OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

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TITLE 450

CHAPTER 16

STANDARDS AND CRITERIA FOR COMMUNITY RESIDENTIAL MENTAL HEALTH FACILITIES

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SUBCHAPTER 1. GENERAL PROVISIONS

450:16-1-1. Purpose

This chapter sets forth the Standards and Criteria used for determining certification of mental health residential care facilities. (43A O.S. § 3-315) The rules regarding factors relating to the certification processes, including, but not necessarily limited to, applications, fees, requirements for, levels of, required scoring levels, and administrative sanctions, are found in OAC 450:1, Subchapter 9.

450:16-1-2. Definitions

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

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a caretaker responsible for the resident's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a caretaker responsible for providing these services to a resident.

"ADL" means activities of daily living.

"Administrator" means the person who is in charge of a community residential mental health facility and who devotes at least one-third (1/3) of his or her full working time to on-the-job supervision of the community residential mental health facility.

"Adults who have a serious mental illness" are persons eighteen (18) years of age or older who meet the following criteria:

(A) Currently or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet criteria specified within DSM-IV with the exception of "V" codes, substance abuse disorders, and developmental disorders, unless they co-occur with another diagnosable serious mental illness; AND

(B) Based on a client assessment scale, has at least moderate to severe impairment in the following areas:

(i) Feeling, mood and affect,
(ii) Thinking,
(iii) Family relationships,
(iv) Interpersonal skills,
(v) Role performance,
(vi) Socio-legal, or
(vii) Self care/basic needs.

"Clubhouse" means a psychiatric rehabilitation program currently certified as a Clubhouse through the International Center for Clubhouse Development (ICCD).

"CMHC" means community mental health center.

"Continuity of care agreements" means an agreement between the community residential mental health facility and providers of critical and comprehensive community based behavioral health services, including but not limited to a provider of inpatient behavioral health care and a local provider of community-based behavioral health

services. Continuity of care agreements shall specify the responsibility of each entity related to assuring continuous and coordinated care on behalf the residents.

"Co-occurring disorder" means any combination of mental health and substance abuse symptoms or diagnosis in a resident.

"Corporal punishment" means any physical punishment including, but not limited to punching, slapping, kicking, spanking, or whipping.

"Crisis stabilization" means emergency, psychiatric, and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the community residential mental health facility or the routine care of a resident. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to residents, staff and visitors; medication errors; residents that are absent without leave (AWOL); neglect or abuse of a resident; fire; unauthorized disclosure of information; damage to or theft of property belonging to a resident or the community residential mental health facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Direct care staff" means any staff member who, in the performance of his or her routine duties has contact with residents and is required to meet the training requirements for community residential mental health staff as listed in the "Standards and Criteria for Community Mental Health Residential Facilities".

"Enhanced residential care facility" means a community residential mental health facility meeting all statutory and regulatory requirements of the ODMHSAS and OSDH and which specifically serves only "Adults who have a serious mental illness" who cannot be accommodated in a non-enhanced community residential mental health facility.

"General psychiatric rehabilitation program" or **"PSR"** means a type of psychiatric rehabilitation program which focuses on long term recovery and maximization of self-sufficiency, role function and independence. General psychiatric rehabilitation programs may be organized within a variety of structures which seek to optimize the participants' potential for occupational achievement, goal setting, skill development and increased quality of life.

"Health care services" means services provided by health care professionals and includes, but is not limited to dentists, optometrists, and podiatrists.

"Independent living skills, assistance in development of" means all activities directed at assisting individuals in the development of skills necessary to live and function within the community.

"Integrated Client Information System" or **"ICIS"** is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, client profiles, program or treatment focus, and many other topics of interest to clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and clients that provide the

ability to monitor the course of client services throughout the statewide ODMHSAS network. ICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, community residential mental health facilities, prevention programs, and centers for the homeless which are operated or funded in part by ODMHSAS.

"Medication administration technician course" is an educational program from an institute of higher learning which has been reviewed and approved by the OSDH pursuant to 310:680-11-1 and affords the student a certificate of training in the administration of medication and measuring and documenting vital signs.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"OSDH" means Oklahoma State Department of Health.

"Personal care" means assistance with meals, dressing, movement, bathing, or other personal needs, or general supervision of the physical and mental well-being of a person who is currently unable to maintain a private, independent residence, or who has limited abilities in the managing of his or her person, whether or not a guardian has been appointed for such person.

