TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 675. NURSING AND SPECIALIZED FACILITIES

"Unofficial Version"

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[**Authority:** Oklahoma State Board of Health; 63 O.S., §§ 1-104 and 1-1901 et seq.]

[**Source:** Codified 12-31-1991]

EDITOR'S NOTE: As noted by the Oklahoma State Department of Health in the ANALYSIS below, these rules were originally filed and published in the June 15, 2007 issue of the Register [see 24 Ok Reg 2030], with a stated effective date of June 25, 2007, and were subsequently published in the 2007 Supplement to the OAC. However, after the rules had been published in both the Register and the Supplement, the agency discovered that "an earlier draft, not adopted by the State Board of Health, was distributed to the [L]egislature, [G]overnor's office and Secretary of State for final adoption and publication in the Oklahoma Register." This year, after publishing another Notice of Rulemaking Intent, the Board readopted the same rules and submitted the readopted rules to the Governor and Legislature for review. The finally adopted rules were subsequently filed with the Secretary of State and are being published below. [Editor's Note published at 25 Ok Reg 2482, 7-1-2008]

SUBCHAPTER 1. GENERAL PROVISIONS

Section
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310:675-1-1. Purpose

The purpose of this Chapter is to implement the "Nursing Home Care Act" (63 O.S. 1991, §§ 1-1901 et seq.) and to establish the minimum criteria for the issuance or renewal of a nursing or specialized facility license.

[**Source:** Amended at 9 Ok Reg 3163, eff 7-1-92 (emergency); Amended at 10 Ok Reg 1639, eff 6-1-93]

310:675-1-2. Definitions

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

"Act" means Title 63 of the Oklahoma Statutes, Sections 1-1901 and following as amended also known as the Nursing Home Care Act.

"Allied health professional" means one of the following persons: physician assistant, physical, speech, or occupational therapist, occupational therapy assistant, physical therapy assistant, or qualified social worker.

"Attendant" means the person having control of an animal/pet visiting or in residence in a facility.

"Approval" means the mandatory state government process by which an agency or program is reviewed, and publicly proclaimed, to render a service worthy of note.

"CEP" means the nurse aide competency evaluation program.

"Certification" means the process by which a non-governmental agency, or association, or governmental agency attests that an individual or facility has met certain predetermined standards specified by the certifying body.

"Certified medication aide" means a person who has passed a Department approved program for administering medications.

"Certified nurse aide" means any person who provides, for compensation, nursing care or health-related services to residents of a facility, who is not a licensed health professional and has completed a Department approved training and competency program.

"Charge nurse" means a registered nurse or licensed practical nurse responsible for supervising nursing services on a specific shift.

"Chemical restraints" means the use of a medication for the

purpose of discipline, convenience, or in an emergency situation to control mood or behavior and not required to treat the resident's symptoms.

"Consultant registered nurse" means a registered nurse who provides consultation to the director of nursing and administrator concerning the delivery of nursing care for all residents in the facility.

"Denial" means a decision made by the appropriate body to disapprove an application.

"Direct care staff" means nursing, activity, social and therapy staff.

"Director of nursing" means either a registered nurse or licensed practical nurse, who has the authority and responsibility to administer nursing services within the facility.

"Emergency" means, for the purposes of Title 63 O.S. Section 1-1912, a serious, potentially life-threatening or life-endangering situation in which immediate action is necessary to ensure the health, safety, or welfare of residents, and for which the facility:

(A) does not have a plan acceptable to the Department to ensure health, safety or welfare of residents; or

(B) refuses to remedy the situation.

"Health related services" means any medically directed service provided by any person in a facility that may include but is not limited to, the following:

(A) Positioning and turning of residents.
(B) Self-help skill training.
(C) Assistance with prosthetic/assistive devices.
(D) Medication administration.
(E) Nutrition and hydration.
(F) Monitoring of resident vital signs.
(G) Catheter and nasogastric care.
(H) Behavior modification programs.
(I) Administering a medically related care plan
(J) Restorative services.

"In charge" and **"supervision"** means the administrator must have the requisite authorization from the licensee to make those purchases and incur those necessarily attendant debts in order to comply with the rules promulgated by the Board and all pertinent state statutes.

"Inservice education" means activities intended to assist the individual to acquire, maintain, and/or increase competence in fulfilling the assigned responsibilities specific to the employer's expectations.

"Licensed health professional" means one of the following: a physician; dentist, podiatrist, chiropractor, physician assistant, nurse practitioner; pharmacist; physical, speech, or occupational therapist; registered nurse, licensed practical nurse; licensed or certified social worker; or licensed/registered dietician.

"Licensed nurse" means a registered nurse or a licensed practical nurse who is currently licensed by the Oklahoma Board of Nursing.

"Licensed pharmacist" means a person who is a graduate of an

accredited pharmacy program and is currently licensed by the Oklahoma Board of Pharmacy.

"Licensed practical nurse" means a person who is a graduate of a state approved practical nursing education program, or who meets other qualifications established by the Oklahoma Board of Nursing, and is currently licensed by the Oklahoma Board of Nursing.

"Licensure" means the process by which the Department grants to persons or entities the right to establish, operate, or maintain any facility.

"Local law enforcement" means:

(A) The municipal police department, if the facility is within the jurisdiction of any municipality of this state, or

(B) The county sheriff, if the facility is outside the jurisdiction of any municipality within this state.

"Manager" or "supervisor" means the person or entity which performs administrative services for the licensee. The manager or supervisor is not legally responsible for the decisions and liabilities of the licensee, and does not stand to gain or lose financially as a result of the operation of the facility. The manager is paid a fee or salary for services, and the primary remuneration shall not be based upon the financial performance of the facility.

"Misappropriation of resident's property" means the taking, secretion, misapplication, deprivation, transfer, or attempted transfer to any person not entitled to receive any property, real or personal, or anything of value belonging to or under the legal control of a resident, without the effective consent of the resident or other appropriate legal authority, or the taking of any action contrary to any duty imposed by federal or state law prescribing conduct relating to the custody or disposition of resident's property.

"Nurse aide" means any person providing nursing or nursing related services to residents in a facility, but does not include an individual who is a licensed health professional, or who volunteers to provide such services without monetary compensation.

"Nurse aide trainee" means any person who has been employed by a facility to provide nursing care or health related services, and is enrolled in but has not completed a Department approved training and competency program.

"Orientation" means the training for a particular job activity given to all employees.

"Perishables" means food supplies, to include dietary supplements and intravenous feedings, medical supplies, and medications.

"Physical restraints" means any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the resident cannot remove easily, that is not used for the purpose of therapeutic intervention or body alignment as determined by resident assessment and care planning, and which restricts the resident's desired freedom of movement and access to his or her body.

"Qualified nutritionist" is a Department approved person who

holds a baccalaureate with major studies in food and nutrition, dietetics, or food service management; has one year experience in the dietetic service of a health care institution; and participates in continuing education annually.

"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.

"Registered nurse" means a person who is a graduate of a state approved registered nursing education program, and who is currently licensed by the Oklahoma Board of Nursing.

"Registry" means a Department maintained list of individuals who have successfully completed a nurse aide training and competency evaluation program, or a competency evaluation program, approved by the Department.

"Revoke" means to rescind approval of a previous action.

"Specialized facility" means any facility which offers or provides inpatient long-term care services on a twenty-four hour basis to a limited category of persons requiring such services, including, but not limited to, a facility providing health or habilitation services for developmentally disabled persons, infants and/or children, or Alzheimer's and dementia residents.

"Standards of nursing practice" means an authoritative statement that describes a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged. Standards of nursing practice include both standards of care and standards of professional performance.

"Standards of care" means a description of a competent level of care demonstrated by a process of accurate assessment and diagnosis, planning, appropriate interventions, and predicted patient outcomes. (Appendix B of this Chapter.)

"Standards of professional performance" means a description of a competent level of behavior in the professional role including activities related to quality assurance, education, consultation, research, ethics, resource utilization, accountability, peer review, and interdisciplinary collaboration.

"Suspended license" means a license that is issued for a period not to exceed three years to a facility which has temporarily closed or ceased operations.

"Training and competency evaluation program" means a program approved by the Department to instruct and evaluate individuals to act as nurse aides.

"Transfer" means the move of a resident from one facility to another facility.

"Intra-facility transfer" means the moving of a resident from one room to another within a facility.

"Transfer of ownership" means a change of substantial, or controlling interest, in the ownership of a facility. A change of less than five percent (5%) of the interest of the owner does not constitute a transfer of ownership unless it also results in a change of control of the owner.

"Willful violation" means:

(A) a pattern of violation of the direct-care staffing

requirement;
(B) a violation of the direct-care staffing requirement in which the facility knew or should have known staffing would be insufficient to meet the requirement yet took no action to avert the violation; or
(C) the reporting of materially inaccurate or misleading information of direct-care staffing to the Health Care Authority.

[**Source:** Amended at 9 Ok Reg 3163, eff 7-1-92 (emergency); Amended at 10 Ok Reg 1639, eff 6-1-93; Amended at 18 Ok Reg 2533, eff 6-25-2001; Amended at 18 Ok Reg 3599, eff 8-22-2001 (emergency); Emergency lapsed on 7-14-2002; Amended at 20 Ok Reg 2399, eff 7-11-2003; Amended at 24 Ok Reg 2030, eff 6-25-2007; Amended at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

310:675-1-3. Staff identification

Each facility shall ensure that each staff member wears an identification badge that clearly indicates the staff member's name and title.

[Source: Added at 18 Ok Reg 2533, eff 6-25-2001]

310:675-1-4. Purpose, authority and indoor tobacco smoke

(a) The purpose of this section is to establish a prevention program for several non-communicable diseases, which will improve the health of Oklahomans by eliminating exposure to secondhand tobacco smoke and its deadly effects. This section abates the public health nuisance of secondhand smoke under the authority of the Commissioner of Health as specified under Section 1-106(b)(1) of Title 63 of the Oklahoma Statutes. This section also further specifies how compliance with the Smoking in Public Places Act will be accomplished. [63 O.S. §§ 1-1521 *et seq.*]

(b) The Commissioner of Health has conducted a study and is recommending these measures to the Board of Health under his authority as stated in section 1-106 of the Public Health Code. [63 O.S. § 1-106] The Board has the authority to establish prevention programs for non-communicable disease and to promulgate rules for the control of causative or toxic substances, which can cause disease under section 1-502b of the Public Health Code. [63 O.S. § 1-502b] The Board is adopting this rule under its authority in sections 1-104 and 1-1526 of Title 63 of the Oklahoma Statutes. [63 O.S. §§ 1-104 & 1-1526]

(c) Smoking or possessing a lighted tobacco product is prohibited in a facility and within fifteen (15) feet of each entrance to a facility and of any air intakes; provided however, the facility may provide a smoking room available to the residents and their guests and another room available to the employees.

(d) An indoor smoking room may be provided if:
(1) It is completely enclosed;

(2) It is exhausted directly to the outside and maintained under negative pressure sufficient to prevent any tobacco smoke from entering non-smoking areas of the building;
(3) It allows for visual observation of the residents from outside of the smoking room; and
(4) The plans are reviewed and approved by the Department.

(e) To enable better observation and supervision of residents who wish to smoke outside, a facility may designate a smoking area outside an entrance other than the main entrance which may be closer than fifteen (15) feet to the entrance providing consideration is given to minimizing the possibility of smoke entering the building.

(f) The walkway to the main entrance shall also be smoke free.

(g) No ashtray shall be located closer than fifteen (15) feet to an entrance, except in an indoor smoking room or a designated outdoor smoking area under paragraph "c" above.

(h) Should construction requirements not be in agreement with this rule, the stricter rule shall apply.

(i) The facility's tobacco use policy shall be clearly posted near the main entrance, and prospective residents or their legal representatives shall be notified of the policy prior to the residents' acceptance for admission.

[Source: Added at 19 Ok Reg 2098, eff 7-01-2002]

310:675-1-5. Relocation of a resident by the Department in emergency

(a) The Department may relocate a resident in an emergency when:
(1) The Department determines that the resident is in immediate jeopardy which cannot be rectified without relocation; or
(2) The facility has substantial quality of care non-compliance with the rules and/or certification standards and when actual harm has occurred in the facility; or
(3) The facility is unable to meet the needs of the resident.

(b) The Department may order the removal of all the residents to close the facility.

(c) The Department shall involve the resident and the resident's family or representative in the decision to relocate the resident; however, the Department may move the resident without the consent of the resident or the family if necessary to preserve the health, welfare or safety of the resident. If the resident does not consent, then if possible a member of the Adult Protective Services staff must agree in writing that the resident needs to be moved.

(d) The Department shall give written notice to the resident and to the facility of the reasons for the discharge or transfer if the resident or the resident's families do not agree to transfer the resident.

(e) If the resident has no specific preference, the Department shall relocate the residents to the nearest facility capable of care for the resident if acceptable to the resident.

(f) Should a resident be aggrieved by the decision of the Department to relocate or transfer that resident, the Department shall conduct a hearing before relocating the resident unless to do so will fail to preserve the health, welfare or safety of the resident.
(g) The hearing will be conducted following Chapter 2 of this title and the Administrative Procedures Act.
(h) The hearing will be conducted at the facility, and will be attended by the Administrative Law Judge and the Department's legal counsel. The Department will maintain a record on the case as it would for another individual proceeding.
(i) The Administrative Law Judge shall make this case a priority and shall issue a written opinion within one working day from the close of the hearing.
(j) The Administrative Law Judge’s order shall include findings of fact, conclusions of law and an order that the transfer was according to law or not.
(k) The order may be appealed to District Court as in any other individual proceeding under the Administrative Procedures Act.

[Source: Added at 20 Ok Reg 2399, eff 7-11-2003]

310:675-1-6. Waiver
(a) The Commissioner of Health, in accordance with 63 O.S. Section 1-1900.2, may waive provisions of the Nursing Home Care Act and this Chapter, if the Department of Health determines that such waiver would not endanger the life, safety or health of any resident of a nursing facility and the waiver application meets the requirements specified in this section and 63 O.S. Section 1-1900.2.
(b) Any facility requesting a waiver shall apply in writing to the Department of Health. Such application shall include:
(1) The specific statute(s) or regulation(s) for which the waiver is requested;
(2) Reason(s) for requesting a waiver;
(3) An explanation of how the requested waiver fosters the development of resident autonomy, individualization and culture change in support of a deinstitutionalization model;
(4) The specific relief requested; and
(5) Any documentation which supports the application for waiver.
(c) In consideration of any application for waiver, the Commissioner of Health may consider the following:
(1) Compliance with 63 O.S. Section 1-1900.2;
(2) The level of care provided;
(3) The maximum resident capacity;
(4) The impact of a waiver on care provided;
(5) Alternative policies or procedures proposed; and
(6) Compliance history with provisions of the Nursing Home Care Act and this Chapter.
(d) The Department of Health shall consider each request for a waiver and shall approve or disapprove the request in writing

within sixty (60) business days of receipt of the request.
(e) If the Department of Health finds that an application is incomplete, the Department shall advise the applicant in writing and offer an opportunity to submit additional or clarifying information. The applicant shall have thirty (30) business days to submit additional or clarifying information in writing to the Department of Health upon receipt of written notification.
(f) The facility that is granted a waiver shall notify residents of the facility or, where appropriate, the guardians or legal representatives of such residents of the waiver in writing.
(g) An applicant who disagrees with the Department's decision regarding the waiver application may file a written petition requesting review by an administrative law judge in an individual proceeding under the Oklahoma Administrative Procedures Act.
(h) The Department may revoke a waiver through an administrative proceeding in accordance with the Oklahoma Administrative Procedures Act upon finding the nursing facility is operating in violation of the waiver or the waiver endangers the life, safety or health of any resident in the nursing facility.

[Source: Added at 28 Ok Reg 1079, eff 6-25-2011]

SUBCHAPTER 3. LICENSES

Section
310:675-3-1.1. Application for licensure
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310:675-3-3.1. Where to file
310:675-3-4. Denial of license
310:675-3-4.1. Forms
310:675-3-5. Suspension/revocation of license
310:675-3-5.1. Description of forms
310:675-3-8. Notice of change

310:675-3-1.1. Application for licensure

(a) No person or entity shall operate a facility without first obtaining a license.
(b) The applicant shall file a licensure application in a timely manner, on the forms provided by the Department, with a check for the filing fee payable to the Oklahoma State Department of Health. The filing fee is set by statute, and currently is calculated as Ten Dollars ($10.00) per licensed bed.
(c) The facility owner shall be the applicant for the license, unless a receiver has been appointed. If there is a receiver, the receiver shall be the applicant.
(d) If the facility is leased, then the person or entity to whom the facility is leased shall be the applicant. If the lessee does not assume all rights to the facility and the lessor reserves some participatory rights in the operation of the facility, then both entities shall make joint application for the license.
(e) The applicant for license shall disclose the name, address, and tax identification number of a person or entity who has the legal duties of filing employment tax returns and paying employment taxes with respect to staff required to meet the needs of facility residents, including but not limited to administrators, nurses, nurse aides, certified medication aides, dieticians, nutritionists, food service staff, qualified mental retardation professionals, and activities, social services, maintenance and housekeeping personnel.
(f) An application is not considered to be filed unless it is accompanied by the application fee. The application fee, however, shall not be required from a receiver or temporary manager appointed by, or at the request of, the Department.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 11 Ok Reg 3193, eff 6-27-94; Amended at 13 Ok Reg 2511, eff 6-27-96; Amended at 21 Ok Reg 2805, eff 7-12-2004; Amended at 23 Ok Reg 3167, eff 7-26-2006(emergency); Amended at 24 Ok Reg 2043, eff 6-25-2007; Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-3-2.1 Deadlines for filing

The license application shall be filed in accordance with the

following deadlines.

(1) The application for an initial license of a new facility shall be filed at least thirty days before beginning operations.

(2) The application for an initial license, following a transfer of ownership or operation, shall be filed at least thirty days before the final transfer. In the case of the appointment of a receiver as operator, this thirty day advance filing requirement may be waived if the Commissioner finds that an emergency exists which threatens the welfare of the facility residents. If an emergency is found to exist, the receiver shall file the license application before beginning operation of the facility.

(3) The application for renewal of license of an existing facility, with no transfer of ownership or operation, shall be filed by the renewal date specified on the existing license.

(4) An application for a suspended license, with no transfer of ownership or operation, shall be filed within thirty (30) days of relocation of all residents or the date the facility ceases operation.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 13 Ok Reg 2511, eff 6-27-96; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-3-3.1. Where to file

(a) Each initial, renewal or suspended license application, and each Notice of Change requesting an increase in beds, and the applicable license fee shall be delivered or sent to the Department at the address specified on the application or notice form. The effective date of filing shall be the date the application or notice and any required fee are received. No initial or renewal license or increase in licensed beds shall bear an effective date of issuance that is earlier than the effective date of filing.

(b) The completed application forms and the license fee shall not be given to Department personnel at the facility site.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-3-4. Denial of license

The Department's consideration of financial insufficiency as a reason for denial of a license pursuant to 63 O.S. Section 1-1906(C)(4), may include, but is not limited to, the following bases:

(1) The applicant or any person or entity disclosed pursuant to 310:675-3-1.1(e) is not current with filing and payment requirements for state and/or federal taxes;

(2) The State of Oklahoma has filed a tax warrant or warrants

against the applicant or any person or entity disclosed pursuant to 310:675-3-1.1(e); or
(3) The Internal Revenue Service has filed a notice of federal tax lien against the applicant or any person or entity disclosed pursuant to 310:675-3-1.1(e).

