. The CQI training process and project included LTC staff utilizing quality improvement tools such as brainstorming, flow-charting, force field analysis, affinity diagram development, cause and effect analysis, and data collection methodology. Additionally, a review of current data, workflow, and care practices were developed and reviewed to determine if there were any gaps in processes, Nursing

homes received expert guidance on data collection, analyzing and interpreting data, and selection of appropriate interventions to achieve result moreover, educational tools and resources.

The results of utilizing these QI tools have assisted LTC facilities to implement the following actions:

- Created checklists, resident, and staff satisfaction surveys to assist with improving CMS Composite Score Card Quality Measures.
- Established a QAPI leadership team to address work process improvements within the nursing home facility.
- Developed a data tracking mechanism to track Quality Measures.
- Implemented innovative ways to improve Quality Measures (i.e. Influenza Vaccination Checklist for New Admissions);
- Resident Education on Benefits of the Influenza Vaccine.
- Family Day Vaccine Clinics.
- Resident and Staff surveys for vaccine recommended events and activities to increase Influenza Vaccination Rates for residents.

MDS/OASIS - QAPI TRAININGS

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)

The Oklahoma MDS/OASIS - QAPI training was conducted with over 48 Oklahoma Home Health Facilities and over 78 Long Term Care Staff. The main objectives of the trainings were to encourage participants to learn about the five elements of Quality Assurance and Performance

Improvement (QAPI) Training for Home Health Facilities and Long Term Care Facilities. These five elements include:

- Element 1: Executive Responsibility
- Element 2: Program Scope
- Element 3: Program Data
- Element 4: Program Activities
- Element 5: Performance Improvement Projects

These facilities were given QI tools to take and teach back to the staff in their facilities and begin to develop a QAPI team and review and assess areas in their facilities that could benefit from a QAPI process.

PLAN, DO, STUDY, ACT (PDSA) QI SIMULATION TRAINING

HRDS Staff participated in a PDSA simulation exercise to learn about Continuous Quality Improvement (CQI). The process included the Plan Do Study Act (PDSA) of the Cycle of CQI. The CQI training process and project included staff utilizing quality improvement tools such as brainstorming and data collection methodology.

The results of utilizing the PDSA training taught PHS staff a better knowledge of the following CQI items:

- Demonstrated how incremental change can, when replicated and expanded over time, leads to improvement
- Taught the importance of planning cycles of change and building on the knowledge learned in the previous cycles
- Developed better knowledge of PDSA cycles as staff went through the multiple cycles

PROTECTIVE HEALTH SERVICES (PHS)

MANDATES STRATEGIC ACTION TEAM

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

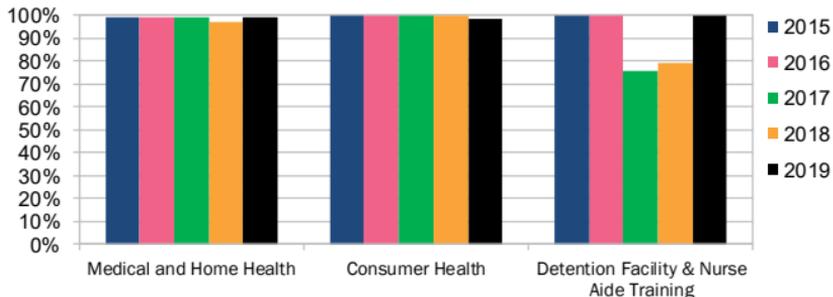
The Mandates Strategic Action Team implemented a Plan-Do-Check-Act quality improvement process to achieve and maintain compliance with mandates in law and rule for inspections and investigations performed by Protective Health Services. The Mandates team focused on the timeliness of 28,000 inspections 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.