"Recovery" means a journey of healing and transformation enabling a person with a mental health and/or substance abuse diagnosis to live a meaningful life in the community of his or her choice while striving to achieve his or her full potential. The process of recovery leads individuals toward the highest level of autonomy of which they are capable. Key characteristics of recovery include:

(A) Recovery is self directed, personal and individualized (not defined by treatment providers or agencies);

(B) Recovery is holistic. Recovery is a process through which one gradually achieves greater balance of mind, body and spirit in relation to other aspects of one's life that can include family, work and community;

(C) Recovery moves beyond symptom reduction and relief (i.e. meaningful connections in the community, overcoming specific skill deficits, establishing a sense of quality and well-being);

(D) Recovery is both a process of healing (regaining) and a process of discovery (moving beyond);

(E) Recovery encompasses the possibility for individuals to test, make mistakes and try again; and

(F) Recovery can occur within or outside the context of professionally directed treatment.

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

"Resident" means a person residing in a residential care facility certified by ODMHSAS.

"Resident committee" or **"Resident government"** means any established group

within the facility comprised of residents, led by residents and meets regularly to address resident concerns to support the overall operations of the facility.

"Residential care facility" or **"RCF"** means any house, home, establishment or institution licensed pursuant to the provisions of the Oklahoma Residential Care Home Act 63 O.S., §§ 1-819 through 1-840, other than a hotel, fraternity or sorority house, or college or university dormitory, is certified pursuant to 43 O.S. § 3-315 as a Community Residential Mental Health Facility and offers or provides residential accommodations, food service and supportive assistance to its residents or houses any resident requiring supportive assistance that are ambulatory, essentially capable of managing their own affairs and not routinely requiring nursing care or intermediate care.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body.

"Seclusion" means the placement of an individual or individuals alone in a room or other area from which egress is prevented by a physical barrier.

"Sentinel event" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a consumer. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms or violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

"Socialization activities" means all activities which encourage interaction and the development of communication, interpersonal, social and recreational skills, and can include client education.

"Special need (persons with)" means any persons with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf or hard of hearing, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"Supportive assistance" means the service rendered to any person which is sufficient to enable the person to meet an adequate level of daily living. Supportive assistance includes but is not limited to housekeeping, assistance in the preparation of meals, assistance in the safe storage, distribution and administration of medications, and assistance in personal care as is necessary for the health and comfort of such person. The term "supportive assistance" shall not be interpreted or applied so as to prohibit the participation of residents in housekeeping or meal preparation tasks as a part of the written treatment plan for the training, habilitation or rehabilitation of the resident prepared with the participation of the resident, the mental health or drug or alcohol services case manager assigned to the resident and the administrator of facility, or his or her designee. Supportive assistance shall not include medical service.

"Volunteer" means any individual providing direct services to residents, and who is not on the facility's payroll, but fulfills a defined role within the facility. This definition does not include special entertainment/visiting groups.

450:16-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

(1) **"Shall"** is the term used to indicate a mandatory statement, the only acceptable method under the present standards.

(2) **"Should"** is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.

(3) **"May"** is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

450:16-1-4. Annual review of standards and criteria [REVOKED]

450:16-1-5. New standards [REVOKED]

450:16-1-6. Applicability

These Standards and Criteria are applicable to all RCFs under contract with ODMHSAS as set forth in 43A O.S. § 3-315.

SUBCHAPTER 3. GOVERNING AUTHORITY/OWNERSHIP

450:16-3-1. Responsibility

(a) An RCF shall have either a governing authority, or owner, having overall responsibility for the operation of the facility, including all components and services.

(b) Compliance with 450:16-3-1 shall be determined by a review of Oklahoma Department of Health Licensure, ODMHSAS certification documentation, or other documentation which may be supplied by the RCF.

SUBCHAPTER 5. SERVICES

450:16-5-1. Continuity of care agreements, other service providers

(a) The RCF shall have negotiated formal written agreements with other behavioral health service providers to assure availability of continuous community based services to residents who will potentially need those services. The agreements must define responsibilities of each service entity. The Agreement(s) shall be renewed on an annual basis. If the Agreement is not obtained, the RCF shall show documentation of efforts to obtain the Agreement(s). At a minimum, there shall be agreements in place to sufficiently meet the emergency mental health needs of clients as well as insure continuous access to and collaboration with an array of outpatient behavioral psychiatric and rehabilitation services, including appropriate access to integrated services for individuals with co-occurring substance disorders.

(b) To ensure continuity of care with all components of services, these Agreements shall address the roles and responsibilities of the RCF, the local providers of community-based behavioral health services and any other pertinent party. One of the roles and responsibilities addressed shall be to provide access to crisis stabilization and inpatient services.

(c) Compliance with 450:16-5-1 shall be determined by a review of documentation, including agreement(s) signed by all necessary parties; or agreement(s) signed by some of the parties with further notes from the RCF stating the date of attempts to have the agreement(s) signed by the other providers.

450:16-5-2. Socialization and recreation services

(a) Onsite socialization and recreation activities shall be provided by the RCF to residents a minimum of three (3) times per week, and shall occur on separate days. These activities shall total a minimum of three (3) hours of activity per week, and shall be provided in addition to exercise and daily living skills.