[**Source:** Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93; Added at 21 Ok Reg 2805, eff 7-12-2004]

310:675-3-4.1. Forms

The applicant for a license shall file application forms as follows:
(1) For an initial license of a new facility, or for an existing facility following a transfer of ownership or operation, the applicant shall file these forms: License Application; Disclosure Statement of Owner, Lessee and Manager, with Detail Attachment and Affirmation Attachment; the Staffing Projection and Professional Certification; and the Certification of Tax Liens and Timely Payment of Taxes.
(2) For renewal or suspension of a current license, the applicant shall file the License Application form, and the Certification of Tax Liens and Timely Payment of Taxes. The application forms shall provide for the facility to file an abbreviated report if no change has been made since the time of the last application.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 20 Ok Reg 2399, eff 7-11-2003; Amended at 21 Ok Reg 2805, eff 7-12-2004; Amended at 23 Ok Reg 3167, eff 7-26-2006(emergency); Amended at 24 Ok Reg 2043, eff 6-25-2007]

310:675-3-5. Suspension/revocation of license

(a) The period for an extension granted pursuant to 63 O.S. Supp. 2002 Section 1-1906(H)(2) shall not exceed three (3) years.
(b) During the period of suspension, the licensee shall file a Periodic Report for Suspended License that demonstrates the facility’s progress towards reopening the facility or the extenuating or unusual circumstances for requesting the extension of the suspended license, in the form of, but not limited to: contract for sale, contract with real estate agent or builder, or a pending Certificate of Need application.
(c) The facility shall file periodic reports at least once every six months. The Department shall send a notice to each facility’s contact, at least thirty (30) days prior to the due date of the periodic report.
(d) The Department's consideration of financial insufficiency as a reason for suspension or revocation of a license pursuant to 63 O.S. Section 1-1906(E)(4), may include, but is not limited to, the following bases:

(1) The applicant or any person or entity disclosed pursuant to 310:675-3-1.1(e) is not current with filing and payment requirements for state and/or federal taxes;
(2) The State of Oklahoma has filed a tax warrant or warrants against the applicant or any person or entity disclosed pursuant to 310:675-3-1.1(e); or
(3) The Internal Revenue Service has filed a notice of federal tax lien against the applicant or any person or entity disclosed pursuant to 310:675-3-1.1(e).

[**Source:** Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93; Added at 20 Ok Reg 2399, eff 7-11-2003; Amended at 21 Ok Reg 2805, eff 7-12-2004; Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-3-5.1. Description of forms

(a) The forms used to apply for a facility license are the following.
(1) The License Application for a Nursing or Specialized Facility (Form 953-A) requires: identification of the type of license; the name and address of the facility; the administrator's name; the number and type of beds; the applicant's name; confirmation of changes in the owner, lessee, manager or any person or entity disclosed pursuant to 310:675-3-1.1(e); a zoning statement for new facilities; and an oath affirming the truth, correctness and completeness of the information provided.
(2) The Disclosure Statement of Owner, Lessee and Manager for a Nursing or Specialized Facility (Form 953-B) requires: the names and types of legal entities for the owner, lessee and manager; name, address and tax identification number for any person or entity disclosed pursuant to 310:675-3-1.1(e); and an oath affirming the truth, correctness and completeness of the information provided.
(3) The Detail Attachment (Form 953-C) supplements the Disclosure Statement (Form 953-B) and requires the names and addresses for the following as applicable:
(A) All shareholders owning 5% or more of a corporate entity and all officers of a corporate entity;
(B) All partners of a general partnership;
(C) All general partners and all limited partners that own 5% or more of a limited partnership;
(D) All members that own 5% or more of a limited liability company and all managers of a limited liability company;
(E) All beneficiaries that hold a 5% or more beneficial interest in a trust and all trustees of the trust;
(F) All persons or entities that own a 5% or more interest in a joint venture;
(G) All persons or entities that own a 5% or more interest in an association;
(H) The owners holding a 5% or more interest of any other type of legal entity; and
(I) Any other person holding at least a five percent (5%) interest in any entity which owns, operates, or manages the facility.
(J) As a substitute to submitting a Disclosure Statement and

Detail Attachment, if the owner, lessee and/or manager is an entity that is publicly traded and is required to file periodic reports under the Securities and Exchange Act of 1934, or is a wholly owned subsidiary of such a publicly held company, the applicant may submit the applicable portions of the most recent annual and quarterly reports required by the Securities and Exchange Commission (SEC). The applicant shall include an index reflecting where each item of information required to be disclosed pursuant to the Disclosure Statement and Detail Attachment may be located in the SEC filings. Submission of the complete SEC filing is not required. Only those portions applicable to the Disclosure Statement and Detail Attachment are to be submitted.

(K) The required disclosure shall also be made by all persons or entities with an ownership interest in any entity required to be disclosed in paragraphs (A) through (I) of this section that is equal to a 5% or more indirect ownership interest in the owner, lessee and/or manager. The disclosure shall be made at each level of the organization to the extent required by this subsection.

(L) For purposes of subsection (K), the percentage of indirect ownership interest in the owner, lessee and/or manager is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10 % of the stock in a corporation that owns 80 % of the applicant for license, A's interest equates to an 8 % indirect ownership interest in the applicant and must be reported. Conversely, if B owns 80 percent of the stock of a corporation that owns a 5% interest of the stock of the applicant, B's interest equates to a 4% indirect ownership interest in the applicant and need not be reported.

(4) The Affirmation Attachment (Form 953-D) supplements the Disclosure Statement (Form 953-B) and requires the following: the names and addresses of individuals, members, officers and/or registered agents required to be disclosed for the applicant pursuant to 310:675-3-5.1(a)(3); and an affirmation from each of the above concerning their age, character and health.

(5) The Staffing Projection and Professional Certification for a Nursing or Specialized Facility (Form 953-E) requires: a projected staffing pattern; and a certification from the director of nursing, the physician on call for medical emergencies, and the pharmacist providing consultation and emergency pharmacy services.

(6) The Periodic Report for Suspended License (Form 953-F) requires: the name and address of the facility; the applicant's name and address, contact person and address; report of progress in reopening the facility; request for extension based on extenuating circumstances; and an oath affirming the truth, correctness and completeness of the information provided.

(b) The Notice of Change requests information on the name and address of the facility; the administrator; the number and type of beds; the applicant; confirmation of changes in the owner, lessee or manager; and any change in disclosure of persons or entities pursuant 310:675-3-1.1(e).

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Added at 20 Ok Reg 2399, eff 7-11-

2003; Amended at 21 Ok Reg 2805, eff 7-12-20041; Amended at 22 Ok Reg 2454, eff 7-11-2005; Amended at 23 Ok Reg 3167, eff 7-26-2006(emergency); Amended at 24 Ok Reg 2043, eff 6-25-2007; Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-3-8. Notice of change

(a) If changes occur so that information previously submitted in a facility's license application is no longer correct, the facility shall notify the Department. Notice is required of changes to the following information:

(1) Facility identification including facility business name, mailing address, telephone number or facsimile number;

(2) Changes in licensed bed capacity, including proposed increases;

(3) The administrator;

(4) Owner, lessee or manager disclosure or detail information that does not otherwise necessitate an initial license;

(5) Disclosure of persons or entities required to be disclosed pursuant 310:675-3-1.1(e); and

(b) The facility shall file the Notice of Change form with the Department on or before the effective date of the change, with the following exceptions.

(1) When a change is unexpected or beyond the control of the facility, the facility shall provide notice to the Department within five (5) working days after the change.

(2) For an increase in licensed bed capacity, the facility shall file the notice of change prior to the requested license amendment date. The notice of change shall be accompanied by the $10 per-bed license fee pursuant to 63 O.S. Section 1-1905(A), prorated by the number of beds to be added and the proportion of time remaining on the license until expiration. Prior to occupying additional beds, the facility shall obtain an amended license from the Department.

(c) Following receipt of information that an applicant or any person or entity disclosed pursuant 310:675-3-1.1(e) is not in compliance with the tax filing, payment or disclosure requirements of 310:675-3-1.1. or 63 O.S. Section 1-1930.1, the Department may require an applicant or licensee to submit proof that the applicant or person or entity disclosed pursuant to 310:675-3-1.1(e) is in compliance with state or federal taxes. Such proof may include a letter from the taxing agency, a file-stamped copy of a return, a receipt for a tax payment, or a tax transcript or account.

[Source: Added at 20 Ok Reg 2399, eff 7-11-2003; Amended at 21 Ok Reg 2805, eff 7-12-20041; Amended at 22 Ok Reg 2454, eff 7-11-2005; Amended at 23 Ok Reg 3167, eff 7-26-2006(emergency); Amended at 24 Ok Reg 2043, eff 6-25-2007; Amended at 26 Ok Reg 2059, eff 6-25-2009]

SUBCHAPTER 5. PHYSICAL PLANT

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310:675-5-1. Application

(a) The requirements of this Subchapter shall be applicable to all long-term care facilities constructed after the effective date of these regulations. Licensed facilities in operation on the effective date of these regulations shall continue to comply with the construction and safety regulations applicable to the issuance of their 1980 license.

(b) In the determination of compliance with fire safety regulations, the State Fire Marshal and the Department may utilize a system of value equivalents, such as the National Bureau of Standards Fire Safety Evaluation System, which provides alternative methods for achieving compliance with the regulations.

310:675-5-2. General considerations

(a) Facilities shall be available and accessible to the physically handicapped (public, staff, and patients).

(b) Each facility shall have parking space to satisfy the minimum needs of residents, employees, staff, and visitors. Space shall be provided for emergency and delivery vehicles.

310:675-5-3. Nursing unit

Each nursing unit shall provide the following:

(1) Resident room with a maximum capacity of four residents.

(2) Resident room with a minimum room area exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules,

shall be 100 sq. ft. in single bed rooms and 80 sq. ft. per bed in multi-bed rooms. Except that in specialized facilities serving only infants and/or children the minimum space per unit shall be 60 sq. ft. per crib. The maximum capacity of pediatric nurseries or rooms for infants or children utilizing cribs shall be twenty.

(3) One lavatory shall be provided in each resident room. The lavatory may be omitted from a single-bed or a 2-bed room when a lavatory is located in an adjoining toilet room which serves that room only.

(4) Each resident shall have access to a toilet room without entering the general corridor area. One toilet room shall serve no more than four (4) beds and no more than two (2) resident rooms. The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted from a toilet room which serves single-bed and 2-bed rooms if each such resident's room contains a lavatory.

(5) Each resident shall have a wardrobe, locker, or closet with minimum clear dimensions of 1'10" (55.9cm.) by 1'8" (50.8 cm.). A clothes rod and adjustable shelf shall be provided.

(6) Visual privacy shall be provided each resident in multi-bed rooms. Design for privacy shall not restrict resident access to entry, lavatory, or toilet.

(7) No resident room shall be located more than 120 ft. (36.6 m.) from the soiled workroom or the soiled holding room.

310:675-5-4. Service areas

The following shall be located in or readily available to each nursing unit:

(1) Nurses' station with space for nurse's charting, doctor's charting, storage for administrative supplies, and handwashing facilities. (This handwashing facility could serve the drug distribution station, if conveniently located.)

(2) Toilet room(s) for nursing staff.

(3) Room for examination and treatment of residents may be omitted if all resident rooms are single-bed rooms. This room shall have a minimum floor area of 120 sq. ft. (11.15 sq. m.), excluding space for vestibule, toilet, closets and work counters (whether fixed or moveable). The minimum room dimension shall be 10'0" (3.05 m.) and shall contain a lavatory or sink equipped for handwashing, a work counter, storage facilities, and a desk, counter, or shelf space for writing.

(4) Clean workroom/clean holding room.

(A) The clean workroom shall contain a work counter, handwashing, and storage facilities.

(B) The clean holding room shall be part of a system for storage and distribution of clean and sterile supply materials and shall be similar to the clean workroom except that the work counter and handwashing facilities may be omitted.

(5) Soiled workroom/soiled holding room.

(A) The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture, sink equipped for

handwashing, work counter, waste receptacle, and linen receptacle.

(B) A soiled holding room shall be part of a system for collection and disposal of soiled materials and shall be similar to the soiled workroom except that the clinical sink and work counter may be omitted.

(6) Drug distribution station. Provision shall be made for convenient and prompt 24 hour distribution of medicine to residents. This may be a medicine preparation room or unit, a self-contained medicine dispensing unit, or another approved system. If used, a medicine preparation room shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs and shall have a minimum area of 50 sq. ft. (4.65 sq. m.). A medicine dispensing unit may be located at the nurse's station, in the clean workroom, or in an alcove or other space under direct control of the nursing or pharmacy staff.

(7) Clean linen storage. Provide a separate closet or a designated area within the clean workroom. If a closed cart system is used, storage may be in an alcove.

(8) Equipment storage room. This shall be for equipment such as I.V. Stands, inhalators, air mattresses, and walkers. A parking for stretchers and wheelchairs shall be located out of path of normal traffic.

(9) Residents' bathing facilities. Bathtubs or showers shall be provided at the rate of at least one (1) for each twenty (20) beds which are not otherwise served by bathing facilities within residents' rooms. At least one bathtub shall be provided in each nursing unit. The Department may require more than one (1) bathtub or shower for each twenty (20) beds depending on the design of the facility and on the needs of any special population being served. Each tub or shower shall be in an individual room or enclosure which provides space for the private use of the bathing fixture, for drying and dressing, and for a wheelchair and an attendant. Showers in central bathing facilities shall be at least 4'0" (1.22 m.) square, without curbs, and designed to permit use by a wheelchair resident with an assisting attendant.

(10) Resident's toilet facilities. The minimum dimensions of a room containing only a water closet shall be 3'0" (91 cm.) by 6'0" (1.83 m.). Additional space shall be provided if a lavatory is located within the same room. Water closets may be located to be usable by wheelchair residents. A toilet room shall be accessible to each central bathing area without going through the general corridor.

(11) Sterilizing facilities. A system for the sterilization of equipment and supplies shall be provided.

[**Source:** Amended at 13 Ok Reg 2511, eff 6-27-96]

310:675-5-5. Resident's dining and recreation areas

The total areas set aside for these purposes shall not be less

than 30 sq. ft. (2.79 sq. m.) per bed for the first 100 beds with a minimum size of not less than 225 sq. ft. (20.9 sq. m.) and 27 sq. ft. (2.51 sq. m.) per bed for all beds in excess of 100. Additional space shall be provided for outpatients if they participate in a day care program or are regularly fed in the facility. Storage space shall be provided for recreation equipment and supplies.

310:675-5-6. Physical therapy facilities

The following elements shall be provided in skilled nursing facilities:

(1) Treatment areas shall have space and equipment for all modalities to be utilized. Provision shall be made for cubicle curtains around each individual treatment area, handwashing facility(ies) (One lavatory or sink may serve more than one cubicle), and facilities for the collection of soiled linen and other material.

(2) Exercise area.

(3) Storage for clean linen, supplies, and equipment.

(4) Resident's dressing areas, showers, lockers, and toilet rooms.

(5) Service sink.

310:675-5-7. Occupational therapy facilities

The following elements shall be provided in skilled nursing facilities:

(1) Activities area shall include sink or lavatory and facilities for collection of waste products prior to disposal.

(2) Storage for supplies and equipment. (May be planned and arranged for shared use by physical therapy patients and staff.)

(3) Resident's dressing areas, showers, lockers, and toilet rooms. (May be planned and arranged for shared use by physical therapy patients and staff.)

310:675-5-8. Personal care unit

Separate room and appropriate equipment shall be provided for hair care and grooming needs of residents.

310:675-5-9. Dietary facilities

Shall be provided in such size as required to implement the type of food service system selected:

(1) Control station for receiving food supplies.

(2) Storage space for four (4) days' supply including cold storage.

(3) Food preparation facilities as required by program. Conventional food preparation systems require space and equipment for preparing, cooking, and baking. Convenience food service systems such as frozen prepared meals, bulk packaged entrees, individual packaged portions, or systems using

contractual commissary services will require space and equipment for thawing, portioning, cooking, and/or baking.
(4) Handwashing facility(ies) in the food preparation Area.
(5) Resident meal service space including facilities for tray assembly and distribution.
(6) Dining Area for ambulatory residents, staff, and visitors.
(7) Warewashing in a room or an alcove separate from food preparation and serving areas. This shall be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the using areas. A lavatory shall be conveniently available.
(8) Potwashing facilities.
(9) Sanitizing facilities and storage areas for cans, carts, and mobile tray conveyors.
(10) Waste storage facilities in a separate room which is easily accessible to the outside for direct pickup or disposal.
(11) Office or suitable work space for the dietitian or the dietary service manager.
(12) Toilets for dietary staff with handwashing facility immediately available.
(13) Janitor's closet located within the dietary department. It shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.
(14) Self-dispensing icemaking facilities. May be in area separate from food preparation area but must be easily cleanable and convenient to dietary facilities. Bulk ice dispensing units must be accessible only to authorized staff members.

310:675-5-10. Pharmacy unit

Provision shall be made for the procurement, storage, administration and accounting of drugs and other pharmacy products. This may be by arrangement with convenient off-site facility but must include provision for 24 hour emergency service.

310:675-5-11. Administration and public areas

The following elements shall be provided:
(1) Entrance at grade level sheltered from the weather and able to accommodate wheelchairs.
(2) Lobby. It shall include:
  (A) Reception and information counter or desk.
  (B) Waiting space(s).
  (C) Public toilet facilities.
  (D) Public telephone(s).
  (E) Drinking fountain(s).
(3) General or individual office(s) for business transactions, private interviews, medical and financial records, and administrative and professional staff.
(4) Multipurpose room for conferences, meetings, and health education purposes including facilities for showing visual aids.
(5) Storage for office equipment and supplies.

310:675-5-12. Linen services

(a) If linen is to be processed on the site, the following shall be provided:

(1) Laundry processing room with commercial type equipment which can process seven (7) days' needs within a regularly scheduled work week. Handwashing facilities shall be provided.

(2) Soiled linen receiving, holding, and sorting room with handwashing facilities.

(3) Storage for laundry supplies.

(4) Clean linen inspection and mending room or area.

(5) Clean linen storage, issuing, and holding room or area.

(6) Janitor's closet containing a floor receptor or service sink and storage space for housekeeping equipment and supplies.

(7) Sanitizing facilities and storage area for carts. The sanitizing facilities may be combined with those required for dietary facilities.

(b) If linen is processed off the site, the following shall be provided:

(1) Soiled linen holding room.

(2) Clean linen receiving, holding, inspection and storage room(s).

(3) Sanitizing facilities and storage area for carts.

310:675-5-13. General stores

(a) **Facility storage.** General storage room(s) shall have a total area of not less than ten (10) sq. ft. (.93 sq. m.) per bed and shall generally be concentrated in one area.

(b) **Resident storage.** Separate storage space with provisions for locking and security control shall be provided for resident's personal effects which are not kept in resident's room.

310:675-5-14. Employee's facilities

Employees facilities such as lounges and toilets, to accommodate the needs of all personnel and volunteers shall be provided.

310:675-5-15. Janitor's closets

Janitor's closets shall be provided throughout the facility to maintain a clean and sanitary environment. These shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

310:675-5-16. Engineering service and equipment area

The following shall be provided:

(1) Equipment room(s) or separate building(s) for boilers, mechanical equipment, and electrical equipment.

(2) Maintenance shop(s) of size and equipment to support functions described in narrative program.

(3) Storage room(s) for building maintenance supplies (may be part of maintenance shop in nursing homes of less than 100 beds).
(4) Yard equipment storage. A separate room or building for yard maintenance equipment and supplies, if applicable. Any fuel or oil for mowers or other yard implements must be stored under cover at least 30 ft. away from any building utilized by residents.

310:675-5-17.[1] Waste processing services

Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal, or by a combination of these techniques.

[1] Editor's Note: In the initial codification of this agency's rules on 12-31-91, this Section was misnumbered as 310:675-3-17. Upon discovery of this error on 9-12-94, the number was changed to 310:675-5-17.

310:675-5-18. Design and construction

The requirements in applicable portions of NFPA 101, 1981, shall supersede all other standards and codes unless indicated herein to the contrary. A high degree of safety for the occupants shall be provided to minimize the incidence of accidents with special consideration for residents who will be ambulatory to assist them in self care. Hazards such as sharp corners shall be avoided.

(1) **Existing facilities.** Nonconforming portions which because of financial hardship are not being totally modernized, shall comply with the safety requirements dealing with details and finishes as listed in Chapter 13 NFPA Standard 1-1, 1981.

(2) **New construction projects including additions and alterations.** Details and finishes shall comply with the following:

(A) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum.

(B) All rooms containing bathtubs, sitz baths, showers, and water closets, subject to occupancy by residents, shall be equipped with doors and hardware which will permit access from the outside in any emergency. When such rooms have only one opening or are small, the doors shall be capable of opening outward or be otherwise designed to be opened without need to push against a resident who may have collapsed within the room.