INSPECTIONS AND INVESTIGATIONS COMPLETED IN COMPLIANCE WITH FREQUENCY MANDATES BY PROGRAM AREAS



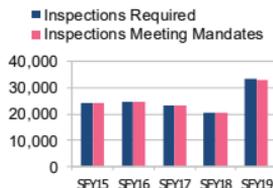
MANDATES STRATEGIC ACTION TEAM

INSPECTION FREQUENCY MANDATES (IFMs)

	SFY15	SFY16	SFY17	SFY18	SFY19
CONSUMER HEALTH SERVICE IFMs					
Number of inspection mandates	8	8	8	6	6
Inspections required	24,240	24,624	23,125	20,391	33,628
Inspections meeting mandates	24,239	24,623	23,125	20,391	33,164
Percent of inspections met	100.0%	100.0%	100.0%	100.0%	98.6%
HEALTH RESOURCE DEVELOPMENT SERVICE IFMs					
Number of inspection mandates	3	3	3	3	3
Inspections required	264	315	165	269	189
Inspections meeting mandates	264	315	125	213	189
Percent of inspections met	100.0%	100.0%	75.8%	79.2%	100.0%
LONG TERM CARE SERVICE IFMs					
Number of inspection mandates	24	24	24	24	24
Inspections required	2,830	3,149	2,359	2,094	2,032
Inspections meeting mandates	2,785	3,146	2,357	2,080	2,030
Percent of inspections met	98.4%	99.9%	99.9%	99.3%	99.9%
MEDICAL FACILITIES SERVICE IFMs					
Number of inspection mandates	14	14	14	14	14
Inspections required	287	508	323	339	328
Inspections meeting mandates	285	504	320	330	325
Percent of inspections met	99.3%	99.2%	99.1%	97.3%	99.1%
ALL PROTECTIVE HEALTH SERVICES IFMs					
Number of inspection mandates	49	49	49	47	47
Inspections required	27,621	28,489	25,972	23,093	36,177
Inspections meeting mandates	27,573	28,482	25,927	23,014	35,708
Percent of inspections met	99.8%	100.0%	99.8%	99.7%	98.7%

	SFY15	SFY16	SFY17	SFY18	SFY19
COMPLAINT IFMs					
Number of complaint IFMs	17	17	17	17	17
Complaint IFMs met	16	15	16	15	16
Complaint IFMs not met	1	2	1	2	1
Inspections required	1,251	1,381	1,126	1,046	1,011
Inspections meeting mandates	1,206	1,375	1,121	1,044	1,006
Percent of inspections met	96.4%	99.6%	99.6%	99.8%	99.5%
NON-COMPLAINT IFMs					
Number of non-complaint IFMs	32	32	32	30	30
Non-complaint IFMs met	32	32	30	23	28
Non-complaint IFMs not met	0	0	2	7	2
Inspections required	26,370	27,108	25,694	22,443	35,166
Inspections meeting mandates	26,367	27,107	25,631	22,364	34,702
Percent of inspections met	100.0%	100.0%	99.8%	99.6%	98.7%

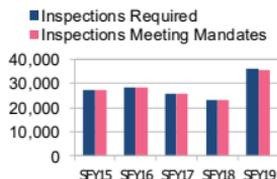
CONSUMER HEALTH SERVICE



HEALTH RESOURCE DEVELOPMENT 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 (PHOs)

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.

PAYROLL BASED JOURNAL (PBJ) PROJECT

The Center for Medicare and Medicaid Services (CMS) has long identified staffing as one of the vital components of a nursing home's ability to provide quality care. CMS has utilized staffing data for a myriad of purposes in an effort to more accurately and effectively gauge its impact on quality of care in nursing homes. The data, when combined with census information, can then be used to report on the level of staff in each nursing home, as well as employee turnover and tenure, which can impact the quality of care delivered.

The QI Committee project has been tracking the PBJ data. We have also developed e-mail and phone surveys with participating Oklahoma facilities that have 10 or more days without RN coverage. In an effort to assess the critical staffing issue concerns across the state of Oklahoma, the PBJ Project was formed. The results of the data assessments revealed that:

- A majority of LTC facilities have had issues with navigating in the CMS Software to accurately download their RN staffing data information.
- Many facilities were able to solve RN staffing Hour issues switching from manual time clocks to electronic time clocks for all their LTC staff.
- Many facilities expressed needs for ongoing PBJ training due to high turnover of staff in the LTC Facility.

Solutions:

The PBJ QI Committee continues to monitor quarterly Oklahoma PBJ reports and track facility compliance outcomes with ten or more days without RN Coverage.

The PBJ QI Committee updates the PBJ website with most current tools, information, training, and education resources for the Payroll Based Journaling Requirement for LTC Facilities.