(b) Additional activities shall be provided by the RCF, away from the facility, two (2) or more times per week for those who do not attend Clubhouse or general psychiatric rehabilitation programs or for those who choose to attend the activities away from the facility.

(c) To insure variety, a minimum of three (3) of the activities offered per week, exclusive of ADL and exercise, shall be different activities.

(d) Residents shall be involved in the planning of activities.

(e) A monthly calendar of scheduled recreational and social activities shall be developed and posted in each building occupied by residents throughout the RCF.

(f) Calendars of actual recreational and social activities shall be filed at the end of each month and maintained for at least six (6) months following the expiration of the period of certification.

(g) Documentation of the scheduled social and recreation activities shall be made and kept as follows:

(1) There shall be a record of whether, or not, each of the scheduled activities for each month were held.

(2) There shall be a record of the residents' participation in each of the month's scheduled activities.

(3) The records in (1) and (2) shall be retained for at least six (6) months following the expiration of the period of certification.

(h) Compliance with 450:16-5-2 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events, facility attendance sheets, residents' council minutes or compliance with 450:16-29-8, if an Enhanced Residential Care facility.

450:16-5-2.1. Services delivery and documentation [REVOKED]

450:16-5-3. Termination of services to residents [REVOKED]

450:16-5-4. Independent living skills development

(a) The RCF shall provide instruction and assistance in utilization of community resources and activities, such as post office, veteran services, Indian Health services, health fair, county fair, church, and independent housing services.

(b) Residents should receive instruction and assistance in utilization of primary health resources, and in substance disorder recovery resources such as twelve-step or similar support resources as is appropriate and desired by the resident.

(c) The RCF shall offer residents assistance with money management, including budgeting for independent housing, working with landlords, and understanding lease agreements. This assistance shall be offered through individual or group instruction or classes.
(d) Residents shall be individually assisted and instructed regarding activities of daily living, including but not limited to personal hygiene and grooming, a minimum of five (5) days per week.
(e) The RCF shall provide or arrange for instruction to residents on at least a quarterly basis regarding early warning signs of diseases to better educate residents in the identification of possible health problems. Training dates, topic, attendees, and the speaker(s) or trainer(s) shall be documented.
(f) The RCF shall provide or arrange for instruction to residents on at least a quarterly basis regarding psychiatric illnesses and medication, as well as use of and dependence on substances (including nicotine and caffeine) to enable the resident to understand his or her illness and to help residents make better decisions about substance use and psychiatric treatment management in order to help them achieve recovery goals. Training dates, topic, attendees, and the speaker(s) or trainer(s) shall be documented.
(g) Compliance with 450:16-5-4 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; RCF documentation such as calendar of events, residents' council minutes, and other in house documentation.

450:16-5-5. Provision of physical exercise
(a) The RCF shall offer residents physical exercise a minimum of twenty (20) minutes, three (3) days per week.
(b) Compliance with 450:16-5-5 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events.

450:16-5-6. Termination of services to residents
(a) In order to protect the resident's rights, and insure involvement of the resident's case manager, the RCF shall be required to contact, consult with and obtain the approval of the resident, prior to terminating services to the resident. Consultation with the resident's family or significant other, when involved with the resident's care, and the local and receiving CMHC or other treatment provider prior to moving or relocating any resident who is a mental health client with ODMHSAS shall be documented. No movement or relocation of any mental health client shall be conducted without such prior consultation and approval. If any relevant parties shall disagree with the movement, there shall be substantial reason(s) documented in the RCF's records.
(b) In the event of the death of a resident, a summary statement shall be placed in the individual resident's file, and notification made to the ODMHSAS Office of Consumer Advocacy in accordance with 450:16-7-1.
(c) Compliance with 450:16-5-6 shall be determined by a review of Office of Consumer Advocacy records; resident files; other RCF documentation as relevant and applicable; or resident, family, or significant other interviews.

SUBCHAPTER 7. CRITICAL INCIDENTS

450:16-7-1. Critical incidents

(a) The RCF shall have written policies and procedures requiring documentation and reporting of critical incidents to ODMHSAS.

(b) The documentation of critical incidents shall contain, at a minimum:

(1) Facility name and signature of the person(s) reporting the incident;

(2) Names of the resident(s), or staff member(s) involved;

(3) Time, date, and physical location of the incident;

(4) Time and date incident was reported and name of person within the facility to whom it was reported;

(5) Description of incident;

(6) Severity of each injury, if applicable. Severity shall be indicated as follows:

(A) No off-site medical care required or first aid care administered on-site;

(B) Medical care by a physician or nurse or follow-up attention required; or

(C) Hospitalization or immediate off-site medical attention was required;

(7) Resolution or action taken, date resolution or action was taken, and signature of the facility administrator.

(c) Critical incidents shall be reported to ODMHSAS with specific timeframes, as follows:

(1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax, or ODMHSAS designated electronic system, to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.