(C) The minimum width of all doors to resident rooms and rooms needing access for beds shall be 3'8" (1.12 m.). Doors to rooms needing access for stretchers and to resident's toilet rooms and other rooms needing access for wheelchairs

shall have a minimum width of 2'10" (86.3 cm.).
(D) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type. Openings to showers, baths, resident's toilets, and other small wet type areas not subject to fire hazard are exempt from this requirement.
(E) Windows and outer doors which may be frequently left in an open position shall be provided with insect screens. Windows shall be designed to prevent accidental falls when open.
(F) Resident rooms intended for occupancy of 24 hours or more shall have windows operable without the use of tools and shall have sills not more than 3'0" (91 cm.) above the floor. Windows in buildings designed with an engineered smoke control system in accordance with NFPA 90A are not required to be operable. However, attention is called to the fact that natural ventilation possible with operable windows may in some areas permit a reduction in energy requirements.
(G) Doors, except doors to spaces such as small closets which are not subject to occupancy, shall not swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width. (Large walk-in type closets are considered as occupiable spaces.)
(H) Safety glazing shall be of materials and at locations required by the Oklahoma Safety Glazing Material Law.
(I) Thresholds and expansion joint covers shall be made flush with the floor surface to facilitate use of wheelchairs and carts and shall be constructed to restrict the passage of smoke.
(J) Grab bars shall be provided at all residents' toilets, showers, tubs, and sitz baths. The bar shall have 1 1/2" (3.8 cm.) clearance to walls and shall have sufficient strength and anchorage to sustain a concentrated load of 250 lbs. (113.4 kg.).
(K) Recessed soap dishes shall be provided in showers and bathrooms.
(L) Handrails shall be provided on both sides of corridors used by residents. A clear distance of 1 1/2" (3.8 cm.) shall be provided between the handrail and the wall. Ends of handrails and grab bars shall be constructed to prevent snagging the clothes of residents.
(M) Location and arrangement of handwashing facilities shall permit their proper use and operation.
(N) Lavatories and handwashing facilities shall be securely anchored to withstand an applied vertical load of not less than 250 lbs. (113.4 kg.) on the front of the fixture.
(O) Mirrors shall be arranged for convenient use by residents in wheelchairs as well as by residents in a standing position. Mirrors shall not be installed at handwashing fixtures in food preparation areas.
(P) Provisions for hand drying shall be included at all handwashing facilities. These shall be single-use separate, individual paper or cloth units enclosed in such a way as to provide protection against the dust or soil and ensure single

unit dispensing. Hot air dryers are permitted provided that installation is such to
preclude possible contamination by recirculation of air.
(Q) The minimum ceiling height shall be 8'0" (2.44 m.) with the following exceptions:
(i) Boiler rooms shall have ceiling clearances not less than 2'6" (76 cm.) above the main boiler header and connecting piping.
(ii) Rooms containing ceiling-mounted equipment shall have height required to accommodate the equipment.
(iii) Ceilings in corridors, storage rooms, toilet rooms, and other minor rooms shall be not less than 7'8" (2.34 m.).
(iv) Suspended tracks, rails and pipes located in path of normal traffic shall not be less than 6'8" (2.03 m.) above the floor.
(R) Recreation rooms, exercise rooms, and similar spaces where impact noise may be generated shall not be located directly over resident bed areas unless special provisions are made to minimize such noise.
(S) Rooms containing heat producing equipment (such as boiler or heater rooms and laundries) shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature 10° F. (6° C.) above the ambient room temperature.

(3) **Finishes**

(A) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly shall be water-resistant and grease-proof. Joints in tile and similar material in such areas shall be resistant to food acids. In all areas frequently subject to wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions. Floors that are subject to traffic while wet (such as shower and bath areas, kitchens, and similar work areas) shall have a non-slip surface.
(B) Wall bases in kitchens, soiled workrooms, and other areas which are frequently subject to wet cleaning methods shall be made integral and covered with the floor, tightly sealed within the wall, and constructed without voids that can harbor insects.
(C) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant. Finish trim, and wall and floor constructions in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.
(D) Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.
(E) Ceilings throughout shall be easily cleanable. Ceilings in the dietary and food preparation areas shall have a finished ceiling covering all overhead piping and duct

work. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces, unless required for fire-resistive purposes.

310:675-5-19. Elevators

All buildings having resident's facilities (such as bedrooms, dining rooms, or recreation areas) or resident services (such as diagnostic or therapy) located on other than the main entrance floor shall have electric or electrohydraulic elevators.

(1) **Number of elevators**

(A) At least one (1) hospital-type elevator shall be installed where one (1) to fifty-nine (59) resident beds are located on any floor other than the main entrance floor.

(B) At least two (2), one of which shall be hospital-type, shall be installed where 60 to 200 resident beds are located on floors other than the main entrance floor, or where the major resident services are located on a floor other than those containing resident beds. (Elevator service may be reduced for those floors which provide only partial resident services).

(C) At least three (3), one of which shall be hospital-type, shall be installed where 201 to 350 resident beds are located on floors other than the main entrance floor, or where the major resident services are located on a floor other than those containing resident beds. (Elevator service may be reduced for those floors which provide only partial resident services.)

(D) For facilities with more than 350 resident beds, the number of elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

(2) **Cars and platforms**. Cars of hospital-type elevators shall have inside dimensions that will accommodate a resident bed and attendants, and shall be at least 5'10" (1.52 m.) wide by 7'6" (2.29 m.) deep. The car door shall have a clear opening of not less than 3'8" (1.12 m.).

(3) **Leveling.** Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of 1/2" (1.3 cm.).

(4) **Operation.** Elevators, except freight elevators, shall be equipped with a two-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

(5) **Elevator controls, alarm buttons, and telephones.** These shall be accessible to wheelchair occupants.

(6) **Elevator call buttons, controls, and door safety stop.** These shall be of a type that will not be activated by heat or smoke.

(7) **Control buttons and signals.** These shall be such as to be usable by the blind.

(8) **Field inspection and tests.** These shall be made and the owner shall be furnished written certification that the

installation meets the requirements set forth in this Section and all applicable safety regulations and codes. Installation shall comply with ANSI 17.1-1971.

310:675-5-20. Mechanical requirements

(a) **Steam and hot water systems**

(1) Boilers shall have the capacity, based upon the net ratings published by Hydronics Institute, to supply the normal requirements of all systems and equipment. The number and arrangement of boilers shall be such that when one boiler breaks down or routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boiler(s) shall be at least 70% of the total required capacity, except that in areas with a design temperature of 20 ° F. (-7 ° C.) or more, based on the Median of Extremes in the ASHRAI Handbook of Fundamentals, the remaining boiler(s) do not have to include boiler capacity for space heaters.

(2) Boiler feed pumps, heating circulating pumps, condensate return pumps, and fuel oil pumps shall be connected and installed to provide normal and standby service.

(3) Supply and return mains and risers of cooling, heating and process systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return ends, except that vacuum condensate return need not be valved at each piece of equipment.

(b) **Heating and ventilating systems**

(1) **Temperatures.** For all areas occupied by residents, the indoor winter design temperature shall be 75° F. (24° C.). For all other occupied areas, the indoor winter design temperature shall be 72° F. (22° C.). (NOTE: This does not preclude operation at lower temperatures where appropriate and resident safety is not affected. This requirement is for "capacity".) The indoor summer design temperature shall be 80° F. (27° C.) for all areas occupied by residents.

(2) **Ventilation system details.** All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system.

(A) Outdoor air intakes shall be located as far as practical but not less than 25' 0" (7.62 m.) from exhaust outlets or ventilating systems, combustion equipment stacks, medical vacuum systems, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes (plumbing and vacuum vents that terminate above the level of the top of the air intakes may be located as close as 10' 0" (3.05 m.)). The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than 6' 0" (1.83 m.) above ground level, or if installed above the roof, 3' 0" (91 cm.) above roof level.

(B) The bottoms of ventilation openings shall not be less than 3" (7.6 cm.) above the floor of any room.

(C) All central ventilation or air conditioning systems

shall be equipped with filters. the filter bed shall be located upstream of the air conditioning equipment, unless a prefilter is employed. In this case, the prefilter shall be upstream of the equipment and the main filter bed may be located further downstream.

(D) Filter frames shall be durable and carefully dimensioned and shall provide an airtight fit with the enclosing ductwork. All joints between filter segments and the enclosing ductwork shall be gasketed or sealed to provide a positive seal against air leakage.

(c) **Plumbing and other piping systems.** These systems shall be designed and installed in accordance with the requirements of PHCC National Standard Plumbing Code, Chapter 14, "Medical Care Facility Plumbing Equipment."

(d) **Plumbing fixtures.** The material used for plumbing fixtures shall be of non-absorptive acid resistant material.

(1) The water supply spout for lavatories and sinks required in resident care areas of skilled nursing facilities only shall be mounted so that its discharge point is a minimum distance of 5" (12.7 cm.) above the rim of the fixture. In all facilities all fixtures used by medical and nursing staff, and all lavatories used by residents and food handlers shall be trimmed with valves which can be operated without the use of hands (single lever devices may be used subject to the above). Where blade handles are used for this purpose, they shall not exceed 4 1/2" (11.4 cm.) in length, except that handles on clinical sinks shall be not less than 6" (15.2 cm.) long.

(2) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(3) Shower bases and tubs shall provide non-slip surfaces for standing residents.

(e) **Water supply systems**

(1) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

(2) Each water service main, branch main, riser, and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(3) Backflow preventers (vacuum breakers) shall be installed on hose bibbs, janitors' sinks, bedpan flushing attachments, and on all other fixtures to which hoses or tubing can be attached.

(4) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

(f) **Hot water heaters and tanks**

(1) The hot water heating equipment shall have sufficient capacity to supply water at the temperature and amounts indicated. (See Appendix A). Water temperatures to be taken at hot water points of use or inlet to processing equipment.

(2) Storage tank(s) shall be fabricated of corrosion-resistant metal lined with non-corrosive material.

(g) **Drainage systems**

(1) Insofar as possible, drainage piping shall not be

installed within the ceiling nor installed in an exposed location in food preparation centers, food serving facilities, food storage areas, and other critical areas. Special precautions shall be taken to protect these areas from possible leakage or condensation from necessary overhead piping systems.

(2) Building sewers shall discharge into a community sewerage system. Where such a system is not available, a facility providing sewage treatment must conform to applicable local and State regulations.

(h) **Identification**. All piping in the HVAC service water systems shall be color coded or otherwise marked for easy identification.

310:675-5-21. Electrical requirements

All material including equipment, conductors, control, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with available standards of Underwriter's Laboratories, Inc., or other similarly established standards. All electrical installations and systems shall be tested to show that the equipment is installed and operates as planned or specified.

(1) **Panelboards.** Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits.

(2) **Lighting**. All spaces occupied by people, machinery, equipment within buildings, approaches to buildings, and parking lots shall have lighting.

(A) Residents' rooms shall have general lighting and night lighting. A reading light shall be provided for each resident. Flexible light arms shall be mechanically controlled to prevent the bulb from coming in contact with bed linen. At least one light fixture for night lighting shall be switched at the entrance to each resident room. All switches for control of lighting in resident areas shall be of quiet operating type.

(B) Nursing unit corridors shall have general illumination with provisions for reduction of light level at night.

(3) **Receptacles (convenience outlets)**

(A) Resident room shall have duplex grounding type receptacles as follows: One location each side of the head of each bed, one for television if used, and one on another wall.

(B) Duplex grounding receptacles for general use shall be installed in all corridors approximately 50'0" (15.24 m.) apart and within 25'0" (7.62 m.) of ends of corridors.

(4) **Notification system**

(A) **Resident areas.** Each room, toilet and bathing area shall have a means for residents to directly contact nursing staff. This communication may be through audible or visual

signs, electronic systems and may include “wireless systems.”

(B) **Wireless nurse call system.** Facilities may substitute a wireless nurse call system for wired call systems or operate both a wireless and a wired nurse call system in parallel.

(C) **Resident's emergency.** A nurse's call emergency button shall be provided for resident's use at each resident's toilet, bath, and shower room. Such button shall be usable by a collapsed resident lying on the floor (inclusion of a pull cord will satisfy this item.)

(5) **Emergency electric service** shall be provided in accordance with NFPA 76-A, 1977, Chapter 05, Essential Electrical Systems for Nursing Homes, etc.

[Source: Amended at 28 Ok Reg 1079, eff 6-25-2011]

SUBCHAPTER 7. ADMINISTRATION

Section
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310:675-7-1.1 Administrator

(a) The administrator shall be a person who has the authority and responsibility for the total operation of the facility, subject only to the policies adopted by the governing authority and who is licensed by the Oklahoma State Board of Examiners for Nursing Home Administrators.
(b) The administrator, or the owner, shall designate a person in the facility to act on behalf of the administrator during the administrator's absence from the facility. Authority shall be granted to the designated person to allow normal management responsibilities to be exercised.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-2.1. Medical director

The facility shall designate a licensed physician to serve as medical director. The medical director is responsible for implementation of resident medical care policies and the coordination of medical care in the facility.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-3. Residents' rights and responsibilities

Each resident or resident's representative shall receive a copy of the resident statutory rights at the time of admission. A copy of the resident rights shall be posted in an easily accessible, conspicuous place in the facility. The facility shall ensure that its staff is familiar with, and observes, the resident rights. [63 O.S. 1991 § 1-1918.]

[**Source:** Amended at 9 Ok Reg 3163, eff 7-1-92 (emergency); Amended at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-4. Resident transfers or discharge

(a) **Reasons for transfer or discharge**. Involuntary transfer or discharge of a resident may be initiated by a facility only for one or more of the following:

(1) Medical reasons, including needs that the facility is unable to meet, as documented by the attending physician, in consultation with the medical director if the medical director and attending physician are not the same person.

(2) The resident's safety, or for the safety of other residents, as documented by the clinical record. The facility shall show through medical records that:

(A) the resident has had a comprehensive assessment by an interdisciplinary team and alternative measures have been attempted unsuccessfully; or

(B) the resident is a danger to himself, herself or other resident as documented by the medical record and the facility is not capable of managing that resident.

(3) The non-payment of charges for the resident's care as documented by the facility's business records for services for more than 30 days.

(b) **Procedures.** Procedures for involuntary transfer or discharge by the facility are as follows:

(1) Written notice shall be provided at least thirty (30) days in advance of the transfer or discharge date to the resident, resident's legal representative, person responsible for payment of charges for the resident's care, if different from any of the foregoing, and the Department.

(2) The ten day requirement shall not apply when an emergency transfer is mandated by the resident's health care needs and is in accordance with the attending physician's written orders and medical justification; or the transfer or discharge is necessary for the physical safety of other residents as documented in the clinical record. The facility shall not use a discharge to a hospital as a reason for failing to re-admit a resident after release from the hospital to the first available bed in a semi-private room. Such action shall be considered to be an involuntary discharge subject to all the requirements of this section, unless the discharge was required by the Department.

(3) The written notice shall include:

(A) A full explanation of the reasons for the transfer or

discharge;
(B) The date of the notice;
(C) The date notice was given to the resident and the resident’s representative;
(D) The date by which the resident must leave the facility; and
(E) Information that the resident's representative or person responsible for payment of the resident's care who is aggrieved by the facility's decision, may file within ten (10) days of notice a written request for a hearing with the Department by sending a letter to the Hearing Clerk, Oklahoma State Department of Health, 1000 NE Tenth Street, Oklahoma City, OK 73117.

(4) Failure of the facility to give the notice as substantially specified above shall result in an order without hearing from the Department denying the right of the facility to discharge the resident.

(5) If a written request for a hearing is properly filed by an eligible aggrieved party, the Department shall convene a hearing within ten working days of receipt of the request. The request may be in the form of a letter or a formal request for hearing from the resident or resident's representative. In the event that the resident is unable to write, a verbal request made to the hearing clerk shall be sufficient. The Department shall reduce the verbal request to writing and send a copy to the resident. The request should state the reason for the discharge and attach a copy of the letter from the facility.

(6) During the pendency of the hearing, the facility shall not discharge the resident unless the discharge was required by the Department or is an emergency situation. If the resident relocates from the facility but wants to be readmitted, the Department may proceed with the hearing and the facility shall be required to readmit the resident to the first available bed in a semi-private room if the discharge is found not to meet the requirements of the Nursing Home Care Act and OAC 310:675.

(7) The Department shall provide the Administrative Law Judge and the space for the hearing. The parties, including the resident and the facility, may be represented by counsel or may represent themselves.

(8) The hearing shall be conducted at the Oklahoma State Department of Health building unless there is a request for the hearing to be held at the facility or at another place. Providing the hearing room in such a case shall be the responsibility of the parties. The Department shall maintain a record on the case as it does for any other individual proceeding.

(9) The hearing shall be conducted in accordance with the Department's procedures, Chapter 2 of this Title. The Administrative Law Judge’s order shall include findings of fact, conclusions of law and an order as to whether or not the transfer or discharge was according to law. If a facility receives federal funds for services, it shall also comply with the certification standards. The more restrictive rule toward the facility shall be applied.

(10) If the Administrative Law Judge finds that the discharge was not according to law, the Department shall review, investigate and issue deficiencies as appropriate.
(11) If the discharge is according to law, the order shall give the facility the right to discharge the resident.
(12) The scope of the hearing may include:
(A) Inadequate notice;
(B) Discharge based on reason not stated in the law;
(C) Sufficiency of the evidence to support the involuntary discharge; or
(D) The finding of emergency.
(13) The Administrative Law Judge shall render a written decision within ten working days of the close of the record.
(14) If the Administrative Law Judge sustains the facility, the facility may proceed with the discharge. If the Administrative Law Judge finds in favor of the resident, the facility shall withdraw its notice of intent to transfer or discharge the resident. The decision of the Administrative Law Judge shall be final and binding on all parties unless appealed under the Administrative Procedures Act.

(c) Room relocation

(1) If a facility wants to relocate a resident from one room to another, the facility shall give the resident at least forty-eight hours written notice. The notice shall include the cost of transferring the resident's telephone, if applicable.
(2) If the resident or the resident's representative agrees in writing to the relocation, the relocation may take place in less than forty-eight hours.
(3) No hearing is required if the resident requests or agrees to relocation from one room to another.

[**Source:** Amended at 9 Ok Reg 3163, eff 7-1-92 (emergency); Amended at 10 Ok Reg 1639, eff 6-1-93; Amended at 20 Ok Reg 2399, eff 7-11-2003; Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-7-5.1. Reports to state and federal agencies

(a) **Timeline for reporting.** All reports to the Department shall be made by telephone or facsimile within twenty-four (24) hours of the reportable incident unless otherwise noted. A follow-up report of the incident shall be mailed or faxed to the Department within five (5) Department business days after the incident. The final report shall be filed with the Department within ten (10) Department business days after the incident.
(b) **Reporting abuse, neglect or misappropriation.** The facility shall report to the Department allegations and incidents of *resident abuse, neglect or misappropriation of residents' property* [63 O.S. §1-1939(I)(1)(e)]. This requirement does not supersede reporting requirements in Title 43A of the Oklahoma Statutes (relating to the Protective Services for the Elderly and for Incapacitated Adults Act).
(c) **Reporting to licensing boards.** The facility shall also report allegations and incidents of resident abuse, neglect, or

misappropriation of residents' property by licensed personnel to the appropriate licensing board.

(d) **Reporting communicable diseases.** The facility shall report *communicable diseases* [63 O.S. §1-1939(I)(1)(a)] and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting).

(e) **Reporting certain deaths.** The facility shall report *deaths by unusual occurrence, such as accidental deaths or deaths other than by natural causes, and deaths that may be attributed to a medical device,* [63 O.S. §1-1939(I)(1)(b)] according to applicable state and federal laws. The facility shall also report such deaths to the Department.

(f) **Reporting missing residents.** The facility shall report *missing residents* to the Department after a search of the facility and facility grounds and a determination by the facility that the resident is missing. *In addition, the facility shall make a report to local law enforcement agencies within two (2) hours if the resident is still missing* [63 O.S. §1-1939(I)(1)(c)].

(g) **Reporting criminal acts.** The facility shall report *situations arising where a criminal intent is suspected. Such situations shall also be reported to local law enforcement* [63 O.S. §1-1939(I)(1)(d)]. Where physical harm has occurred to a resident as a result of a suspected criminal act, a report shall immediately be made to the municipal police department or to the sheriff's office in the county in which the harm occurred. A facility that is not clear whether the incident should be reported to local law enforcement should consult with local law enforcement.

(h) **Reporting utility failures.** The facility shall report to the Department utility failures of more than four (4) hours.

(i) **Reporting certain injuries.** The facility shall report to the Department incidents that result in fractures, head injury or require treatment at a hospital.

(j) **Reporting storm damage.** The facility shall report to the Department storm damage resulting in relocation of a resident from a currently assigned room.

(k) **Reporting fires.** The facility shall report to the Department all fires occurring on the licensed real estate.

(l) **Reporting nurse aides.** The facility shall report to the Department allegations and incidents of abuse, neglect, or misappropriation of resident property by a nurse aide by submitting a completed Nurse Aide Abuse, Neglect, Misappropriation of Resident Property Form (ODH Form 718), which requires the following:

(1) facility name, address, and telephone;
(2) facility type;
(3) date;
(4) reporting party name or administrator name;
(5) employee name and address;
(6) employee certification number;
(7) employee social security number;
(8) employee telephone number;

(9) termination action and date;
(10) other contact person name and address; and
(11) facts of abuse, neglect, or misappropriation of resident property.