State Regulated Individuals & Entities

	SFY15	SFY16	SFY17	SFY18	SFY19
Consumer Health Service					
Bedding Permits	2,387	2,450	----	3,898	3,155
Drugs, Cosmetics, Medical Devices	4	2	1	1	1
Hearing Aid Dealers and Fitters	169	170	137	182	152
Hotels-Motels	1,202	1,197	1,037	1,094	1,208
Licensed Genetic Counselors	29	37	----	94	164
Medical Micropigmentologists	120	114	----	145	220
Public Bathing Places	3,204	3,041	----	3,056	4,678
Retail Food Establishments	22,197	22,708	23,125	20,391	26,702
Sanitarians & Environmental Specialists	539	507	531	518	518
Tattoo Artists	464	450	394	420	516
Tattoo Establishments	152	145	135	146	154
Body Piercing Artists	85	74	61	64	55
Body Piercing Establishments	60	47	47	45	38
Food Manufacturers	1,165	1,184	1,192	1,074	1,171
Correctional Facilities	100	83	100	81	82
X-Ray Facility Permits	3,059	3,026	3,010	2,800	3,008
Health Resources					
Development Service					
Adult Day Care Centers	40	39	40	41	46
Certified Workplace Medical Plans	5	5	5	5	5
Continuum of Care Facilities & Assisted Living Centers	169	174	183	183	184
Health Maintenance Organizations	7	N/A	18	19	21
Home Care Administrators	697	564	717	582	656
Detection Facilities	132	131	130	130	132
Nurse Aides	67,254	66,579	66,908	68,067	68,764
Registered Feeding Assistants	605	653	603	576	460
Nurse Aide Training Programs	257	273	281	289	285
Nursing & Specialized Facilities	292	287	----	376	388
Residential Care Homes	57	50	48	41	41
Medical Facilities Service					
Ambulatory Surgical Centers	43	41	50	50	76
Birth Centers	0	0	0	0	0
Emergency Medical Services	367	372	387	384	n/a
Emergency Medical Technicians	8,388	8,686	9,020	8,896	9,052
EMS Training Institutions	40	43	42	43	n/a
Home Health Agencies	409	377	370	375	375
Home Health Agency Branch Offices	397	511	613	613	226
Hospice Providers	158	129	126	126	100
Hospice Alternate Administrative Offices	58	28	59	59	62
Hospitals	155	137	154	154	148
Tissue and Eye Banks	6	6	5	5	9
Workplace Drug and Alcohol Testing Facilities	182	190	226	226	240
STATE TOTAL:	114,654	114,510	109,755	115,249	123,092

QUICK REFERENCE TELEPHONE DIRECTORY

Deputy Commissioner's Office

McElvany, Rocky	405 • 271 • 5288
Rushing, Crystal	405 • 271 • 5288

Consumer Health Services

Cannella, Samuel.....	405 • 271 • 5243
Jurina, Phillip.....	405 • 271 • 5243
Splawn, Travis.....	405 • 271 • 5243

Health Resources Development Service

Bowen, Espa.....	405 • 271 • 6868
Edwards, Barry.....	405 • 271 • 3912
Hart-Smith, Alexandria.....	405 • 271 • 5278
Henry, Diane.....	405 • 271 • 5278
Joslin, James.....	405 • 271 • 6868
Kirtley, Vicki.....	405 • 271 • 4085
Waters, Sarah.....	405 • 271 • 5278

Long Term Care

Box, Glenn.....	405 • 271 • 6868
Clark, Beverly.....	405 • 271 • 6868
Cook, Michael.....	405 • 271 • 6868
Lewis, LaShawn.....	405 • 271 • 6868
McAlister, Lisa.....	405 • 271 • 6868
Scott, Patty.....	405 • 271 • 6868
Smith, Natalie.....	405 • 271 • 6868
Terrel, Paula.....	405 • 271 • 6868

Medical Facilities Service

Abdullah, Luvetta.....	405 • 271 • 6576
Adkerson, Dale.....	405 • 271 • 4027
Frazier, LaTrina.....	405 • 271 • 6576
Jordan, Andrea.....	405 • 271 • 6576
Pelley, Grace.....	405 • 271 • 4027
Toloie, Nazli.....	405 • 271 • 6785
West, Nena.....	405 • 271 • 6576

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PROTECTIVE
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ANNUAL REVIEW
2020



OKLAHOMA
WORKS