(2) Critical incidents involving allegations constituting a sentinel event or resident abuse shall be reported to ODMHSAS immediately via telephone or fax, but not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.

(d) Compliance with 450:16-7-1 shall be determined by a review of RCF policy and procedures, and critical incident reports at the RCF and those submitted to ODMHSAS.

450:16-7-2. Critical incidents, documentation of [REVOKED]

450:16-7-3. Critical incidents, reporting of [REVOKED]

SUBCHAPTER 9. LICENSURE

450:16-9-1. Licensure

(a) To insure compliance with the Oklahoma statutes (63 O.S. §§1-820 through 1-840), Department of Health regulations (OAC Title 310, Chapter 680) and protect the rights and safety of residential care clients, RCFs shall be licensed by the Oklahoma State Department of Health.

(b) Compliance with 450:16-9-1 shall be determined by a review of OSDH documentation supporting that the RCF has a valid license.

SUBCHAPTER 11. SAFETY

450:16-11-1. Emergency equipment

(a) Residents and staff are entitled to a safe environment and accommodations. Staff of an RCF shall know the exact location, contents, and use of first aid supply kits and fire fighting equipment. First aid supplies and fire fighting equipment shall be located in areas in the RCF as designated by the State Fire Marshall or local authorities.
(b) The RCF shall have smoke detectors and each smoke detector shall be in working order.
(c) The RCF shall have battery back-up lights and the back-up lights shall be in working order.
(d) Compliance with 450:16-11-1 shall be determined by on-site observation a review of RCF training documentation; a review of OSDH reports; interviews of staff on duty, but not less than one (1) or more than five (5).

450:16-11-2. Annual fire and life safety inspection

(a) The RCF shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy.
(b) Compliance with 450:16-11-2 shall be determined by a review of the RCF's annual fire and safety inspection report.

SUBCHAPTER 13. QUALITY OF LIFE

450:16-13-1. Meals

(a) To insure proper diet and nutrition, residents shall be offered three (3) meals per day, seven (7) days per week.
(b) Meals must be well balanced and, if required by OSDH, approved by a registered/licensed dietitian.
(c) Residents shall receive meal servings adequate to satisfy nutritional needs and satisfy hunger.
(d) Residents must receive between-meal snacks at least one (1) time per day, unless contraindicated due to a special diet approved by a registered/licensed dietician.
(e) Meals shall be served in a clean, sanitary environment.
(f) Compliance with 450:16-13-1 shall be determined by resident, staff and CMHC staff interviews; review of menus with documentation of dietician’s approval; comparison of menu with meal served; review of OSDH inspection reports; review of documentation on staff training by dietician, if applicable; observation of at least one (1) meal; and review of activity and meal schedule.

450:16-13-2. Nutrition [REVOKED]

450:16-13-3. Meal servings [REVOKED]

450:16-13-4. Between-meal snack [REVOKED]

.

450:16-13-5. Meal environment [REVOKED]

450:16-13-6. Availability of liquids
(a) The RCF shall make available for residents, outside of meal time, fresh water and ice upon request, or a refrigerated water fountain, in order to assure the prevention of dehydration.
(b) Compliance with 450:16-13-6 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

450:16-13-7. Clothing
(a) The RCF shall assure residents have clothing and shoes appropriate to the season.
(b) Clothing, including shoes, worn by residents shall be clean, in good repair, and be of appropriate size.
(c) Residents shall have personal possession of their own clothing unless contraindicated according to RCF documentation, corroborated by CMHC staff.
(d) The RCF shall have a mechanism for provision of clothing for residents who do not have sufficient or appropriate clothing of their own.
(e) Compliance with 450:16-13-7 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

450:16-13-8. Availability of shoes [REVOKED]

450:16-13-9. Condition of residents' clothing [REVOKED]

450:16-13-10. Residents' personal possession of clothing [REVOKED]

450:16-13-11. Provision of clothing [REVOKED]

450:16-13-12. Grooming and hygiene supplies
(a) The RCF shall provide residents with grooming and hygiene supplies, including hair care supplies, as needed. The grooming and hygiene supplies shall take ethnicity and allergies into consideration.
(b) Compliance with 450:16-13-12 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

450:16-13-12.1. Bathroom tubs and showers
(a) Bathroom tubs, showers and sinks shall be clean and in good repair.
(b) Compliance with 450:16-13.1 shall be determined by on-site observation; and, if applicable, a review of OSDH on-site inspection reports.

450:16-13-12.2. Toilets
(a) Toilets shall be clean and in good repair, and provide individual privacy for residents.
(b) Compliance with 450:16-13.1 shall be determined by on-site observation; and, if applicable, a review of OSDH on-site inspection reports.