(m) **Content of reports to the department.** Reports to the Department made pursuant to this section shall contain the following:

(1) The preliminary report shall, at the minimum, include:
(A) who, what, when, and where; and
(B) measures taken to protect the resident(s) during the investigation.

(2) The follow-up report shall, at the minimum, include:
(A) preliminary information;
(B) the extent of the injury or damage if any; and
(C) preliminary findings of the investigation.

(3) The final report shall, at the minimum, include preliminary and follow-up information and:
(A) a summary of investigative actions;
(B) investigative findings and conclusions based on findings; and
(C) corrective measures to prevent future occurrences.
(D) if items are omitted, why the items are omitted and when they will be provided.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 20 Ok Reg 2399, eff 7-11-2003; Amended at 24 Ok Reg 2030, eff 6-25-2007; Amended at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

310:675-7-6.1. Complaints

(a) **Complaints to the facility.** The facility shall make available to each resident or the resident's representative a copy of the facility's complaint procedure. The facility shall ensure that all employees comply with the facility's complaint procedure. The facility's complaint procedure shall include at least the following requirements.

(1) The facility shall list in its procedures and shall require to be posted in a conspicuous place outside the administrator's office area the following information:
(A) The names, addresses and telephone numbers of facility staff persons designated to receive complaints for the facility;
(B) Notice that a good faith complaint made against the facility shall not result in reprisal against the person making the complaint; and
(C) Notice that any person with a complaint is encouraged to attempt to resolve the complaint with the facility's designated complaint staff, but that the person may submit a complaint to the Department without prior notice to the facility.

(2) If a resident, resident's representative or facility employee submits to the administrator or designated complaint

staff a written complaint concerning resident abuse, neglect or misappropriation of resident's property, the facility shall comply with the Protective Services for Vulnerable Adults Act, Title 43A O.S. Sections 10-101 through 10-110.

(b) **Complaints to the Department.** The following requirements apply to complaints filed with the Department.

(1) The Department shall provide to each facility a notice identifying the telephone number and location of the Department's central call center to which complaints may be submitted. The facility shall post such notice in a conspicuous place outside the administrator's office area.

(2) Any person may submit a complaint to the Department in writing, by phone, or personally. The Department shall reduce to writing a verbal complaint received by phone or in person.

(3) If the complainant is a facility resident, the resident's representative, or a current employee of the facility, the Department shall keep the complainant's identity confidential. For other complainants the Department shall ask the complainant's preference regarding confidentiality.

(4) The Department shall receive and triage complaints at a central call center. The complaints shall be classified and investigated according to the following priorities:

(A) A complaint alleging a situation in which the facility's noncompliance with state or federal requirements relating to nursing facilities has caused or is likely to cause serious injury, harm, impairment or death to a resident shall be classified as immediate jeopardy and shall be investigated by the Department within two (2) working days;

(B) A complaint alleging minimal harm or more than minimal harm to a resident but less than an immediate jeopardy situation shall be classified as actual harm and shall be investigated by the Department within ten (10) working days; and

(C) A complaint alleging other than immediate jeopardy or actual harm to a resident but that represents a repeated or ongoing violation shall be classified as a continuing complaint and investigated within twenty-five (25) days; and

(D) A complaint alleging other than immediate jeopardy or actual harm to a resident shall be classified as a primary complaint and shall be investigated within thirty (30) days.

(5) In addition to scheduling investigations as provided in paragraph (4) of this subsection, the Department shall take necessary immediate action to remedy a situation that alleges a violation of the Nursing Home Care Act, any rules promulgated under authority of the Act, or any federal certification laws or rules, if that situation represents a serious threat to the health, safety and welfare of a resident.

(6) In investigating complaints, the Department shall:

(A) Protect the identity of the complainant if a current or past resident or resident's representative or designated guardian or a current or past employee of the facility by conforming to the following:

(i) The investigator shall select at least three (3)

records for review, including the record of the resident identified in the complaint. The three records shall be selected based on residents with similar circumstances as detailed in the complaint if possible. All three (3) records shall be reviewed to determine whether the complaint is substantiated and if the alleged deficient practice exists; and

(ii) The investigator shall interview or observe at least three (3) residents during the facility observation or tour, which will include the resident referenced in the complaint if identified. If no resident is identified, then the observations used of the three residents shall be used to assist in either substantiating or refuting the complaint;

(B) Review the facility's quality indicator profile using resident assessments filed pursuant to OAC 310:675-9-5.1 to determine whether the facility has been "flagged", if the complaint involves resident abuse, pressure ulcers, weight loss or hydration;

(C) Review surveys completed within the last survey cycle to identify tendencies or patterns of non-compliance by the facility;

(D) Attempt to contact the State or Local Ombudsman prior to the survey; and

(E) Interview the complainant, the resident, if possible, and any potential witness, collateral resource or affected resident.

(7) The Department shall limit the complaint report to the Health Care Financing Administration Form 2567 if applicable and the formal report of complaint investigation.

(A) The Form 2567 shall be issued to the facility within ten (10) business days after completion of the investigation.

(B) The formal report of complaint investigation shall be issued to the facility and the complainant, if requested, within ten (10) business days after completion of the investigation. The formal report of investigation shall include at least the following:

(i) Nature of the allegation(s);

(ii) Written findings;

(iii) Deficiencies, if any, related to the complaint investigation;

(iv) Warning notice, if any;

(v) Correction order, if any; and

(vi) Other relevant information.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 18 Ok Reg 2533, eff 6-25-2001; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-7-7.1. Resident's advisory council

(a) Each facility shall establish a residents advisory council.

(b) Members of the residents advisory council shall consist of all current nursing facility residents or their designated representative. The administrator shall designate a member of the facility staff to coordinate the council and render assistance to the council, and respond to the requests from the council's meetings.
(c) No employee or affiliate of the facility shall be a member of the council. The facility shall provide the council with private meeting space.
(d) Minutes of the residents advisory council meetings shall be prepared by the facility staff and maintained in the facility. A copy of the meeting minutes shall be provided to those residents or representatives requesting them. Information identifying a resident shall not be included in the minutes.
(e) The residents advisory council shall communicate to the administrator the residents' opinions and concerns known to the council.
(f) The residents advisory council shall be a forum for:
(1) Early identification of problems and recommendations for orderly problem resolution.
(2) Soliciting and adopting recommendations for facility programs and improvements.
(3) Obtaining information from, and disseminating information to, the residents.
(g) The residents advisory council may present complaints to the Department on behalf of a resident.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-8.1. Administrative records
(a) The administrator shall be responsible for the preparation, supervision, and filing of records.
(b) There shall be a separate, organized file in the business office for each resident. The file shall include current information about the resident and the resident's family. The file shall also include a written record of all financial arrangements and transactions involving the individual resident's funds. A written contract between the resident, or his representative, or, if the resident is a minor, his parent, or representative, and the facility or its agent or the waiver of same shall also be in this file.
(1) If the source of payment for the resident's care is, in full or in part, from public funds, there shall be a contract between the facility and the agency providing the funds. An individual contract between such resident and the nursing facility is not required.
(2) A resident may sign a waiver if the resident does not wish to have a contract with the facility.
(c) Each facility shall provide safe storage for administrative records and all current records shall be readily available to the Department upon request.

(d) Administrative records of the facility shall include the following information:

(1) A copy of the current statement of ownership.

(2) The current administrator's name, license number, and date of employment.

(3) The name of the individual responsible for the facility's operation in the absence of the administrator.

(4) Copies of credentials of all personnel and consultants working in the facility who are licensed, registered or certified.

(5) Copies of criminal background checks on all required current employees.

(6) A copy of all contracts with individuals or firms providing any services to the facility.

(7) Written admission and discharge policies.

(8) A description of the services provided by the facility and the rates charged for those services and services for which a resident may be charged separately; limitations of available services; causes for termination of services; and refund policies if services are terminated. Documentation shall show that each resident, and/or representative received this information prior to, or at, the time of admission.

(9) Copies of affiliation agreements, contracts, or written arrangements for advice, consultation, services, training, or transportation with other organizations or individuals, and public or private agencies.

(10) Written transfer agreements with other health facilities to make the services of such facilities readily accessible, and to facilitate the transfer of residents and essential resident information with the resident.

(11) Records of residents advisory council meetings.

(12) Copies of inspection reports from the local, county, and state agencies during the past three years.

(13) All adverse actions instituted against the facility during the past three years, including warning letters, administrative penalties, notice of hearing, hearing officer's findings, final orders, and court proceedings.

(14) Written disaster plan/emergency evacuation plan.

(15) A record of all nurse aide competency and certification records and contacts to Oklahoma and other state's nurse aide registries.

(16) Current resident census records.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-9.1. Written administrative policies and procedures

(a) The facility shall maintain written policies to govern the administration of the facility. These policies shall be reviewed annually and revised as necessary.

(b) The facility shall not admit any person unless it has the personnel and resources to provide all services and care

prescribed for that person.
(c) All persons seeking admission shall be evaluated as to their medical, nursing and social needs. The scope of care and service to be provided by the facility, or through contract, shall be included in the resident care plan following admission.
(d) All residents shall have accommodations that are as close to their normal living arrangements as possible. Special care and arrangements shall be provided to ensure, if possible, that the accommodations support the resident's physical, mental and psycho-social needs in terms of sanitary environment, aesthetics and associations.
(e) Residents shall be accepted and cared for without discrimination on the basis of race, sex, color, religion, ancestry, disability, or national origin.
(f) Emergency care shall be provided to residents in case of sudden illness or accident, including persons to be contacted in case of an emergency.
(g) Conflict resolution procedures shall be adopted for processing complaints received from residents and employees.
(h) Job descriptions shall be developed that detail the functions of each classification of employee.
(i) Procedures shall be adopted for handling residents' funds and providing access to the written records regarding a resident's funds by the resident or representative.
(j) The facility has the following responsibilities concerning physicians:
(1) The health care services for each resident shall be under a physician's supervision.
(2) All physician orders shall be written in ink or indelible pencil and signed by the physician.
(3) No medication or treatment shall be administered except on a physician's order.
(4) The facility shall have a written policy that provides for physician services to be available twenty-four hours per day.
(5) A list of physicians shall be posted at the nursing station for use if the resident's attending physician is not available.
(6) The facility shall arrange for one, or more, physicians to be available in an emergency and to advise the facility. The physician called at the time of any emergency shall be noted in the records. If unable to contact a physician, the resident shall be transferred to a hospital emergency room.
(k) The facility shall adopt a nursing policy and procedure manual, which shall detail all nursing procedures performed within the facility. All procedures shall be in accordance with accepted nursing practice standards, and shall include, but not be limited to, the following:
(1) Ambulation, body alignment and positioning, and routine range of motion unless contraindicated by the resident's physician.
(2) Elimination, including a bowel and bladder training program, or frequent toileting for incontinent residents, when applicable.
(3) Colostomy and ileostomy care.

(4) Nutrition and meal service.
(5) Oral suctioning and tracheotomy care.
(6) Treatments.
(7) Nasogastric care.
(8) Oral hygiene.
(9) Isolation procedures.
(10) Universal precautions.
(11) Emergency procedures.
(12) Medication Administration.
(13) Pain assessment and treatment.

(l) Each nursing station shall have a copy of the nursing policy and procedure manual, isolation techniques, and emergency procedures for fire and natural disasters.

(m) The facility shall adopt policies and procedures for the administration of social services, activities, dietary, housekeeping, maintenance and personnel.

(n) The facility shall adopt a policy that any person working in the facility who shows signs or symptoms of a communicable disease, shall be excluded from work, and shall be permitted to return to work only after approval of the director of nursing or charge nurse.

(o) The facility shall adopt a procedure for taking inventory of and inconspicuously marking, for identification, the resident's personal effects (clothing and property) which shall be completed on admission of the resident and subsequently when new clothing or property is received by the resident. Identification marking shall be by a method that shall withstand repeated laundering or cleaning without loss of legibility. Jewelry, watches and similar articles of value shall not be subject to the marking requirement.

(p) The facility shall adopt a policy that requires reporting of the loss of personal effects to the administrator, the resident, and the resident's representative. The policy shall require the staff to assist the resident in attempting to locate the lost property and may, at the request of the resident, require the reporting of such losses to law enforcement authorities. The policy shall also indicate that a resident has the right to report losses directly to law enforcement authorities without fear of reprisal from the facility's administration or staff.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 13 Ok Reg 2511, eff 6-27-96; Amended at 16 Ok Reg 2521, eff 6-25-99; Amended at 18 Ok Reg 2533, eff 6-25-2001; Amended at 23 Ok Reg 156, eff 10-6-2005 (emergency); Amended at 23 Ok Reg 2415, eff 6-25-2006]

310:675-7-10.1. Resident's clinical record

(a) There shall be an organized, accurate, clinical and personal record, either typewritten or legibly written with pen and ink, for each resident admitted or accepted for treatment. The resident's clinical record shall document all nursing services provided.

(b) The resident clinical record shall be retained for at least

five years after the resident's discharge or death. A minor's record shall be retained for at least two years after the minor has reached the age of eighteen but, in no case, less than five years.
(c) All required records, either original or microfilm copies, shall be maintained in such form as to be legible and readily available upon request of the attending physician, the facility, and any person authorized by law to make such a request.
(d) Information contained in the resident record shall be confidential and disclosed only to the resident, persons authorized by the resident, and persons authorized by law.
(e) Resident's records shall be filed and stored to protect against loss, destruction, or unauthorized use.
(f) The Department shall be informed in writing immediately whenever any resident's records are defaced, or destroyed, before the end of the required retention period.
(g) If a facility ceases operation, the Department shall be notified immediately of the arrangements for preserving the resident's record. The record shall be preserved for the required time and the information in the records shall be available to the health professionals or facilities assuming care of the resident so that continuity of care is available.
(h) If the ownership of the facility changes, the new licensee shall have custody of the residents records and the records shall be available to the former licensee and other authorized persons.
(i) A person employed by the owner shall be in charge of resident records and properly identifiable to others concerned.
(j) The resident clinical record shall include:
(1) An admission record sheet which shall include:
(A) Identification of the resident (name, sex, age, date of birth, marital status).
(B) Identification numbers as applicable: i. e., Medicare number, Medicaid number.
(C) Date and time of admission.
(D) Diagnosis and known allergies.
(E) Name, address, and telephone number of responsible party, next of kin, pharmacist, and funeral home.
(2) Physician's orders for medications, diet, treatment, and therapy.
(3) Orders dated and signed by the physician giving the order. Verbal or telephone orders shall be signed by the physician within five working days, excluding weekends and holidays.
(4) Initial orders given by the physician at the time of admission shall be signed by the physician and placed in the clinical record within five working days of admission, excluding weekends and holidays.
(5) The most recent medical history and physical examination signed and dated by the physician.
(6) Nurse's notes, dated and signed at the time of entry.
(7) Temperature, pulse, respirations, blood pressure and weight when indicated by physician's orders or by a change in the resident's condition.
(8) Progress notes generated by all health care professionals and allied health personnel.

(9) An assessment and care plan based on the assessment.
(10) An inventory of personal effects including clothing and property on admission, and as necessary.
(11) Written acknowledgement by the resident or legal representative of receipt of the resident's rights upon admission and as needed.
(12) Discharge summary signed by the attending physician that shall include the diagnosis or reason for admission, summary of the course of treatment in the facility, final diagnosis with a follow-up plan, if appropriate, condition on discharge or transfer, or cause of death, date and time of discharge, and diagnosis on discharge.
(13) A transfer or discharge form when a resident is transferred, or discharged, to the hospital, another facility or released from care. Transfer or discharge forms may be excluded when a resident is discharged to his/her home when the stay in the facility is for respite care only. The transfer form shall include, but not be limited to, the following information:
(A) Identification of the resident and his attending physician.
(B) Diagnosis, medications and medication administration schedule.
(C) Name of transferring facility.
(D) Name of receiving facility.
(E) Date of transfer.
(F) Family or legal representative.
(G) Condition on transfer.
(H) Reason for transfer.
(I) Known allergies.
(J) Pertinent medical history.
(K) Any advance directive for medical care.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-11.1. Medication records
(a) The facility shall maintain written policies and procedures for safe and effective acquisition, storage, distribution, control, and use of medications and controlled drugs.
(b) The facility shall establish a policy for providing information about administering prescribed medications to residents who are on leave from the facility.
(c) The facility shall maintain records of consultation and services provided by the consultant registered pharmacist at the facility.
(d) The facility shall maintain a system to account for controlled medications prescribed for each resident, and an individual inventory record on all Schedule II medications.
(e) The facility shall maintain a medication regimen review record on each resident.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-12.1. Incident reports

(a) **Incident defined**. An incident is any accident or unusual occurrence where there is apparent injury, where injury may have occurred, including but not limited to, head injuries, medication, treatment errors or events subject to the reporting requirements in 310:675-7-5.1 (relating to reportable incidents).

(b) **Incident records**. Each facility shall maintain an incident report record and shall have incident report forms available.

(c) **Incident report format.** Incident reports shall be on a printed incident report form. The form used shall be Long Term Care's Incident Report Form, ODH Form 283. The Incident Report Form requires: the facility name, address and identification number; the date, location and type of incident; parties notified in response to the incident; description of the incident; the relevant resident history; summary of the investigation; and name of person completing the report.

(d) **Incident report preparation.** At the time of the incident, the administrator, or the person designated by the facility with authority to exercise normal management responsibilities in the administrator's absence, shall be notified of the incident and prepare the report. The report shall include the names of the persons witnessing the incident and their signatures where applicable.

(e) **Incident reporting: scope**. The incident report shall cover all unusual occurrences within the facility, or on the premises, affecting residents, and incidents within the facility or on the premises affecting visitors or employees.

(f) Incident records on file. A copy of each incident report shall be on file in the facility.

(g) **Incident in clinical record**. The resident's clinical record shall describe the incident and indicate the findings on evaluation of the resident for injury.

(h) **Incidents: reviewers**. All incident reports shall be reviewed by the director of nursing and the administrator and shall include corrective action taken where health and safety are affected.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-2007; Amended at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note); Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-7-13.1. Consultation reports

The facility shall maintain a report of all services rendered by health professionals and allied health personnel each consultation visit.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added

at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-14.1. Facility maintenance

(a) Each facility shall have a maintenance program, which ensures continuing maintenance of the facility and equipment, promotes good housekeeping and sanitary practices throughout the facility.

(b) The maintenance records shall include:

(1) A written orientation program for maintenance personnel.

(2) A plan for reporting problems and responding to maintenance, housekeeping, or sanitation needs.

(3) Response to major maintenance problems, if any, and plans for addressing any problem that cannot be corrected within three calendar days.

(4) A copy of the service record from a sprinkler or fire alarm company that provides service for the automatic sprinkler and fire alarm system.

(5) Verification that facility maintenance personnel are certified or licensed as required by state law.

(c) The facility shall be maintained free of infestations of insects, pests and rodents.

(1) The facility shall have a pest control program provided by maintenance personnel, or by contract with a pest control company, using the least toxic, least flammable, and most effective pesticides. If maintenance employees are used, they shall be currently licensed as commercial pesticide applicators.

(2) Pesticides shall be stored in locked storage areas and not be stored in resident or food areas,

(3) In the absence of other effective controls, screens shall be provided on all building exterior openings except doors.

(d) All sewage shall be discharged into a public sewer system, or if such is not available, shall be disposed of in a manner approved by state and local health authorities.

(1) When a private sewage disposal system is used, maintenance records and system design plans shall be at the facility.

(2) No exposed sewer lines shall be located directly above working, storage, or eating surfaces in the kitchens, dining rooms, pantries, or food storage rooms, or where medical or surgical supplies are prepared, processed, or stored.

(e) All plumbing in the facility shall be installed and maintained in accordance with state and local plumbing codes. All plumbing shall be maintained free of the possibility of back-flow and back siphonage through the use of vacuum breakers and fixed air gaps.

(f) If an incinerator is used, it shall comply with state and local air pollution regulations, and shall be constructed to prevent insect and rodent breeding and harborage.

(g) Entrances, exits, steps and outside walkways shall be kept reasonably free from ice, snow, and other hazards.

(h) Buildings, grounds, and parking areas shall be maintained in a clean, orderly condition, in good repair, and be monitored for possible hazards.