450:16-13-13. Training in hygiene issues [REVOKED]

450:16-13-14. Hygiene of residents [REVOKED]

450:16-13-15. Frequency of activities [REVOKED]

450:16-13-16. Frequency of activities held away from residential care facility [REVOKED]

450:16-13-17. Variety of activities [REVOKED]

450:16-13-18. Utilization of community resources [REVOKED]

450:16-13-19. Resident involvement in activities planning [REVOKED]

450:16-13-20. Provision of physical exercise [REVOKED]

450:16-13-21. Provision of spending money
(a) Residents shall be provided at minimum twenty-five dollars ($25.00) per month, in accordance with OAC 310:68-15-2.
(b) Compliance with 450:16-13-21 shall be determined by a review of RCF documentation; and resident, staff, and CMHC staff interviews.

450:16-13-22. Assistance with money management [REVOKED]

450:16-13-23. Management of resident accounts
(a) The RCF shall manage resident funds/accounts according to applicable regulations of the Oklahoma State Department of Health.
(b) Compliance with 450:16-13-23 shall be determined by a review of OSDH inspection reports.

450:16-13-24. Activities of daily living [REVOKED]

450:16-13-25. Hair care [REVOKED]

450:16-13-26. Mattress and bed
(a) Each resident's mattress and bed shall be clean and in good repair.
(b) Compliance with 450:16-13-26 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-27. Linens
(a) The RCF shall provide bed linens, to minimally include, bedspreads, upper and bottom bed sheets, and pillow cases. Blankets should be provided if requested by the resident. All bed linens shall be clean and in good repair.
(b) The RCF shall provide pillows, which are clean and in good repair.
(c) The RCF shall provide sufficient clean towels and wash cloths to all residents as

needed.
(d) Compliance with 450:16-13-27 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-27.1. Bed linens [REVOKED]

450:16-13-27.2. Bed linens, sheets [REVOKED]

450:16-13-28. Towels and washcloths [REVOKED]

450:16-13-29. Infestations of insects and vermin
(a) The RCF shall be free from insects, spiders, and rodents.
(b) Compliance with 450:16-13-29 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-30. Laundry hampers [REVOKED]

450:16-13-31. Toilet tissue
(a) Toilet tissue shall be easily accessible to all residents.
(b) Compliance with 450:16-13-31 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-32. Availability of bed linens, pillows [REVOKED]

450:16-13.32.1. Availability of bed linens, pillow cases [REVOKED]

450:16-13-32.2. Availability of bed linens, sheets [REVOKED]

450:16-13-33. Cleanliness and condition
(a) The indoor environment of the RCF shall be free from offensive odors, and free from any accumulation of dirt, rubbish, and dust.
(b) The exterior environment of the RCF shall be free from an accumulation of rubbish, and safety hazards.
(c) The furniture of the RCF shall be clean and in good repair.
(d) The floors of the RCF shall be clean and in good repair.
(e) The walls of the RCF shall be clean and in good repair.
(f) The ceilings of the RCF shall be clean and in good repair.
(g) Compliance with 450:16-13-33 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-33.1. Cleanliness, facility indoor environment [REVOKED]

450:16-13-33.2. Cleanliness, facility exterior environment [REVOKED]

450:16-13-33.3. Cleanliness and condition, of facility furniture [REVOKED]

450:16-13-34. Floors [REVOKED]

450:16-13-35. Walls [REVOKED]

450:16-13-35.1. Ceilings [REVOKED]

450:16-13-36. Recreational equipment
(a) The RCF shall make available indoor recreational equipment such as, but not limited to, crafts, checkers, and other board games, to the residents.
(b) The RCF shall make available outdoor recreational equipment such as, but not limited to, horseshoes, badminton, and volleyball, to the residents.
(c) Compliance with 450:16-13-36 shall be determined by on-site observation.

450:16-13-37. Outdoor recreational equipment [REVOKED]

450:16-13-38. Smoke detectors [REVOKED]

450:16-13-39. Battery back-up lights [REVOKED]

450:16-13-40. Fire extinguishers [REVOKED]

450:16-13-41. Annual health assessments [REVOKED]

450:16-13-42. Psychiatric care
(a) The RCF shall assist the residents in accessing needed psychiatric care.
(b) Compliance with 450:16-13-42 shall be determined by resident, staff, and appropriate CMHC staff interviews; and a review of in-house documentation.

450:16-13-43. Dental care
(a) The RCF shall assist the residents in utilizing local resources such as local dentists or donated dental services.
(b) Compliance with 450:16-13-43 shall be determined by resident, staff, and appropriate CMHC staff interviews; and a review of in-house documentation.

450:16-13-44. Physician consultation
(a) The RCF staff shall consult with the treating physician(s) of residents to better understand the illness (es) of each resident, to assure that he/she is receiving appropriate care within the RCF.
(b) Compliance with 450:16-13-44 shall be determined by resident, staff, and appropriate CMHC staff interviews; a review of in-house documentation; and Annual Health Assessments.