(i) Storage areas, attics, roofs, and basements shall be kept

safe and free from accumulations of extraneous materials such as refuse, discarded furniture, and old newspapers.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-15.1. Housekeeping laundry, and general storage

(a) **Housekeeping.** Each facility shall have housekeeping services that are planned, operated, and maintained to provide a pleasant, safe and sanitary environment.

(1) The facility shall employ housekeeping personnel suitable by training, experience, and in sufficient number.

(2) Housekeeping personnel, using accepted practices and procedures, shall keep the facility free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards.

(3) Deodorizers shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.

(4) Suitable equipment and supplies shall be provided for all cleaning activities and shall be maintained in a safe, sanitary condition.

(5) Cleaning shall be performed in a manner that minimizes the spread of pathogenic organisms.

(A) Floors shall be cleaned regularly.

(B) Any polish used on floors shall provide a non-slip finish.

(C) Used mop water shall not be stored in mop buckets and the mop shall be stored properly.

(6) Housekeeping personnel shall receive effective supervision, orientation and training. Housekeeping personnel shall be skilled in the six basic functions of sweeping, mopping, dusting, cleaning, waxing, and polishing.

(7) Resident rooms, furniture, bedding and equipment shall be thoroughly cleaned and sanitized before use by another resident.

(8) All garbage and rubbish not disposable as sewage shall be collected in impervious containers in such a manner as not to become a nuisance or a health hazard and shall be removed to an approved storage area at least once a day.

(A) The refuse and garbage storage area shall be kept clean and orderly.

(B) There shall be a sufficient number of impervious containers with tight fitting lids that are clean and in good repair.

(9) The containers used to transport refuse within the building shall be constructed of impervious materials, be lid or door enclosed, used solely for refuse, and maintained in a clean manner. All kitchen waste, contaminated refuse, and patient room trash shall be securely bagged before placed in these containers.

(10) Bathtubs, showers or lavatories shall not be used for laundering, cleaning of bedside utensils, mops, nursing utensils or equipment, nor for the dumping of waste water, nor

for storage.

(11) Draperies and furniture shall be kept clean and in good repair.

(b) **Laundry.** Each facility shall have laundry services that are planned, operated, and maintained to provide sufficient, safe and sanitary laundering of linen, supplies, and clothing.

(1) If the facility does not provide laundry services it shall contract with a commercial laundry service that provides these standards.

(2) Laundry facilities shall be provided with the necessary washing and drying equipment.

(3) Laundry equipment shall be designed and installed that complies with applicable laws.

(4) Laundry processing and procedures shall render soiled linens and resident clothing clean, dry, soft and free of detergent, lint and soap.

(5) Soiled laundry shall be processed frequently to prevent the accumulations of soiled linens and resident's clothing.

(6) The facility's linen supply shall include at least two complete changes of linen for each resident bed. All linen shall be clean, sorted, and in good repair. When linen is not in use all shall be properly stored.

(7) Soiled linen, including blankets, shall be placed in bags or impervious linen hampers/carts with lids tightly closed and shall be removed to the laundry area from the resident care unit at least every eight hours.

(8) Sorting and pre-rinsing of all clothing shall be done in the soiled utility and laundry areas.

(9) All soiled linen shall be enclosed in bags before placing them in the laundry chute. Laundry chutes shall be cleaned as scheduled in the facility's policy and procedure manual.

(10) Carts and hampers used to transport soiled linen shall be constructed of, or lined with, impervious materials, which can be cleaned and disinfected after each use, and used only for transporting soiled linen. Tight fitting lids or covers shall be used.

(11) Soiled linen and clothing shall be stored in the utility rooms and not in the halls.

(12) All personnel shall wash their hands or use alcohol gel thoroughly after handling soiled linen.

(13) There shall be at least one storage area for clean linen.

(c) **General storage.** The facility shall provide general storage as follows:

(1) Combustibles, such as cleaning rags and compounds, shall be in closed, metal containers.

(2) Cleaning compounds and hazardous substances shall be labeled properly and stored in safe places. Food substances shall not be stored in the same cabinets, shelves, or in close proximity to prevent accidental selection of the hazardous substance in the place of the food substance.

(3) Residents shall not have access to storage areas for cleaning agents, bleaches, insecticides or any other dangerous, poisonous or flammable substances.

(4) Paper towels, tissues, and other supplies shall be stored in a manner to prevent their contamination prior to use.
(5) Closed storage shall be provided for pillows, blankets, sheepskins, draw sheets, weight distribution pads, and pressure padding.
(6) Equipment shall not be stored in a hallway or corridor.
(7) No item shall be stored directly on the floor.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-16.1. Quality assessment and assurance
(a) The facility shall maintain a quality assessment and assurance committee to address facility and resident's needs.
(b) The committee shall include the director of nursing, a physician designated by the facility, and at least one other appropriate staff.
(c) The quality assessment and assurance committee shall meet at least quarterly to identify quality assessment and assurance activities.
(d) The committee shall develop and implement appropriate plans of action to correct identified quality deficiencies.
(e) The Department shall not require disclosure of the records of the committee unless such disclosure is related to the committee's compliance with the requirements of this section.
(f) Good faith attempts by the committee to identify and correct quality deficiencies shall not be used as a basis for sanctions.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-7-17.1. Infection control
(a) The facility shall have an infection control policy and procedures to provide a safe and sanitary environment. The policy shall address the prevention and transmission of disease and infection. The facility, and its personnel, shall practice the universal precautions identified by the Centers for Disease Control. All personnel shall demonstrate their knowledge of universal precautions through performance of duties.
(b) The facility shall maintain a sanitary environment and prevent the development and transmission of infection in the following areas.
(1) Food handling practices.
(2) Laundry practices including linen handling.
(3) Disposal of environmental and resident wastes.
(4) Pest control measures.
(5) Traffic control for high-risk areas.
(6) Visiting rules for high-risk residents.
(7) Sources of air-borne infections.
(8) Health status of all employees and residents.

(9) Isolation area for residents with communicable diseases.

(c) Infection control policies to prevent the transmission of infection shall include the following:

(1) Excluding personnel and visitors with communicable infections.

(2) Limiting traffic in dietary and medication rooms.

(3) Using aseptic and isolation techniques including hand washing techniques.

(4) Bagging each resident's trash and refuse.

(5) Issuing daily damp wipe cloths, treated dust cloths and clean wet mops, as needed.

(6) Laundering the used wet mops and cleaning cloths every day.

(7) Cleaning the equipment for resident use daily, and the storage and housekeeping closets as needed.

(8) Providing properly identifiable plastic bags for the proper disposal of infected materials.

(9) **Tuberculosis risk assessment.** An annual facility tuberculosis risk assessment is to be performed by a licensed nurse or physician using a Department approved risk assessment tool.

(d) When scheduled to be cleaned, the toilet areas, utility rooms, and work closets, shall be cleaned with a disinfectant solution and fresh air shall be introduced to deodorize.

(e) **Tuberculin skin test for residents.** Within thirty (30) days from admission, all residents admitted to the facility after the adoption of this rule shall receive a two-step tuberculin skin test in conformance with the "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings;" Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17).

(1) Tuberculin skin tests shall be administered by a licensed nurse or physician.

(2) Where a skin test is contra-indicated, a chest radiograph, interpreted by a medical consultant in collaboration with the city, county or state health department, is acceptable.

(3) Residents claiming a prior positive tuberculin skin test shall have documentation in their medical record, obtained from a licensed health care professional, of their test results and interpretation; otherwise, a two-step tuberculin skin test shall be done.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-2007; Amended at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

310:675-7-18.1. Personnel records

Each facility shall maintain a personnel record for each current employee containing:

(1) **Application for employment.** An application for employment

which contains employee's full name, social security number, professional license or registration number, if any, employment classification, and information about past employment, including: place of employment, position held, length of employment, and reason for leaving.

(2) **Employee time records.** Copies of current employee time records, signed by the employee, shall be maintained by the facility for at least thirty-six (36) months.

(3) **Training, arrest check, and certifcation.** Documentation of orientation and training (may be kept in separate file), continuing education, a copy of the criminal arrest check, and appropriate certification and licensure.

(4) **Health examination on hire.** Record of health examination conducted within thirty days of employment which shall include, but not be limited to, a complete medical history, physical examination by body system and, a two-step tuberculin skin test in conformance with the "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings;" Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17).

(A) Tuberculin skin tests shall be administered by a licensed nurse or physician.

(B) Where a skin test is contra-indicated, a chest radiograph, interpreted by a medical consultant in collaboration with the city, county or state health department, is acceptable.

(C) Employees claiming a prior positive tuberculin skin test shall have documentation in their file, obtained from a licensed health care professional, of their test results and interpretation, otherwise, a two-step tuberculin skin test shall be done.

(5) **Tuberculin skin test.** Results of subsequent tuberculin skin test performed based on facility TB risk classification established in OAC 310:675-7-17(c)(9) (relating to annual facility tuberculosis risk assessment) or results of a physician's examination for signs and symptoms of tuberculosis for those employees who react significantly to a tuberculin skin test. All tests and examinations shall be in conformance with the "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings;" Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17).

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-2007; Amended at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

310:675-7-19. Residential and visiting pets

(a) Each facility that allows residential or visiting animals shall adopt and comply with policies that meet or exceed 310:675-7-19(a) and 310:675-7-19(b). The facility's policies shall describe the schedule of animal care and zoonotic infection control for the respective facility. The facility shall not allow any animal to reside in the facility until all of the following requirements are met:

(1) The animal is a dog, cat, fish, bird, rabbit, or guinea pig. If a facility desires to include other types of animals in their program, the facility shall submit a supplemental request accompanied by its policies, procedures, and guidelines to the Department and receive written approval from the Department prior to implementation.

(2) For residential pets, excluding fish, the number of animals in a facility shall be limited to no more than one dog per 50 residents; 1 cat, rabbit, or guinea pig per 30 residents; or 1 bird per 20 residents, unless the facility has received the Department's prior approval of a greater number of pets through a supplemental request pursuant to 310:675-7-19(a)(1).

(3) The facility adopts policies ensuring non-disruption of the facility.

(4) All pets are housed and controlled in a manner that ensures that neither the pet nor the residents are in danger. A pet cage or container must not obstruct an exit or encroach on the required corridor width.

(5) The following veterinary medical services are obtained for each pet, when applicable to species, and a record of service is maintained on file at the facility:

(A) A health certificate from a veterinarian licensed to practice in Oklahoma stating the animal is healthy on physical exam and of acceptable temperament to be placed in the facility;

(B) Proof of evaluation by a veterinarian licensed to practice in Oklahoma for presence of internal parasites on a semi-annual basis and for the presence of external parasites as needed;

(C) Proof of current rabies immunization for dogs and cats, and leptospirosis immunization for dogs administered by a licensed veterinarian;

(D) Proof of spaying/neutering for dogs and cats over six months of age; and

(E) Statement from a licensed veterinarian certifying that each bird tested negative for *Chlamydia psittaci* infection (psittacosis) within 30 days prior to placement in the facility. Birds equal in size to or larger than a parakeet shall receive a serologic test. Culture from fresh droppings or cloacal swab will be acceptable test in smaller birds, such as canaries and finches.

(6) The pet’s skin appears normal, and its coat or feathers are free of ectoparasites, matted hair, feces, and other debris.

(7) Residential pets shall be the responsibility of the

administrator, who shall designate at least one attendant to supervise the care and maintenance of resident animals. The administrator and the designated attendants shall at least annually review the facility's policy on residential and visiting pets, and shall document that they have read and understood the policy.

(8) The facility provides for the cleaning and disinfecting of any areas contaminated by urine or excrement, and for the regular cleaning of aviaries, aquariums, and animal cages. Water in aquariums and fish bowls shall be appropriately maintained to prevent bacterial growth in the water.

(9) Residential dogs and cats shall not be allowed to remain in the resident areas after visiting hours. No animal shall be allowed in an area used for food storage or preparation, dining, medication preparation or administration, or clean or sterile supply storage.

(10) If there is more than one resident per room, permission shall be obtained from each resident in the room before allowing animal visitation.

(b) The facility may allow other animals to visit the facility. Visiting animals shall be under the control of the person bringing the pet into the facility. The attendant of visiting animals shall adhere to the facility’s policies and procedures for residential pets. Proof of current rabies immunization must be provided to the administrator before any dog, cat or ferret can be allowed as a visiting pet in the facility.

(c) The Department shall publish and distribute to facilities recommended husbandry and veterinary care guidelines for residential pets. The guidelines shall include but not be limited to recommendations for housing, cleaning needs, exercise, diet, fecal examinations, grooming, attendant training on animal care and nutrition, and preventive health care. The guidelines shall be used for the information and education of facilities.

(d) Section 310:675-7-19 does not supersede any local or state rules that regulate animals.

[Source: Added at 18 Ok Reg 2533, eff 6-25-2001]

310:675-7-20. Financial solvency and reports

(a) The facility shall maintain financial solvency sufficient to ensure its operation as evidenced by the timely payment of obligations including but not limited to:

(1) Employee payrolls;

(2) Amounts owed to consultants, medical directors, vendors, suppliers, and utility service providers;

(3) Taxes and provider fees; and

(4) Leases, rents and mortgages.

(b) The owner shall report to the Department the occurrence of financial events as required in 63 O.S. Section 1-1930.1.[1]

[1] 63 O.S. Section 1-1930.1(B) The occurrence of any of the following events shall require notification pursuant to the provisions of subsection A of this section:

1. The owner of a facility receives notice that a judgment or tax lien has been levied

(1) The owner shall:
(A) File a written report within 24 hours of the reportable event; or
(B) Make an oral report by telephone within 24 hours of the reportable event, and file written confirmation within five days of the reportable event.
(2) Notice of a judgment against the facility or any of the assets of the facility or the licensee shall be required from the date the judgment becomes final.
(3) The owner shall include information in the written notification to accurately identify the event, including but not limited to:
(A) The date of each action or event;
(B) The name of each person involved in the event, including each legal entity, governmental agency, financial institution or trustee, and each employee whose regular payroll check has not been honored;
(C) The amount of each judgement, lien, payroll, or tax payment related to the event; and
(D) The style of the case and index or docket numbers as applicable.
(E) Bankruptcy or appointment of trustee by the bankruptcy court.
Notification provided by the owner pursuant to 63:1-1930.1 does not relieve the owner of the obligation to provide *ninety (90) days' notice prior to voluntarily closing a facility or closing any part of a facility, or prior to closing any part of a facility if closing such part will require the transfer or discharge of more than ten percent (10%) of the residents* [63:1-1930].

[Source: Added at 20 Ok Reg 2399, eff 7-11-2003; Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-7-21. Sex or violent offender status
(a) **Determination of status**. A facility subject to the provisions of this Chapter shall determine whether the following individuals have registered pursuant to the Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act:
(1) An applicant for admission or participation,
(2) A resident, client or participant of a facility subject to

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against the facility or any of the assets of the facility or the licensee;
2. A financial institution refuses to honor a check or other instrument issued by the owner, operator or manager to its employees for a regular payroll;
3. The supplies, including food items and other perishables, on hand in the facility fall below the minimum specified in the Nursing Home Care Act or rules promulgated thereto by the State Board of Health;
4. The owner, operator or manager fails to make timely payment of any tax of any governmental agency;
5. The filing of a bankruptcy petition under Title 7 or Title 11 of the United States Code or any other laws of the United States, by any person or entity with a controlling interest in the facility;
6. The appointment of a trustee by the bankruptcy court; and
7. The filing of a petition in any jurisdiction by any person seeking appointment of a receiver for the facility.

the provisions of this Chapter, and
(3) All employees of facilities subject to the provisions of this Chapter, in addition to the required criminal arrest check in 63 O.S. §1-1950.1 and 63 O.S. §1-1950.8 (relating to criminal arrest checks).

(b) **Procedures for determination of status**. Prior to admission or employment but no later than three (3) business days from acceptance of any resident or participant, the employing or receiving facility subject to the provisions of this Chapter shall determine from local law enforcement, the Department of Corrections, or the Department of Corrections' Sex Offender and Mary Rippy Violent Crime Offender registries, whether the prospective employee or accepted resident or participant is registered or qualifies for registration on either registry.

(c) **Recommended registry search strategy.** A facility subject to the provisions of this Chapter may utilize the first three letters of the last name and an asterisk, and the first letter of the first name and asterisk, any known alias, and appearance criteria as provided for search within the Department of Correction's Internet based sex and violent crime offender registries.

(d) **Change in status after employment or admission.** A facility subject to the provisions of this Chapter shall repeat the screening in OAC 310:675-7-21(b) (regarding procedures for determination of status) subsequent to the receipt of any information that an employee, resident or participant's registration status may have been altered or updated after the initial screening.

(e) **Posting of offender status.** Pursuant to 63 O.S. §1-1909(4), a facility subject to the provisions of this Chapter shall conspicuously post for display in an area of its offices accessible to residents, employees and visitors a copy of any notification from the local law enforcement authority regarding the registration status of any person residing in the facility who is required to register pursuant to the Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act.

(f) **Notice to Department of sex or violent offender's presence**. When a facility subject to the provisions of this Chapter is notified, or has determined, that an individual who is required to register pursuant to the Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act is residing or participating at such facility, *the facility shall immediately, in writing, notify the State Department of Health*.[63 O.S. §1-1946(A)(3)]

(g) **Content of notice of sex or violent offender's presence.** Notice provided to the Department shall include the name, and identifying information used to make the determination in 310:675-7-21(b)(regarding determination of status).

(h) **Notification through other means**. Where a facility subject to the provisions of this Chapter determines through other means, excepting written notification by the Department, of an employee, resident or participant required to register pursuant to the Sex

Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act, the facility shall notify the Department and shall be subject to all other requirements within this section.

[Source: Added at 24 Ok Reg 2030, eff 6-25-2007; Added at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

SUBCHAPTER 9. RESIDENT CARE SERVICES

Section
310:675-9-1.1. Nursing and personal care services
310:675-9-2.1. Dental and oral hygeine services
310:675-9-3.1. Rehabilitative or restorative nursing services
310:675-9-4.1. Supplies and equipment
310:675-9-5.1. Assessment and care plans
310:675-9-6.1. Restraints
310:675-9-7.1. Physician services
310:675-9-8.1. Clinical laboratory
310:675-9-9.1. Medication services
310:675-9-10.1. Activity services
310:675-9-11.1. Social services
310:675-9-12.1. Dietary services
310:675-9-13.1. Food storage, supply and sanitation
310:675-9-31. Influenza and pneumococcal vaccinations

310:675-9-1.1. Nursing and personal care services

(a) The facility shall ensure that resident rights are respected in the provision of care.

(b) Basic nursing and personal care shall be provided for residents as needed.

(1) Nursing care shall include, but not be limited to:

(A) Encouraging residents to be active and out of bed for reasonable time periods.

(B) Measuring resident temperature, blood pressure, pulse and respirations at least once every thirty days and more frequently if warranted by the resident's condition, with the results recorded in the clinical record.

(i) Measuring resident weight at least once every thirty days and more frequently if warranted by the resident's condition, with the results recorded in the clinical record.

(ii) Measuring resident pain whenever vital signs are taken and more frequently if warranted by the resident's condition, with the results recorded in the clinical record.

(C) Offering fluids, and making fluids available, to maintain proper hydration.

(D) Following proper nutritional practices for diets, enteral and parenteral feedings and assistance in eating.

(E) Providing proper skin care to prevent skin breakdown.

(F) Providing proper body alignment.

(G) Providing supportive devices to promote proper alignment and positioning.

(H) Turning bed residents every two hours or as needed, to prevent pressure areas, contractures, and decubitus.

(I) Performing range of motion exercises in accordance with individual assessment and care plans.

(J) Ensuring that residents positions are changed every two

hours or as needed when in a chair and are toileted as needed.
(K) Establishing and implementing bowel and bladder programs to promote independence, or developing toileting schedules to promote continence.
(L) Performing catheter care with proper positioning of bag and tubing at all times.
(M) Recording accurate intake and output records for residents with tube feedings or catheters.
(N) Assessing the general mental and physical condition of the resident on admission.
(O) Updating the assessment and individual care plan when there is a significant change in the resident's physical, mental, or psychosocial functioning.
(P) Recognizing and recording signs and symptoms of illness or injury with action taken to treat the illness or injury, and the response to treatments and medications.

(2) Personal care shall include, but not be limited to:
(A) Keeping residents clean and free of odor.
(B) Keeping bed linens clean and dry.
(C) Keeping resident's personal clothing clean and neat.
(D) Ensuring that residents are dressed appropriately for activities in which they participate; bedfast/chairfast residents shall be appropriately dressed and provided adequate cover for comfort and privacy.
(E) Ensuring that the resident's hair is clean and groomed.
(F) Providing oral hygiene assistance at least twice daily with readily available dental floss, toothbrush and dentifrice. A denture cleaning/soaking device and brush shall be available and maintained for each resident as needed.
(G) Keeping toenails and fingernails clean and trimmed.