450:16-13-45. Health education [REVOKED]

450:16-13-46. Mental health and substance abuse education [REVOKED]

450:16-13-47. Medical care [REVOKED]

450:16-13-48. Medication

(a) The RCF shall comply with all OSDH medication regulations and have a current OSDH report free of medication related deficiencies.

(b) RCF staff persons who have successfully completed medication administration technician training, or appropriately licensed personnel, shall administer medications.

(c) Compliance with 450:16-13-48 shall be determined by a review of OSDH inspection reports; a review of the RCF's medication administration documentation and personnel records; and staff and resident interviews.

450:16-13-48.1. Medication, administration [REVOKED]

450:16-13-49. Quality of life, pre-annual recertification [REVOKED]

SUBCHAPTER 15. RESIDENT RIGHTS

450:16-15-1. Resident rights

Each facility certified by or under contract with ODMHSAS shall comply with the applicable rules in Title 450, Chapter 15. Consumer Rights, including but not limited to rules for resident's grievance policy.

450:16-15-2. Resident right to fee information [REVOKED]

450:16-15-3. Resident right to information, refused services [REVOKED]

450:16-15-4. Resident rights regarding group visitations [REVOKED]

450:16-15-5. Resident's grievance policy [REVOKED]

SUBCHAPTER 17. SECURITY AND DISCLOSURE OF RESIDENT INFORMATION

450:16-17-1. Disclosure of resident information

(a) Confidentiality of information concerning a resident is applicable throughout the RCF.

(1) Staff shall be made aware of conditions for release of information in compliance with state and federal laws and regulations.

(2) The RCF's written policies and procedures shall describe the conditions under which information on applicants or residents may be disclosed and the procedure for releasing such information. These conditions and procedures shall be in compliance with state and federal laws and regulations, which include, but are not limited to, 43A O.S. §§1-109, and 3-423; 63 O.S. §1-502.2, 42 C.F.R., Part 2, and 45 C.F.R. §§160.101 et seq.

(b) Compliance with 450:16-17-1 shall be determined by a review of the RCF's written policies and procedures and documented staff training.

450:16-17-2. Responsibility for security of resident records
(a) It shall be the responsibility of the RCF to safeguard any client information contained in the records against loss, theft, defacement, tampering, or use by unauthorized persons.
(b) Compliance with 450:16-17-2 shall be determined by a review of resident records, and RCF policy and procedure.

450:16-17-3. Consent for disclosure [REVOKED]

450:16-17-3.1 Confidentiality of mental health and drug or alcohol abuse treatment information
Confidentiality policy, procedures and practices must comply with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.1 and OAC 450:15-30-60.

450:16-17-4. Validity of written consent [REVOKED]

450:16-17-5. Employee and volunteer training in security and confidentiality of residents' information
(a) Confidentiality of all information regarding the resident shall be included in orientation of new RCF employees and volunteers, and during staff development and in-service training of ongoing employees and volunteers. All employee and volunteer training shall emphasize verbal confidentiality, both inside and outside the RCF, regarding residents.
(b) Compliance with 450:16-17-5 shall be determined by a review of the policy and procedures on confidentiality; personnel files; and orientation materials of new employees and volunteers.

SUBCHAPTER 19. CLIENT RECORDS

450:16-19-1. Components of record entry
(a) The RCF shall maintain an individual record for each resident. Each record entry shall be legible, dated, and signed by the RCF staff member making the entry.
(b) Compliance with 450:16-19-1 shall be determined by a review of resident records. Records entries reviewed shall include notes made regarding medical services and other professional services facilitated, etc.

450:16-19-2. Storage, retention, disposal/destruction of records
(a) The RCF shall have written policies which define the storage retention and destruction of residents' records. These policies shall be compatible with protection of residents' rights against unauthorized confidential information disclosures.
(b) Compliance with 450:16-19-2 shall be determined by a review of the storage of residents' records; and policy and procedures for retention and disposal/destruction of records.

SUBCHAPTER 21. PERSONNEL, STAFFING AND TRAINING

450:16-21-1. Staff orientation

(a) The RCF shall provide new direct care staff with an orientation within thirty (30) days of hire which, at least, consists of instructions on:

(1) Orientation of RCF policies and procedures to include residents' rights, confidentiality, and abuse policy.

(2) Orientation of ODMHSAS standards and criteria for RCF.

(3) Techniques and philosophies which addresses appropriate non-violent intervention and potentially aggressive interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention. This training must be one-hour in length, at a minimum.

(4) Orientation to the RCF policy and services for helping clients with substance use issues, and techniques for facilitating conversations with clients about substance use, as well as assisting them with making better choices and developing skills to implement those choices.

(b) Compliance with 450:16-21-1 shall be determined by a review of staff personnel files; and orientation procedures and materials.

450:16-21-2. Direct care staff, minimum age

(a) All RCF direct care staff in the RCF shall be at least eighteen (18) years old.