(c) The facility shall assist the resident in securing other services recommended by a physician such as, but not limited to, optometry or ophthalmology, audiology or otology, podiatry, laboratory, radiology or hospital services. The administration shall, through social services or other means, assist each resident desiring or needing medical related services.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 23 Ok Reg 156, eff 10-6-2005 (emergency); Amended at 23 Ok Reg 2415, eff 6-25-2006]

310:675-9-2.1. Dental and oral hygeine services

(a) A dental history shall be obtained as part of the medical history on admission. The dental history shall include past dental problems, description of any prosthetic appliance used, current assessment and the resident's current dentist.
(b) The facility shall have all dental prosthetic appliances such as dentures and partial dentures, marked and identified as belonging to that resident at the time of admission. A resident shall be promptly referred to a dentist when prosthetics are lost or damaged.

(c) The facility shall arrange for one or more dentists to be available in an emergency and to act in an advisory capacity to the facility. The dentist notified for any emergency shall be recorded in the clinical record. If unable to contact the resident's dentist, the emergency physician or dentist shall be notified.
(d) The facility shall maintain a list of referral dentists.
(e) The facility shall assist the resident with, or make arrangements for the resident's transportation to and from the dentist's office.
(f) All residents shall have oral hygiene procedures provided at least daily, and as needed. Oral hygiene procedures shall include, but not be limited to, the resident's teeth being brushed and dentures and partial dentures being cleaned. Any exception shall be ordered by the resident's dentist or physician.
(g) Oral hygiene supplies and equipment shall be available in sufficient quantities to meet the residents needs including but not limited to, toothbrushes, toothpaste, dental floss, lemon glycerin swabs or equivalent products, denture cleaners, denture adhesives, and containers for dental prosthetic appliances, such as dentures and partial dentures.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-9-3.1. Rehabilitative or restorative nursing services
(a) Rehabilitative services promote restoration of the resident's maximum potential. Rehabilitative services shall be provided or obtained by the facility or an outside source according to the resident assessment. An evaluation shall address the residents rehabilitative needs, on admission, annually, and as the resident's condition indicates. Rehabilitative services shall be ordered by the physician, and provided under the direction of licensed or qualified staff. These services shall include, but not be limited to, the following:
(1) Physical therapy.
(2) Speech therapy.
(3) Audiology.
(4) Occupational therapy.
(5) Psychological or psychiatric counseling/therapy.
(6) Nutritional counseling.
(b) Restorative nursing services may be provided by the nursing staff according to the care plan. These services shall include, but not be limited to, the following:
(1) Range of motion to prevent contracture.
(2) Bowel and bladder training to restore continence.
(3) Self-help skill training.
(4) Behavioral modification under the direction of a qualified consultant.
(5) Ambulation.
(6) Remotivation.
(7) Reality orientation.

(8) Reminiscent therapy.
(c) There shall be an ongoing in-service education program for all restorative nursing staff.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-9-4.1. Supplies and equipment
(a) There shall be a sufficient quantity of supplies and, equipment in working condition, to meet the residents' medical, nursing, nutritional, social and activity needs.
(b) The minimum level of supplies including but not limited to food and other perishables is a three (3) day supply.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-9-5.1. Assessment and care plans
(a) A resident assessment and an individual care plan shall be completed and implemented for each resident. The care plan shall indicate the resident's current status and accurately identify the resident's needs.
(b) The written resident assessment and care plan shall be reviewed and updated, at least quarterly, and as needed when the resident's condition indicates.
(c) Efforts shall be made to include the resident and resident's representative in development and implementation of the care planning process.
(1) **Resident assessment**
(A) The facility shall conduct, initially and periodically, a comprehensive, accurate, standardized, reproducible assessment for each resident's functional capacity.
(B) Each resident shall have an assessment coordinated or conducted by a registered nurse.
(C) Each individual completing a portion of the assessment shall sign, date, and certify the accuracy of that portion.
(D) An assessment shall be completed within fourteen days after admission of the resident.
(E) The resident assessment shall include a minimum data set (MDS) in the form required under 42 CFR 483.20. Each facility, with the exception of Intermediate Care Facilities for the Mentally Retarded (ICF/MR), accurately shall complete the MDS for each resident in the facility, regardless of age, diagnosis, length of stay or payment category.
(F) The MDS form shall require the following, as applicable:
(i) Admission assessment;
(ii) Annual assessment;
(iii) Significant change in status assessment;
(iv) Significant correction of prior full assessment;

(v) Significant correction of prior quarterly assessment;
(vi) Quarterly review; and
(vii) A subset of items upon a resident’s transfer, reentry, discharge, and death.

(2) **Resident pain assessment**

(A) Residents shall be screened for the presence of pain at least once every 30 days and whenever vital signs are taken.
(i) Licensed nursing staff shall perform the screening at least once every 30 days. Certified nurse aides may perform the screening more frequently as needed.
(ii) The screening instrument shall grade the intensity and severity of pain using a resident-specific pain scale;

(B) An individualized pain assessment shall be conducted by a registered nurse for each resident:
(i) In conjunction with the admission, quarterly and annual assessments required at OAC 310:675-9-5.1.(c)(1)(F); and
(ii) With onset of pain not previously addressed in a care plan or physician's orders.

(C) The goal is to alleviate or minimize pain while assisting the resident to maintain as high a level of functioning as possible. The pain assessment shall include, but not be limited to:
(i) A statement of how the resident describes the pain;
(ii) Intensity and severity of pain graded using a resident-specific pain scale;
(iii)Recent changes in pain;
(iv) Location(s);
(v) Onset and duration of pain, such as new pain within the last 3 days, recent pain within the last 3 months, or more distant pain greater than 3 months;
(vi) Type of pain reported or represented by resident, such as constant or intermittent, and duration or frequency of pain;
(vii)Current pain measured at its least and greatest levels;
(viii) Aggravating and relieving factors;
(ix) Treatment including a review of all therapies, including medication, and the regimen used to minimize pain;
(x) Effects of pain and effectiveness of therapy on physical and social functions;
(xi) Resident's treatment preferences and emotional responses to pain, including resident's expectations and how resident coped with pain; and
(xii) If applicable, refer to pain assessment tool for the cognitively impaired.

(D) Results shall be recorded in the resident’s clinical record showing changes in pain scale and changes in level of functioning. The physician shall be contacted as necessary.

(E) Pain shall be treated promptly, effectively and for as long as necessary.

(3) **Individual care plan**

(A) An individual care plan shall be developed and implemented for each resident to reflect the resident's needs.

(B) The care plan shall be developed by an interdisciplinary team that includes a registered nurse with responsibility for the resident, and other appropriate staff in disciplines determined by the resident's needs.

(C) The care plan shall include measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs identified in the assessment.

(D) The care plan shall be available to appropriate personnel providing care for the resident.

(E) An initial care plan shall be completed at the time of admission. The individualized care plan shall be completed within twenty-one days after admission.

(F) A care plan shall be completed within seven calendar days after the completion of the assessment.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 16 OK Reg 3493, eff 7-30-99 (emergency); Amended at 17 Ok Reg 2072, eff 6-12-00; Amended at 20 Ok Reg 2399, eff 7-11-2003; Amended at 23 Ok Reg 156, eff 10-6-2005 (emergency); Amended at 23 Ok Reg 2415, eff 6-25-2006; Amended at 27 OK Reg 2546, eff 7-25-2010]

310:675-9-6.1. Restraints

(a) The resident has the right to be free from any physical or chemical restraints imposed for discipline or convenience. Restraints may be used in emergency situations, or for the purpose of treating a resident's medical condition. All physical restraints shall allow for quick release. Locked restraints shall not be used.

(b) In an emergency situation, physical restraints may be used only to ensure the physical safety of the resident, staff, or other residents. When restraints are used in an emergency, the facility shall comply with the following process:

(1) A licensed nurse may use physical restraints, without a physician's order, if necessary to prevent injury to the resident, or to other residents, when alternative measures are not effective. The licensed nurse shall document in the clinical record the application of the physical restraint and the alternative measures that were not effective. A licensed nurse shall contact the physician for physical restraint orders within six hours after application.

(2) The facility staff shall continually monitor the resident during the restraint period. An interdisciplinary team shall evaluate alternative placement if the resident requires physical restraints for longer than forty-eight consecutive hours.

(3) Circumstances requiring the physical restraints shall be re-evaluated every thirty minutes and documented in the

clinical record.

(4) A resident who is physically restrained shall have the restraints released for at least ten minutes every two hours. Such residents shall also be repositioned, exercised and toileted as needed.

(c) In an emergency situation, chemical restraints may be used only to ensure the physical safety of the resident, staff, or other residents. When chemical restraints are used, the facility shall comply with the following process:

(1) The written order for the use of a chemical restraint shall be signed by a physician who specifies the duration and circumstances under which the chemical restraint is to be used.

(2) The physician's orders may be oral when an emergency necessitates parenteral administration of the chemical restraint but is valid only until a written order can be obtained within forty-eight hours.

(3) An emergency order for chemical restraints shall not be in effect for more than twelve hours and may be administered only if the resident is continually monitored for the first thirty minutes after administration and every fifteen minutes until such time as the resident appears stable to ensure that any adverse side effects are noticed and appropriate action taken as soon as possible. The clinical record shall accurately reflect monitoring.

(4) A licensed nurse shall document in the resident's clinical record any alternative measures that were not effective and precipitated the use of the chemical restraint.

(5) An interdisciplinary evaluation shall be made to consider alternative placement if the resident requires chemical restraints for longer than twelve continuous hours.

(d) When restraints are required for the resident's medical symptoms, the nursing staff shall ensure that physical and chemical restraints are administered only in accordance with the resident's care plan and under the following circumstances.

(1) When restraints are used to prevent falling, or for the purpose of positioning the resident, the resident and resident's representative shall be informed of the risk and benefits, and written consent shall be obtained.

(2) Restraints may be applied only on a physician's written order and shall identify the type and reason for the restraint. The physician shall also specify the period of time, and the circumstances under which the restraint may be applied.

(3) Alternative measures to the use of restraints shall be evaluated prior to their use. Circumstances requiring the restraints, and alternative measures, shall be re-evaluated and documented in the clinical record every thirty days.

(4) A restrained resident shall have the restraints released every two hours for at least ten minutes; and the resident shall be repositioned, exercised, or provided range of motion and toileted as necessary.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-9-7.1. Physician services

Each resident shall be under the care of a licensed physician, who shall be responsible for the resident's overall medical care. The physician's duties shall include but not be limited to:

(1) Completing an admission history and physical that includes chief complaints, course of present illness, past medical history, and examination findings by body systems and diagnosis within two weeks of admission unless a physical was conducted within the previous sixty days.

(2) Prescribing diet, treatments and medications.

(3) Noting the resident's specific advance directives, if known.

(4) Continuing supervision, as required by the resident's care including, but not limited to:

(A) Writing progress notes at each visit.

(B) Visiting as needed.

(C) Participating in developing, and reviewing, the resident's care plan.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-9-8.1. Clinical laboratory

(a) The facility shall provide, or obtain, clinical laboratory services to meet the resident's needs. The facility shall be responsible for the quality and timeliness of the services. If the facility provides clinical laboratory services, the services shall meet the applicable conditions of the services furnished by independent laboratories. If the facility provides blood bank and transfusion services, it shall meet the applicable conditions for independent laboratories and hospitals.

(b) If the laboratory refers specimens for testing to another laboratory, the receiving laboratory shall meet applicable conditions as an independent laboratory.

(c) If the facility does not provide laboratory services on site, it shall have an agreement to obtain such services only from a laboratory that meets applicable conditions as an independent laboratory, either as a hospital or an independent laboratory.

(d) The facility shall:

(1) Provide or obtain laboratory services only when ordered by the physician.

(2) Promptly notify the physician of the findings.

(3) Assist the resident in arranging transportation to and from the source of service, if the resident needs assistance.

(4) File signed and dated reports of clinical laboratory services in the resident's clinical record.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-9-9.1. Medication services

(a) **Storage.**

(1) Medications shall be stored in a medication room, a locked cabinet, or a locked medication cart, used exclusively for medication storage.

(2) The medication storage area temperature shall be maintained between 60° F. (15.5° C.) to 80° F.(26.6° C.)

(3) The medication room, the medication storage cabinet, and medication cart shall be locked when not in use.

(4) The key to the medication storage areas shall be in the possession of the person responsible for administering medications.

(5) Scheduled medications shall be in a locked box within the locked medication area or cart.

(6) Medications for external use shall be stored separately from medications for internal use.

(7) Medications requiring refrigeration shall be kept within a temperature range of 36° F. (2.2° C.) to 48° F. (8.8° C.) and separated from food and other items. There shall be a method for locking these medications.

(8) The medication areas shall be well lighted, clean and organized.

(9) Running water shall be in close proximity to the medication area.

(10) Powdered over-the-counter medication for topical use may be kept in the resident's room for administration by a nurse aide if:

(A) The facility develops and implements policies and procedures for safe storage and application of the powder; and

(B) Each aide who applies the over-the-counter topical medication is trained in accordance with the established policies and procedures of the facility.

(b) **Emergency medications.** Emergency medication, policies and equipment shall include but not be limited to:

(1) An electric suction machine with necessary aseptic aspirator tips.

(2) An emergency tray or cart with the following items labeled and accessible to licensed personnel only: resuscitation bag; tongue depressors; and assorted airways; sterile hypodermic syringes in 2 cc, 5 cc, and 20 cc or larger sizes and appropriate needles. The content shall be limited to emergency medications and contain no scheduled medications. Only two single dose vials of the following medications may be on the tray or cart: 50% Dextrose, respiratory stimulant, a cardiac stimulant, injectable lasix, injectable dilantin and injectable benadryl.

(3) A certified medication aide shall not administer injectable medications from any emergency tray or cart, but shall have access to resuscitation bags, tongue depressors, and assorted sizes of airways.

(c) **Medication accountability.**

(1) Medications shall be administered only on a physician's

order.
(2) The person responsible for administering medications shall personally prepare the dose, observe the swallowing of oral medication, and record the medication. Medications shall be prepared within one hour of administration.
(3) An accurate written record of medications administered shall be maintained. The medication record shall include:
(A) The identity and signature of the person administering the medication.
(B) The medication administered within one hour of the scheduled time.
(C) Medications administered as the resident's condition may require (p.r.n.) are recorded immediately, including the date, time, dose, medication, and administration method.
(D) Adverse reactions or results.
(E) Injection sites.
(F) An individual inventory record shall be maintained for each Schedule II medication prescribed for a resident.
(G) Medication error incident reports.
(4) A resident's adverse reactions shall be reported at once to the attending physician.

(d) **Medication labels and handling.**
(1) All prescribed medications shall be clearly labeled indicating the resident's full name, physician's name, prescription number, name and strength of medication, dosage, directions for use, date of issue and expiration, and name, address and telephone number of pharmacy or physician issuing the medication, and the quantity. If a unit dose system is used, medications shall indicate, at least, the resident's full name, physician's name and strength of medication, and directions for use.
(2) When over-the-counter medications are prescribed and obtained in the original manufacturers container, the package directions shall be considered part of the label. The resident's name shall be on the package.
(3) Each resident's medications shall be kept or stored in the originally received containers. Paper envelopes shall not be considered containers.
(4) Medication containers having soiled, damaged, illegible or makeshift labels shall be relabeled by the issuing pharmacy or physician. Labels on containers shall be clearly legible and firmly affixed. No label shall be superimposed on another label on a medication container except for over-the-counter medication containers.
(5) No person shall change labels on medication containers. If the attending physician orders a change of directions, there shall be a procedure to mark the container indicating a label change is needed at the next prescription refill.
(6) A pharmacist shall dilute, reconstitute and label medications, whenever possible. If not possible, a registered nurse may reconstitute, dilute and label medications. A distinctive, indelible, supplementary label shall be affixed to the medication container when diluted or reconstituted for

other than immediate use. A licensed practical nurse may reconstitute oral medications only. The label shall include the following: resident's name, dosage and strength per unit/volume, nurse's initials, expiration date, and date and time of dilution or reconstitution.

(7) When a resident is discharged, or is on therapeutic leave, the unused medication shall be sent with the resident, or with the resident's representative, unless there is a written physician's order to the contrary, or the medication has been discontinued, or unless the resident or the resident's representative donates unused prescription medications for dispensation to medically indigent persons in accordance with the Utilization of Unused Prescription Medications Act. The clinical record shall document the quantity of medication sent, and returned or donated, and the signature of the person receiving or transferring the medications.

(8) All medication orders shall be automatically stopped after a given time period, unless the order indicates the number of doses to be administered, or the length of time the medication is to be administered. The automatic stop order may vary for different types of medications. The facility shall develop policies and procedures, in consultation with the medical director and pharmacist, to review automatic stop orders on medications. The policy shall be available to personnel administering medications.

(9) No resident shall be allowed to keep any medications unless the attending physician or interdisciplinary team has indicated on the resident's clinical record that the resident is mentally and physically capable of self-administering medications.

(10) A resident who has been determined by the physician or interdisciplinary team as capable of self-administering medication may retain the medications in a safe location in the resident's room. The facility shall develop policies for accountability. Scheduled medications shall not be authorized for self-administration, except when delivered by a patient controlled analgesia pump.

(11) A physician's telephone orders shall be conveyed to, recorded in the clinical record, and initialed by the licensed nurse receiving the orders.

(12) Medications shall be administered only by a physician, registered nurse, a licensed practical nurse, or a certified medication aide. The only injectables which a certified medication aide may administer are insulin and vitamin B-12 and then only when specifically trained to do so.

(13) A pharmacy, operating in connection with a facility, shall comply with the State pharmacy law and the rules of the Oklahoma State Board of Pharmacy.

(14) Powdered over-the-counter medication for topical use may be administered by a trained nurse aide when designated in writing by the attending physician and delegated by a licensed nurse. The licensed nurse shall ensure that the aide demonstrates competency in reporting skin changes, storage, application and documentation policies and procedures. The

licensed nurse or the attending physician shall document in the resident's record a skin assessment at least twice each week and more often if required by the facility's approved policy.

(e) **Medication destruction**.

(1) Non-controlled medications prescribed for residents who have died and non-controlled medications which have been discontinued shall be destroyed by both the director of nursing and a licensed pharmacist or another licensed nurse. Controlled medication shall be destroyed by a licensed pharmacist and the Director of Nursing. The facility may transfer unused prescription drugs to city-county health department pharmacies or county pharmacies in compliance with the Utilization of Unused Prescription Medications Act and all rules promulgated thereunder. Prescription only medications including controlled medications shall not be returned to the family or resident representatives. The destruction and the method used shall be noted on the clinical record.

(2) Medications prescribed for one resident may not be administered to, or allowed in the possession of, another resident.

(3) There shall be policies and procedures for the destruction of discontinued or other unused medications within a reasonable time. The policy shall provide that medications pending destruction shall not be retained with the resident's current medications. The destruction of medication shall be carried out in the facility and a signed record of destruction shall be retained in the facility.

(f) **Medication regimen review.** The facility shall ensure that each resident's medications are reviewed monthly, by a registered nurse or a licensed pharmacist. The reviewer shall notify the physician and director of nursing, in writing, when irregularities are evident.

(g) **Consultant pharmacist.** The facility shall have a consultant licensed pharmacist to assist with the medication regimen review and medication destruction. The consultant pharmacist shall discuss policies and procedures for the administration, storage, and destruction of medications with the administrator, director of nursing and other appropriate staff.

(h) **Emergency pharmacy.** The facility shall have a contract, or letter of agreement, with a licensed pharmacy that agrees to serve as the emergency pharmacy. The emergency pharmacy shall be available twenty-four hours a day.

(i) **Bulk nonprescription drugs.** A facility may maintain nonprescription drugs for dispensing from a common or bulk supply if all of the following are accomplished.

(1) **Policy of facility.** The facility must have and follow a written policy and procedure to assure safety in dispensing and documentation of medications given to each resident.

(2) **Acquisition.** The facility shall maintain records which document the name of the medication acquired, the acquisition date, the amount and the strength received for all medications maintained in bulk.

(3) **Dispensing.** Only licensed nurses, physicians, pharmacists

or certified medication aides (CMA) may dispense for administration these medications and only upon the written order for as needed (p.r.n.) or nonscheduled dosage regimens dosing from a physician as documented in the clinical record of the resident.