(b) Compliance with 450:16-21-2shall be determined by a review of applications for employment and copy of employee's driver's license or birth certificate.

450:16-21-3. Staff availability to residents

(a) RCF residents are dependent on staff for their physical health, safety and mental well-being. Therefore, a direct care staff member shall be on duty, awake and accessible, at all times when residents are present. The on-duty person shall meet the definition of Direct Care Staff as stated in the Definitions section (450:16-1-2).

(b) Compliance with 450:16-21-3 shall be determined by a review of employees' schedules; resident interviews; and personnel files.

450:16-21-4. Residential care staff licensure and training requirements, administrator

(a) The administrator of the RCF shall maintain current licensure as a Residential Care (RC) Administrator, or a Residential Care (RC) / Assisted Living (AL) Administrator, through the Oklahoma State Board of Examiners for Long Term Care Administrators (OSBELTCA).

(b) The administrator of the RCF annually complete eight (8) hours of training on mental health and substance use disorder-related subjects. These eight (8) hours of training are in addition to the hours of training required to maintain licensure through OSBELTCA, and must include at least one (1) hour of training regarding substance use disorders and intervention strategies; and three (3) hours of training must be in techniques and philosophies within a curriculum that has been pre-approved by the Director of ODMHSAS Provider Certification which addresses appropriate non-violent

intervention and potentially aggressive interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention.
(c) The administrator of the RCF shall receive CPR (cardiopulmonary resuscitation), and first aid provided by certified instructors.
(d) Compliance with 450:16-21-4 shall be determined by a review of the administrator's personnel file.

450:16-21-5. Residential care staff training requirements, direct care staff
(a) All RCF direct care staff shall annually receive, and have documented the dates attended and subject matter taught, for the following:
(1) Review of RCF policies and procedures to include residents' rights, confidentiality, and abuse policy.
(2) Review of ODMHSAS standards and criteria for RCFs.
(3) Techniques and philosophies addressing appropriate non-violent intervention and potentially aggressive interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention. This training must be one-hour in length, at a minimum.
(b) All direct care staff of the RCF shall annually receive twelve (12) hours of in-service or other training.
(c) Compliance with 450:16-21-5 shall be determined by a review of the staff training or personnel files.

SUBCHAPTER 23. TRANSPORTATION

450:16-23-1. Transportation
(a) The RCF shall provide or arrange transportation for residents for essential community based services as defined in the residents outpatient behavioral health treatment plan, including but not limited to behavioral health rehabilitation services, medical clinic, lab, intake and assessment, and crisis intervention services and transportation for other required local routine medical examinations and care. Such transportation shall be at no cost to the residents.
(b) All staff persons who drive RCF vehicles in the transportation of the residents shall have a valid and appropriate Oklahoma driver's license (i.e., a bus driver must have a commercial chauffeur's license).
(c) RCF staff who transport residents shall be currently certified in first aid and cardiopulmonary resuscitation (CPR).
(d) Compliance with 450:16-23-1 shall be determined by a review of RCF documentation; staff interviews; client interviews; and appropriate CMHC staff interviews.

SUBCHAPTER 25. RESIDENT MANAGEMENT/GENERAL SERVICES

450:16-25-1. General services
(a) The RCF shall be responsible for assisting all residents in obtaining needed professional or generic services; and, if needed, providing transportation, at no cost to resident, for same. Generic services are those of barbers, hairdressers, etc. or any services required by anyone of the community population for which residents have a general need.
(b) The RCF is not required to bear the cost of these professional or generic services.
(c) Compliance with 450:16-25-1 shall be determined by a review of RCF documentation; resident interviews; staff interviews; and interviews with appropriate CMHC staff.

450:16-25-2. Persons with special needs
(a) The RCF shall have a policy stating awareness of and intent to comply with state and federal regulations regarding persons with special needs.
(b) Compliance with 450:16-25-2 shall be determined by a review of RCF written policy and procedures; and any other supporting documentation.

450:16-25-3. Health care services
(a) Annually, the RCF shall monitor and document each resident's physical conditions to detect early indications of health or nutritional risks.
(b) This assessment shall be completed by a Registered Nurse, Nurse Practitioner, Physician's Assistant, Doctor of Medicine, or Doctor of Osteopathy licensed in the State of Oklahoma, and said person shall complete the assessment based on personal examination/observation of the resident in addition to the resident's records.
(c) Assessments for new residents shall be completed within ninety (90) days of admission to the RCF. If an assessment has been completed at another facility within the preceding twelve (12) months before admission to the current RCF, a copy of that assessment will suffice, with annual assessments thereafter completed on the basis of the previous assessment.
(d) Compliance with 450:16-25-3 shall be determined by a review of RCF documentation.