(4) **Storage.** Bulk medications shall be stored in the medication area and not in resident rooms.

(5) **Records.** The facility shall maintain records of all bulk medications which are dispensed on an individual signed medication administration record (MAR).

(6) **Labeling.** The original labels shall be maintained on the container as it comes from the manufacturer or on the unit-of-use (blister packs) package.

(7) **Package size.** The maximum size of packaging shall be established by the facility in its policy and procedures and shall insure that each resident receives the correct dosage; provided however, that no liquid medications shall be acquired nor maintained in a package size which exceeds 16 fluid ounces.

(8) **Allowed nonprescription drugs.** Facilities may have only oral analgesics, antacids, and laxatives for bulk dispensing. No other categories of medication may be maintained as bulk medications.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 11 Ok Reg 907, eff 12-17-93 (emergency); Amended at 11 Ok Reg 2645, eff 6-25-94; Amended at 16 Ok Reg 2521, eff 6-25-99; Amended at 18 Ok Reg 2533, eff 6-25-2001; Amended at 19 Ok Reg 524, eff 1-3-2002(emergency); Amended at 19 Ok Reg 2099, eff 6-27-2002; Amended at 28 Ok Reg 1079, eff 6-25-2011]

310:675-9-10.1. Activity services

(a) **Activities program.** The facility shall provide an ongoing activities service designed to meet the resident's interests and physical, mental, and psycho-social needs based on a comprehensive assessment and care plan.

(b) **Activities director.** There shall be a designated staff member, qualified by experience or training, responsible for the direction and supervision of the activities service. The activities director shall develop appropriate activities for each resident with identified needs. Activities staff hours shall be sufficient to meet the resident's needs.

(c) **Clinical record.** The activities rendered shall be recorded in the clinical record. Progress notes shall be written at least monthly or when a significant change in the resident's condition occurs.

(d) **Program requirements**

(1) All activities shall be resident related.

(2) The program shall be designed to encourage rehabilitation and restoration to self care and normal activity.

(3) There shall be at least two organized group activities, daily, Monday through Friday and at least one organized group

activity on Saturday and Sunday provided or coordinated by staff.
(4) The activities program shall recognize the resident's right to choose to participate in social, community and religious activities, as long as that choice does not interfere with other facility residents.
(5) Varied and specific programs shall be developed for all residents, including those that are room bound, comatose or who demonstrate symptoms of dementia, mental illness or developmental disabilities.
(6) Socialization and self-help skills shall be addressed in the care plan based on resident's needs.
(7) Provisions shall be made to address each resident's spiritual needs.
(8) The program shall provide remotivation, reality orientation or sensory stimulation programs to orient and stimulate residents.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-9-11.1. Social services
(a) **Service.** The facility shall provide medically related social services to identify and meet the resident's social and emotional needs, and assist each resident and family in adjusting to the effects of the illness, treatment, and stay in the facility.
(b) **Director.** There shall be a designated staff member, qualified by training or experience, responsible for directing and supervising the social services. The social services director shall develop appropriate social services for each resident with identified needs.
(c) **Clinical record.** The social services rendered shall be recorded in the resident's record. Progress notes shall be written at least monthly, or when a significant change in a resident's condition occurs.
(d) **Program requirements**
(1) Assist the resident in identifying issues and conditions related to admission to the facility.
(2) Assist the resident in obtaining needed services within the facility or the community.
(3) Assist the resident in obtaining needed transportation.
(4) Assist the resident in maintaining and developing relationships with family and other significant persons.
(5) Assist the staff in understanding the resident's actions and behavior.
(6) Assist the staff in treating the residents with respect, and promote resident independence.
(7) Counsel with the resident and his family in securing and enhancing participation in the resident's care.
(8) Engage in related activities as determined by the resident's individual needs.

(9) Encourage the resident to express his/her rights as United States citizens.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-9-12.1. Dietary services

(a) **Services.** The facility shall provide dietary services to meet the resident's nutritional needs. There shall be a designated staff person qualified by experience or training, responsible for directing or supervising the dietary services. The food service supervisor, in conjunction with a qualified nutritionist or registered/licensed dietitian, shall develop a dietary care plan for each resident. There shall be sufficient dietary staff to meet the needs of all residents.

(b) **Clinical record.** The dietary services provided to residents needing dietary intervention shall be recorded in the clinical record. Progress notes for these residents shall be written at least monthly, or when a significant change in the resident's condition occurs.

(c) **Nutritional assessment.** A nutritional assessment shall be completed for each resident that addresses all pertinent dietary problems such as chewing or swallowing, elimination, appetite or eating habits, pertinent lab results, weight and height, diet and medication interactions, food preferences and assistive devices. The dietary staff shall have input into the resident's individual care plan.

(d) **Diet.**The facility shall provide a nourishing, palatable, well-balanced diet that meets the resident's daily nutritional and special dietary needs.

(1) **Meals**

(A) The facility shall serve at least three regularly scheduled meals, or their equivalent daily. There shall be at least four hours between each meal.

(B) Diets shall be prescribed by the resident's physician and shall be planned, in writing, reviewed, approved and dated by a qualified nutritionist or registered/licensed dietitian. A therapeutic diet shall be served with skillful attention to the diet control system. Portioning of menu servings shall be accomplished with portioned control serving utensils.

(C) Substitutes of similar nutritive value shall be offered when a resident refuses served menu items.

(D) Residents at nutritional risk shall have timely and appropriate nutrition intervention.

(E) Nourishments shall be available and may be offered at any time in accordance with approved diet orders and resident preference. Bedtime nourishment shall be offered to all residents.

(F) There shall be an identification system established and updated, as needed, to ensure that each resident receives the prescribed diet.

(G) The percentages of consumed meals, supplements and meal replacements ingested shall be observed and recorded in the clinical record at the time of observation.

(2) **Menus**

(A) Menus shall be posted, planned, and followed to meet the resident's nutritional needs in accordance with the physician's orders.

(B) The menus shall, to the extent medically possible, be in accordance with the daily recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

(C) Menus covering all prescribed diets shall be approved, dated, and periodically reviewed by a qualified nutritionist or registered/licensed dietician. The facility shall maintain a thirty day record of past menus.

(D) The facility shall maintain a file of tested recipes that includes therapeutic alterations for quantity food preparation for menu items.

(e) **Tube feeding.** Tube feeding orders shall be evaluated for nutritional adequacy. The requirements for caloric intake, protein, fluid and percentage of the daily recommended dietary allowances shall be calculated to determine nutritional adequacy.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-9-13.1. Food storage, supply and sanitation

(a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements.

(b) Ice machines available to the residents, or the public, shall be a dispenser type, or have a locking enclosure.

(c) A whole, intact, fruit or vegetable is an approved food source. The food supply shall be sufficient in quantity and variety to prepare menus for three (3) days. Leftovers that are potentially hazardous foods shall be used, or disposed of, within twenty-four (24) hours. Non-potentially hazardous leftovers that have been heated or cooked may be refrigerated for up to forty-eight (48) hours.

(d) **Milk, milk products and eggs.**

(1) Only grade A pasteurized fluid milk, as defined by the Oklahoma Grade A Milk and Milk Products Act, Title 2 O.S. §7-401 through 2 O.S. §7-421, shall be used for beverage and shall be served directly into a glass from a milk dispenser or container.

(2) Powdered or evaporated milk products approved under the U.S. Department of Health and Human Services' Grade "A" Pasteurized Milk Ordinance (2003 Revision), may be used only as additives in cooked foods. This does not include the addition of powdered or evaporated milk products to milk or water as a milk for drinking purposes. Powdered or evaporated milk products may be used in instant desserts and whipped products,

or for cooking. When foods, in which powdered or evaporated milk has been added, are not cooked, the foods shall be consumed within twenty-four (24) hours.
(3) Milk for drinking shall be stored at a temperature of 41° or below and shall not be stored in a frozen state.
(4) Only clean, whole eggs with shell intact, pasteurized liquid, frozen, dry eggs, egg products and commercially prepared and packaged hard boiled eggs may be used. All eggs shall be thoroughly cooked except pasteurized egg products or pasteurized in-shell eggs may be used in place of pooled eggs or raw or undercooked eggs.

(e) **Applicability**. This section shall only apply to food prepared or served by the facility, within the licensed facility.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-2007; Amended at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

310:675-9-31. Influenza and pneumococcal vaccinations

(a) Each facility shall document evidence of the offering of annual vaccination against influenza for each resident and for each employee, in accordance with the Recommendations of the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention most recent to the time of vaccination.

(b) Each facility shall document evidence of the offering of vaccination against pneumococcal disease for each resident, in accordance with the Recommendations of the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention most recent to the time of vaccination.

(c) The immunizations provided for in this section may be waived because of medical contraindication or may be refused. Documentation of the vaccination, medical contraindication or refusal shall be recorded in the resident's medical or care record. If the resident is not vaccinated, the documentation in the resident record shall include a statement signed by the resident, the resident's representative, or the resident's physician as appropriate.

(d) Attending physicians may establish standing orders for the administration of influenza and pneumococcal immunizations in accordance with the Recommendations of the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention most recent to the time of vaccination.

[**Source:** Added at 16 Ok Reg 3493, eff 7-30-99 (emergency); Added at 17 Ok Reg 2072, eff 6-12-00; Amended at 18 Ok Reg 2533, eff 6-25-2001]

SUBCHAPTER 11. INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (16 BEDS AND LESS (ICF/MR-16)

Section
310:675-11-1. Scope
310:675-11-2. Active treatment
310:675-11-3. Qualified mental retardation professional
310:675-11-4. Occupancy
310:675-11-5. Physical plant
310:675-11-6. Institutional and operational relationships
310:675-11-7. Staffing
310:675-11-8. Administration
310:675-11-9. Resident care services

310:675-11-1. Scope

This Subchapter is applicable to small facilities serving the mentally retarded which provide residential accommodations and transitional living training to aid residents in adapting to live in the general society. Resident accommodations are limited to not more than 16 residents, plus any required "live-in" staff. Facilities qualifying under this subsection shall be exempt from other subsections of this Chapter, except for the definitions provided in 310:675-1-2 and as may be specifically referenced in this subsection. In addition to these requirements, all facilities must meet the provisions of the Nursing Home Care Act.

[**Source:** Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-11-2. Active treatment

In institutions for the mentally regarded, active treatment requires the following:

(1) The individual's regular participation, in accordance with an individual plan of care, in professionally developed and supervised activities, experience or therapies.

(2) An individual written plan of care that sets forth measurable goals or objectives stated in terms of desirable behavior and that prescribes an integrated program of activities, experience or therapies necessary for the individual to reach those goals or objectives. The overall purpose of the plan is to help the individual function at the greatest physical, intellectual, social or vocational level he can presently or potentially achieve.

(3) An interdisciplinary professional evaluation that consists of complete medical, social and psychological diagnosis and evaluations and an evaluation of the individual's need for institutional care; and is made by a physician, a social worker and other professionals, at least one of whom is a qualified mental retardation professional.

(4) Reevaluation medically, socially and psychologically at least annually by the staff involved in carrying out the

resident's individual plan of care. This must include review of the individual's progress toward meeting the plan objectives, the appropriateness of the individual plan of care, assessment of the resident's continuing need for institutional care, and consideration of alternate methods of care.
(5) An individual postinstitutionalization plan, as part of the individual plan of care, developed before discharge by a qualified mental retardation professional and other appropriate professionals. This must include provision for appropriate services, protective supervision, and other follow-up services in the resident's new environment.
(6) Individuals assigned for specific purpose of direct personal care to residents, including those conducting a training program to develop the resident's self-help and socialization skills. Does not include professionals performing duties related to their profession.

310:675-11-3. Qualified mental retardation professional

A person who has specialized training or one (1) year of experience in treating or working with the mentally retarded and is one of the following:
(1) A psychologist.
(2) A licensed doctor of medicine or osteopathy.
(3) An educator with a degree in education from an accredited program.
(4) A social worker with a bachelor's degree in:
(A) Social work from an accredited program; or
(B) A field other than social work and at least three (3) years of social work experience under the supervision of a qualified social worker.
(5) A physical or occupational therapist.
(6) A speech pathologist or audiologist.
(7) A registered nurse.
(8) A therapeutic recreation specialist who:
(A) Is a graduate of an accredited program; and
(B) If the State has a licensing or registration procedure, is licensed or registered in the State.
(9) A rehabilitation counselor who is certified by the Committee of Rehabilitation Counselor Certification.

310:675-11-4. Occupancy

Residents selected for ICF/MR-16 occupancy shall receive active treatment, and be capable of direction and emergency evacuation from the facility, as determined by a physician or nurse or qualified mental retardation professional.

310:675-11-5. Physical plant

(a) ICF/MR-16 facilities shall be of one hour (minimum) fire resistant construction as approved by the Department and the State Fire Marshal, or shall be fully protected by an automatic sprinkler system approved by the Department and the State Fire

Marshal. In addition, ICF/MR-16 facilities shall comply with the requirements of Chapter 21, "Life Safety Code; NFPA 101, 1985", applicable to residential board and care occupancies for small facilities. The text and commentary provided in the "Life Safety Code Handbook, Third Edition: based on the "Life Safety Code: NFPA 101, 1985", shall be the official interpretation for the Code.

(b) Prior to issuance of license, the essential operation functions of the physical plant shall be submitted to licensing agency for review and approval. This submittal shall be in such detail as will depict compliance with applicable codes, including emergency evacuation and day to day living accommodations. This submittal shall be accompanied by the applicant's written certification declaring the classification (prompt, slow, impractical) shown for "evacuation capabilities" Chapter 21, LSC 1985 Edition. The certified evacuation classification shall not change without written approval of State Fire Marshal and Licensing Agency. The Department shall receive, prior to each required survey, a written declaration by a physician or nurse or qualified mental retardation professional, stating that each resident qualifies for the evacuation classification, as previously submitted and approved.

(c) Each facility must have a license. Any facility licensed under this part shall consist of contiguous construction.

(1) **Resident rooms**. The following requirements shall be provided:

(A) Capacity shall be a maximum of four (4) residents.

(B) Minimum area shall be 80 square feet per occupant in multi-bed rooms and 100 square feet in single bed rooms.

(C) Each resident shall have a minimum of three square feet of closet or locker space which shall contain at least a clothes rod and one adjustable shelf.

(2) **Service areas**. The following shall be provided:

(A) Toilet and bathing facilities shall be provided in an arrangement similar to general domestic residential facilities, except that bathrooms combining toilet, lavatory, tub and/or shower shall be no less than 60 square feet in size.

(B) Bathing and toilet facilities shall be provided on a ratio of one facility for each five residents.

(C) Resident staff offices shall be provided at the facility in sufficient size and number to permit the safe storage and handling of prescription medications used by the individual residents, space for private counseling of residents, space for the business affairs of the ICF-MR-16 to be conducted in private, and space for the maintenance of records pertaining to resident care.

(D) Linen and supply areas shall be provided in a manner which permits the separation of the clean and soiled materials. Clean linen and supplies shall be stored separately from the area in which the soiled materials are collected.

(E) Meal service space shall be provided as follows:

(i) Kitchen. Space for conventional food preparation and

baking with sufficient storage for maintaining at least a four day supply of all foods required for a general diet, including cold storage.
(ii) Dining. There shall be 15 square feet per person allocated to permit residents and on-duty staff to dine at the same time.
(iii) Warewashing shall be in accordance with the requirements of the care facilities as stated in Chapter 257 (relating to Food Service Establishments) of this Title.

(F) Housekeeping materials and supplies shall be maintained in a designated area which is apart from the food service and sleeping areas.

(3) **Recreation, lounge and public areas**. Each ICF/MR-16 shall provide interior lounge and recreation space at a rate of no less than 20 square feet per bed. If public visitation areas are included, the lounge and recreation space shall be no less than 25 square feet per bed. Outside recreation lounge areas shall be provided. These areas shall have sufficient lighting to permit utilization after sundown.

(4) **Natural lighting and ventilation of rooms**. All habitable and occupiable rooms or spaces shall contain windows, skylights, monitors, glazed doors, transoms, glass block panels or other light transmitting media opening to the sky or on a public street, yard or court. The light transmitting properties and the area of the devices used shall be adequate to meet the minimum day lighting and ventilating requirements specified herein.

(5) **Window size**. Windows and exterior doors may be used as a natural means of light and ventilation, and when so used their aggregate glass area shall amount to not less than eight percent of the floor area served, and with not less than one half of this required area available for unobstructed ventilation.

[**Source:** Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-11-6. Institutional and operational relationships

The ICF/MR-16 may be free standing in a community or may be on campus with a parent institution. The ICF/MR-16 may be an independent ownership and operation or may be part of a larger institutional ownership and operation. In any case, however, the ICF/MR-16 may have an effective, continuous relationship with a full scope ICF/MR which allows all necessary support and professional services as well as the expeditious transfer of residents if and when necessary.

310:675-11-7. Staffing

(a) The ICF/MR-16 shall have available enough qualified staff and support personnel to carry out the residential living, professional and special programs and services for residents as

required by their individual needs, and of sufficient size that the facility does not depend on residents or volunteers for services.
(b) Each ICF/MR 16 shall maintain at least the minimum direct-care-staff ratios specified in OAC 310:675-13-12(a).
(c) In living units for the severely impaired client, the present and on duty direct care staff ratio would be:
(1) 1 to 4 from 7:00 a.m. to 3:00 p.m.;
(2) 1 to 4 from 3:00 p.m. to 11:00 p.m.; and
(3) 1 to 8 from 11:00 p.m. to 7:00 a.m.
(d) There should be sufficient dietary, nursing, housekeeping and administrative staff to serve the needs of the facility.

[Source: Amended at 18 Ok Reg 2533, eff 6-25-2001; Amended at 18 Ok Reg 3599, eff 8-22-2001 (emergency); Emergency lapsed on 7-14-2002]

310:675-11-8. Administration

All sections of Subchapter 7 of this Chapter shall be applicable to the ICF/MR-16 facilities and operations.

[**Source:** Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-11-9. Resident care services

In accordance with the needs of the residents, Subchapter 9 of this Chapter shall be applicable to the ICF/MR-16.

[**Source:** Amended at 26 Ok Reg 2059, eff 6-25-2009]

SUBCHAPTER 13. STAFF REQUIREMENTS

Section
310:675-13-1. Required staff
310:675-13-2. Staff orientation
310:675-13-3. Administrator
310:675-13-4. Medical director
310:675-13-5. Nursing service
310:675-13-6. Registered/licensed dietician or qualified nutritionist
310:675-13-7. Food service staff
310:675-13-8. Activities personnel
310:675-13-9. Social services personnel
310:675-13-10. Maintenance personnel
310:675-13-11. Housekeeping personnel
310:675-13-12. Direct care staffing
310:675-13-13. Assignment of deficiency to staff shortages [EMERGENCY LAPSED]
310:675-13-14. Flexible staff-scheduling

[**Source:** Codified 6-1-93]

310:675-13-1. Required staff

Sufficient, adequately trained staff shall be on duty, twenty-four hours a day, to meet the needs of all residents residing in the facility without regard to the direct staff ratios.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-13-2. Staff orientation

All staff shall complete orientation, and specific training, for their respective responsibilities before working without supervision. Staff shall immediately be oriented to the use and location of fire extinguishers, procedures to be followed in the event of a fire and resident rights.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:676-13-3. Administrator

(a) The administrator shall be licensed by the State Board of Examiners for Nursing Home Administrators and has the authority and responsibility for the total operation of the facility, subject only to the policies adopted by the governing authority.
(b) The facility shall designate a person to act for the administrator during his/her absence. The designated person shall have the authority to exercise normal management responsibilities.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-13-4. Medical director

(a) The facility shall designate an Oklahoma licensed medical doctor or osteopathic physician to serve as its medical director.
(b) The medical director shall coordinate the medical services within the facility.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-13-5. Nursing service

(a) **General.** The nursing facility shall be organized, staffed, and equipped to provide nursing and health related services to all residents on a continuous basis.
(b) **Licenses.** All licensed nurses shall hold a current license issued by the Oklahoma Board of Nursing.
(c) **Director of nursing**
   (1) A registered nurse or licensed practical nurse shall be designated as the director of nursing.
   (2) The director of nursing shall be on duty on the day shift and be responsible for all resident care including, but not limited to, the physical, mental, and psycho-social needs. The director of nursing or designee shall be available by telephone when needed by facility staff.
   (3) When necessary, the director of nursing may work other than the day shift but for no more than three shifts a week. This exception shall not exceed three consecutive weeks in a three month period.
(d) **Licensed nurses**
   (1) The facility shall employ licensed nurses for a sufficient number of hours to meet the residents' needs.
   (2) A licensed nurse shall supervise direct care staff and shall direct nursing care for the residents.
   (3) The facility shall use licensed practical nurses only for the medical procedures for which they are trained.
(e) **Consultant registered nurse**
   (1) If the director of nurses is a licensed practical nurse, a registered nurse shall be employed for at least eight hours per week as a consultant.
   (2) A consultant registered nurse shall evaluate and consult with the director of nursing concerning residents' needs and shall coordinate the assessment and care plan of each resident.
   (3) A consultant registered nurse's visit shall document the date and the hours spent in consultation. The documentation shall be signed and reviewed by the director of nursing.
(f) **Certified medication aide**
   (1) Each medication aide shall be a certified nurse aide who has passed a Department approved medication administration program.