SUBCHAPTER 27. BEHAVIOR

450:16-27-1. Punishment abuse [REVOKED]

450:16-27-2. Discipline or supervision by residents [REVOKED]

450:16-27-3. Seclusion and restraints [REVOKED]

450:16-27-4. Denial or withholding of food [REVOKED]

450:16-27-5. Resident Behavior
(a) The RCF shall have written policies and procedures regarding resident behavior, strictly prohibiting certain actions which shall include, but are not limited to:
(1) Corporal punishment;

(2) Abuse;
(3) Verbal abuse;
(4) Seclusion or chemical, mechanical or physical restraint of residents; or
(5) Any other action that is, or could be, potentially harmful to the resident.

(b) RCF policy should clearly state that at no time may an RCF resident supervise or discipline another RCF resident.

(c) RCF staff shall not deny a resident a nutritionally adequate daily diet, e.g., a resident who is habitually late for meals shall not be denied food as a means of encouraging promptness.

(d) Compliance with 450:16-27-5 shall be determined by a review of RCF documentation (policies and procedures, rules, other); resident interviews; staff interviews; and appropriate CMHC staff interviews.

SUBCHAPTER 29. ENHANCED RESIDENTIAL CARE

450:16-29-1. Maximum number of beds [REVOKED]

450:16-29-2. On-duty staff

(a) The Enhanced RCF shall have no less than two (2) staff persons awake and accessible by residents on duty each shift.

(b) Compliance with 450:16-29-2 shall be determined by observation during the site visit; and a review of the Enhanced RCF documentation, e.g., staffing schedule; and resident, staff and CMHC staff interviews.

450:16-29-2.1. Required staff

(a) The Enhanced RCF shall employ at least one full-time licensed registered nurse.

(b) Compliance with 450:16-29-2.1 shall be determined by a review of the RCF's documentation.

450:16-29-3. Required consultants

(a) The Enhanced RCF shall have signed written consultation agreements with:
(1) A registered/licensed dietitian; and
(2) A licensed physician.

(b) These consultation agreements shall be on file and accessible to the ODMHSAS reviewers at the time of on-site visit. If there is reason to believe that one or both of the agreements are, or may be, not in effect, the reviewers shall contact the listed consultant(s) to verify the status of their agreement.

(c) The Enhanced RCF shall update these consultant agreements annually.

(d) Compliance with 450:16-29-3 shall be determined by a review of RCF consultation agreements.

450:16-29-4. Referrals for admission to Enhanced RCF

(a) Individuals to be served by an Enhanced RCF shall be referred only by a ODMHSAS hospital or a community mental health center

(b) Compliance with 450:16-29-4 shall be determined by a review of Enhanced RCF documentation; and interviews with Enhanced RCF and CMHC staff.

450:16-29-5. General admission criteria for Enhanced RCFs [REVOKED]

450:16-29-6. Admission criteria, prior failed placements [REVOKED]

450:16-29-7. Admission criteria for Enhanced RCFs

(a) Individuals to be served by the Enhanced RCF shall be adults who have a serious mental illness.

(b) The Enhanced RCF shall have written admission criteria.

(1) This written admission criteria shall be on file and accessible at the Enhanced RCF to ODMHSAS staff.

(2) The criteria shall indicate the Enhanced RCF serves individuals who cannot be accommodated in a RCF, a lesser intensive residential service setting or based on the judgment of the individual's treatment team from the referring CMHC or the ODMHSAS inpatient unit that a RCF or other placement would not provide the structured environment needed by the consumer at this time.

(c) Compliance with 450:16-29-7 shall be determined by a review of, the written admission criteria, resident interviews, client records showing prior failed placements, ODMHSAS client data cores, correspondence or minutes of meetings between the RCF and CMHC, and CMHC staff interviews.

450:16-29-8. Enhanced RCF activities

(a) Enhanced RCF activities shall include a minimum of three (3) on-site activities and two (2) activities away from the RCF per week. These activities shall be scheduled, structured and supervised group activities, and shall total at least twelve (12) hours of activity per week.

(1) Group activities shall be accessible to all residents.

(2) Activities shall be in addition to exercise and daily living skills training.

(3) Activities shall be age appropriate.

(4) Activities should be based on resident's individual and collective preferences.

(b) Compliance with 450:16-29-8 shall be determined by a review of activities calendar, residents' files, and interviews with residents, staff and CMHC staff.

450:16-29-9. Training requirements, enhanced RCF administrators [REVOKED]

SUBCHAPTER 30. PRE-ANNUAL RECERTIFICATION

450:16-30-1. Pre-annual recertification

(a) To encourage maintenance of, and foster continued improvement in, quality of resident care, compliance with Subchapters 5 (Services) and 13 (Quality of Life) shall be reviewed and assessed during an unannounced site visit prior to the annual recertification review visit.

(b) A written report of the results of this review may be provided to the facility, the ODMHSAS Board, or other authorities as appropriate.