(2) A graduate nurse or a graduate practical nurse, who has not yet been licensed, may administer medications if the nurse has passed an approved competency test for medication administration.
(3) A certified medication aide may administer physician ordered medications and treatments under the direction of a licensed nurse.
(4) The facility shall have a licensed nurse or physician on-call to handle medical emergencies. The charge person shall notify the designated person when a medical emergency arises.
(5) A certified medication aide shall complete eight hours of continuing education a year that is approved by the Department.

(g) **Nurse aide**
(1) No facility shall use, on a full-time basis, any person as a nurse aide for more than 120 days unless that person is enrolled in a training program.
(2) No facility shall use, on a temporary, per diem, or other basis, any person as a nurse aide unless the individual is listed on the Department's nurse aide registry.
(3) The facility shall contact the Department's nurse aide registry prior to employing a nurse aide to determine if the person is listed on the registry, and if there is any record of abuse, neglect, or misappropriation of resident property.

(h) **Nursing students.** Facilities participating in a state approved nursing education program may allow nursing students to administer medications to residents. The facility shall have a written agreement with the nursing education program. The agreement shall specify the scope of activities, education level, and required supervision. The facility shall maintain a current roster of nursing students in the program. Details about the program and its operation within the facility shall be included in the facility's policy and procedure manual.

(i) **Inservice.** The facility shall provide all direct care staff with two hours of inservice training specific to their job assignment per month. This training shall include, at least, the following:
(1) Fire safety and first aid classes semi-annually.
(2) Resident rights and resident adjustment to institutional life annually.
(3) Cardiopulmonary resuscitation and Heimlich maneuver procedures annually.
(4) All supervisory staff shall receive training in regards to applicable local, state, and federal regulations governing the facility.
(5) Each staff person shall be provided training in pain recognition at the time of orientation and at least once a year thereafter.
(6) Each certified nurse aide shall be provided training in pain screening at the time of orientation and at least once every year thereafter.
(7) Each licensed practical nurse shall be provided training in pain screening and pain management at the time of orientation and at least once every year thereafter.

(8) Each registered nurse shall be provided training in pain assessment and pain management at the time of orientation and at least once every year thereafter.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 23 Ok Reg 156, eff 10-6-2005 (emergency); Amended at 23 Ok Reg 2415, eff 6-25-2006; Amended at 27 OK Reg 2548, eff 7-25-2010]

310:675-13-6. Registered/licensed dietician or qualified nutritionist

(a) The facility shall have a registered/licensed dietician or qualified nutritionist to sufficiently meet the needs of all residents. The registered/licensed dietician or qualified nutritionist shall consult with the food service supervisor, director of nursing, administrator and physicians.

(b) The registered/licensed dietician or qualified nutritionist shall supervise and direct the residents' nutritional care, advise and consult with appropriate staff, and provide inservice training for food service personnel and direct care staff.

(c) A qualified nutritionist shall complete eight hours of continuing education a year approved by the Department.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-13-7. Food service staff

(a) **Food service supervisor.**

(1) The food service supervisor shall be responsible for all aspects of food service preparation and delivery. The food service supervisor may serve only one facility. The food service supervisor hours shall be sufficient to meet the residents' needs.

(2) The food service supervisor shall complete certification as a dietary manager within three (3) years of beginning employment.

(3) The food service supervisor shall complete, and maintain continuous, ServeSafe food safety certification, or a Department approved alternative, within ninety (90) days of beginning employment.

(b) **Food service staff.**

(1) The facility shall have food service staff on duty sufficient to meet the residents' needs. There shall be at least one (1) hour of food service staff per three (3) residents, a day based on the daily census.

(2) The food service staff shall complete a basic orientation program before working in the food service area. This orientation shall include, but not be limited to: fire and safety precautions, infection control, and sanitary food handling practices.

(3) Each food service staff member shall successfully complete a food service training program offered or approved by the Department within ninety (90) days of beginning employment. Food service training shall be renewed as required by the authorized training program.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-2007; Amended at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

310:675-13-8. Activities personnel

(a) The facility shall have sufficient, trained activities program staff, on duty, to meet the resident's needs. There shall be at least twenty hours per week of designated activity staff.

(b) The activities director shall be qualified by training, or experience, under one of the following:

(1) An associate degree or a baccalaureate from an accredited university or college in art, music, physical education, recreational therapy, education, or similar program.

(2) A licensed occupational therapist or an occupational therapy assistant.

(3) Successful completion of a Department approved training course.

(4) One year experience in a recreational activity or long term care environment, and is enrolled within 180 days of employment, in a Department approved course for activities directors.

(c) **Department approval of activities director course**. Any person or entity seeking to conduct an approved activities director-qualifying course pursuant to 310:675-13-8(b)(3) (pertaining to successful completion of a department approved course) shall make application to the Department.

(1) **Application Content.** Applications shall include the following information:

(A) Name and address of the individual or entity applying to sponsor the course;

(B) Contact person and his or her address, telephone number and fax number;

(C) Course outlines, which list the summarized topics covered in the course and the time allotted for each topic and, upon request, a copy of any course materials;

(D) Information as to how the proposed course meets the course content standard provided in Section 310:675-13-8(c)(9)[2];

[2] Note of scrivener's error: the reference to 310:675-13-8(c)(9) should refer to 310:675-13-8(c)(8) addressing course content. A late deletion to the rule language resulted in a renumbering of the subparagraphs. This error will be corrected with the next rule update.

(E) A sample certificate of completion;
(F) Procedures for monitoring attendance; and
(G) Procedures for evaluating successful course completion.

(2) **Application Review**. The Department shall complete review of the application within thirty (30) calendar days. If the Department finds the application has not addressed all requirements in 310:675-13-8(c)(1) (relating to application content) written notice shall be provided detailing the requirements not met and providing opportunity for amendment to the application.

(3) **Program affiliation.** Training shall be provided through a program sponsored or approved by a nationally affiliated association of providers subject to this chapter, regionally accredited institution of higher learning, Oklahoma career technology center, or nationally recognized professional accrediting body for activity professionals.

(4) **Loss of approval.** The Department may, upon notice and right to hearing, withhold or withdraw approval of any course for violation of or non-compliance with any provision of this section.

(5) **Advertisement**. No person or entity sponsoring or conducting a course shall advertise that it is endorsed, recommended, or accredited by the Department. Nor shall any person or entity sponsoring or conducting a course advertise or advise program participants that completion of the program grants a certification. Such person or entity may indicate that the Department has approved the course to qualify for employment as an activities director.

(6) **Failure to prepare.** The Department may, upon notice and right to hearing, decline to renew, or revoke the approval of, any previously approved course upon a showing or demonstration that the course, instructor or entity has substantially failed to adequately prepare its attendees or participants as activity directors.

(7) **Instructor requirements.** Instructors shall have a degree or substantial recent experience in the subject matter being taught, or other educational, teaching, or professional qualifications determined by the course provider.

(8) **Course content**. The course shall address the following content:

(A) The guidance and regulations for activities as detailed in the Centers for Medicare and Medicaid Services, State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities and the Code of Federal Regulations at CFR § 483.15(f);
(B) Oklahoma regulation for activity services as specified at OAC 310:675-9-10.1;
(C) Resident rights as detailed in state and federal statute and regulation;
(D) State and federal statute and regulation for resident protection from abuse, neglect and misappropriation;

(E) Working with volunteers and the community to enhance activity options;
(F) Specialized programming for Alzheimer's and related dementias;
(G) Role play or actual experience in leading group and one-on-one activities programming;
(H) Issues in aging; and,
(I) Infection Control.
(J) Where course content is delivered through Internet or other self-directed media, course content shall include not less than twelve (12) hours of role play or actual experience in leading group and one-on-one activities programming.

(9) **Duration**. The approved course will consist of not less than twenty-four (24) hours of instruction. A course taught in combination with social services director training may share eight (8) hours of programming.
(10) **Certificate**. Participants shall be issued a certificate of attendance indicating the name of the sponsoring entity; participant name; course name; course dates; printed name and signature of official representing the sponsoring entity.
(11) **Course approval expires**. Course approval shall be for a period of three (3) years from the date of approval issuance. In the interest of updated curriculum, reflecting the latest best practice, a new application, and curriculum review are required triennially. Currently approved training programs shall apply under this section within twelve (12) months of the effective date of this rule.
(12) **Continuing education.** This section creates no obligation for continuing education beyond requirements specified otherwise in this Chapter. The Department will not approve continuing education or update courses for activity directors.
(13) **Records retention**. The course sponsor shall maintain course records for at least five (5) years. The Department may order an examination of the records for good cause shown.
(14) **Fee**. A non-refundable application fee of one hundred dollars ($100) shall be included with each application for course approval.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-13-9. Social services personnel

(a) The facility shall provide sufficient, trained social services staff to meet the resident's needs. There shall be at least thirty (30) minutes per resident a week of designated social service staff based on the daily census. The facility shall have at least twenty (20) hours per week, of designated social service staff, regardless of the number of residents.
(b) The social services director shall be qualified by training, or experience, under one of the following:

(1) A baccalaureate, from an accredited college or university, in social work or in a human services field including, but not limited to, sociology, special education, rehabilitation, counseling or psychology.

(2) Successful completion of the Department approved training course.

(3) One year experience in social work or long term care environment, and is enrolled within 180 days of employment, in a course approved by the Department.

(c) **Department approval of social services director course**. Any person or entity seeking to conduct an approved social services director-qualifying course pursuant to 310:675-13-9(b)(2) (pertaining to successful completion of a department approved course) shall make application to the Department.

(1) **Application Content.** Applications shall include the following information:

(A) Name and address of the individual or entity applying to sponsor the course;

(B) Contact person and his or her address, telephone number and fax number;

(C) Course outlines, which list the summarized topics covered in the course and the time allotted for each topic and, upon request, a copy of any course materials;

(D) Information as to how the proposed course meets the course content standard provided in Section 310:675-13-(c)(9)[3];

(E) A sample certificate of completion;

(F) Procedures for monitoring attendance; and

(G) Procedures for evaluating successful course completion.

(2) **Application Review**. The Department shall complete review of the application within thirty (30) calendar days. If the Department finds the application has not addressed all requirements in 310:675-13-9(c)(1) (relating to application content) written notice shall be provided detailing the requirements not met and providing opportunity for amendment to the application.

(3) **Program affiliation.** Training shall be provided through a program sponsored or approved by a nationally affiliated association of providers subject to this chapter, regionally accredited institution of higher learning, Oklahoma career technology center, or nationally recognized professional accrediting body for activity professionals.

(4) **Loss of approval.** The Department may, upon notice and right to hearing, withhold or withdraw approval of any course for violation of or non-compliance with any provision of this section.

(5) **Advertisement**. No person or entity sponsoring or

[3] Note of scrivener's error: the reference to 310:675-13-(c)(9) should refer to 310:675-13-9(c)(8) addressing course content. In addition to omission of the section number, a late deletion to the rule language resulted in a renumbering of the subparagraphs. This error will be corrected with the next rule update.

conducting a course shall advertise that it is endorsed, recommended, or accredited by the Department. Nor shall any person or entity sponsoring or conducting a course advertise or advise program participants that completion of the program grants a certification. Such person or entity may indicate that the Department has approved the course to qualify for employment as a social services director.

(6) **Failure to prepare.** The Department may, upon notice and right to hearing, decline to renew, or revoke the approval of, any previously approved course upon a showing or demonstration that the course, instructor or entity has substantially failed to adequately prepare its attendees or participants as activity directors.

(7) **Instructor requirements.** Instructors shall have a degree or substantial recent experience in the subject matter being taught, or other educational, teaching, or professional qualifications determined by the course provider.

(8) **Course content**. The course shall address the following content:

(A) The guidance and regulations for social services as detailed in the Centers for Medicare and Medicaid Services, State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities and the Code of Federal Regulations at CFR § 483.15(g);

(B) Oklahoma regulation for social services as specified at OAC 310:675-9-11.1;

(C) Resident rights as detailed in state and federal statute and regulation;

(D) State and federal statute and regulation for resident protection from abuse, neglect and misappropriation;

(E) Alzheimer's and social services;

(F) Issues in Aging; and

(E) Ombudsman services.

(9) **Duration**. The approved course will consist of not less than twenty-four (24) hours of instruction. A course taught in combination with activity director training may share eight (8) hours of programming.

(10) **Certificate**. Participants shall be issued a certificate of attendance indicating the name of the sponsoring entity; participant name; course name; course dates; printed name and signature of official representing the sponsoring entity.

(11) **Course approval expires**. Course approval shall be for a period of three (3) years from the date of approval issuance. In the interest of updated curriculum, reflecting the latest best practice, a new application, and curriculum review are required triennially. Currently approved training programs shall apply under this section within twelve (12) months of the effective date of this rule.

(12) **Continuing education.** This section creates no obligation for continuing education beyond requirements specified otherwise in this Chapter. The Department will not approve continuing education or update courses.

(13) **Records retention**. The course sponsor shall maintain

course records for at least five (5) years. The Department may order an examination of the records for good cause shown.
(14) **Fee**. A non-refundable application fee of one hundred dollars ($100) shall be included with each application for course approval.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-13-10. Maintenance personnel
(a) The facility shall employ maintenance staff to maintain the facility and equipment in safe working condition.
(b) Maintenance services may be provided by staff or by a contract. If services are provided by a contract, the facility shall designate an employee to coordinate the maintenance services.
(c) Each person who provides maintenance services shall have a current license from the state or political subdivision if required to provide such service.
(d) The maintenance staff shall complete one hour of inservice each quarter relevant to maintenance services.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-13-11. Housekeeping personnel
(a) The facility shall employ housekeeping staff in sufficient numbers to maintain the facility in a safe and sanitary manner.
(b) Housekeeping personnel shall receive effective supervision, orientation and training.
(c) Housekeeping personnel shall be skilled in the six basic functions of sweeping, mopping, dusting, cleaning, waxing, and polishing.
(d) The housekeeping staff shall complete one hour of inservice per quarter about housekeeping practices.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-13-12. Direct care staffing
(a) Each facility shall maintain at least the minimum direct-care-staff-to-resident ratios specified in the Act at 63:1-1925.2.
(b) A licensed nurse shall be on duty eight hours a day, seven days a week on the day shift.
(c) If the director of nursing is a licensed practical nurse, a registered nurse shall be employed for at least eight hours per week as a consultant.
(d) There shall be a licensed nurse on duty twenty-four hours per day; provided however, that a facility licensed as a specialized

facility for the developmentally disabled shall only be required to provide 24 hour nursing when it has a resident who has a medical care plan. The department may waive this requirement when the facility demonstrates it has been unable, despite diligent effort, to recruit licensed nurses. The Department shall determine that a waiver of this requirement will not endanger the health or safety of the residents.
(e) There shall be at least one certified medication aide on duty when any shift is not covered by a licensed nurse.
(f) At least two direct care staff persons shall be on duty and awake at all times regardless of the number of residents.
(g) Willful violation of the requirements regarding direct-care staff shall be determined based on a review of facility staffing records and interviews with staff, residents, resident family members and/or guardians, and other parties which may have information relevant to the investigation. The determination by the Department of Health will include, but will not be limited to, the following factors:
(1) The nature, circumstances and gravity of the violations;
(2) The repetitive nature of the violations at the facility or others operated by the same or related entities;
(3) The previous degree of difficulty in obtaining compliance with the rules at the facility or others operated by the same or related entities; and
(4) Any substantial showing of good faith in attempting to achieve continuing compliance with the provisions of the Nursing Home Care Act.

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 10 Ok Reg 4227, eff 8-1-93 (emergency); Amended at 11 Ok Reg 3851, eff 7-11-94; Amended at 18 Ok Reg 2533, eff 6-25-2001; Amended at 18 Ok Reg 3599, eff 8-22-2001 (emergency); Emergency lapsed 7-14-2002; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-13-13. Assignment of deficiency to staff shortages [lapsed]

[Source: Added at 18 Ok Reg 3599, eff 8-22-2001 (emergency); Emergency lapsed 7-14-2002]

310:675-13-14. Flexible staff-scheduling
(a) **Implementing flexible staff-scheduling**. Each facility seeking to implement the flexible staff-scheduling provisions of 63:1-1925.2(B)(5) shall request in writing a determination from the Department that the facility is in compliance with the staffing requirements of 63:1-1925.2(B)(3).
(b) **Requirements for eligibility.** Determination of flexible staff-scheduling privileges shall be based on compliance with the requirements at 63:1-1925.2(B)(6) and review of the staffing hours reported to the Oklahoma Health Care Authority. Reports

shall be submitted to the Oklahoma Health Care Authority either though electronic mail or three and one-quarter inch diskette in an electronic format approved by that agency. The reviewed hours shall be for the previous three (3) calendar months from the date the request for determination is received.

(c) **Determination of compliance**. A determination of compliance with the requirements at 63:1-1925.2(B)(6)(a)(2)-(4) will be based on staffing reports and surveys for the three (3) months preceding the date the request for determination is received by the Department. For intermediate care facilities for the mentally retarded loss of eligibility shall include findings of non-compliance with the Condition of Participation at 42 CFR 483.430, Facility Staffing.

(d) **Failure to meet the direct care service rate.** Facilities that have been granted flexible staff-scheduling privileges and receive a determination they have not met the direct care service rate shall lose their flexible staff-scheduling privileges until the facility re-establishes their eligibility under the requirements at 63:1-1925.2(B)(6)(b) and (c). *Facilities shall have the right to appeal and to the informal dispute resolution process with regard to penalties and sanctions imposed due to staffing noncompliance.* [63:1-1925.2(E)].

(e) **Loss of eligibility based on surveys or fraud.** Facilities seeking to re-establish flexible staff-scheduling privileges after a loss of eligibility under 63:1-1925.2(B)(7) shall be subject to the requirements at OAC 310:675-13-14(a), (b) and (c). For intermediate care facilities for the mentally retarded loss of eligibility shall include findings of non-compliance with the Condition of Participation at 42 CFR 483.430, Facility Staffing.

(f) **Minimum staff in flexible staffing.** A facility failing to meet the flexible staff-scheduling requirement at 63:1-1925.2(B)(5)(b) shall be ineligible for flexible staff-scheduling privileges until the facility re-establishes their eligibility under the requirements at 63:1-1925.2(B)(6)(b) and (c).

(g) **Notification requirements.** The Department shall notify the facility and Oklahoma Health Care Authority on all decisions of eligibility.

(h) **Re-establishing eligibility.** A facility seeking to re-establish eligibility shall submit a written request to the Department. A request to re-establish eligibility is subject to the requirements at OAC 310:675-13-14(b).

(i) **Shift-based ratios for noncompliant facilities**. This paragraph implements 63:1-1925.2(F)(4).

(1) When the provisions of 63:1-1925.2(F)(1) are in effect, pursuant to 63:1-1925.2(B)(7), the following minimum direct-care-staff-to-resident ratios for non-compliant facilities shall apply in addition to other state and federal requirements related to the staffing of nursing facilities:

(A) From 7:00 a.m. to 3:00 p.m., one direct-care staff to every five residents,

(B) From 3:00 p.m. to 11:00 p.m., one direct-care staff to every seven residents, and

(C) From 11:00 p.m. to 7:00 a.m., one direct-care staff

to every thirteen residents.

(2) When the provisions of 63:1-1925.2(F)(2) are in effect, pursuant to 63:1-1925.2(B)(7), the following minimum direct-care-staff-to-resident ratios for non-compliant facilities shall apply in addition to other state and federal requirements related to the staffing of nursing facilities:

(A) From 7:00 a.m. to 3:00 p.m., one direct-care staff to every five residents,

(B) From 3:00 p.m. to 11:00 p.m., one direct-care staff to every six residents, and

(C) From 11:00 p.m. to 7:00 a.m., one direct-care staff to every eleven residents.

(3) When the provisions of 63:1-1925.2(F)(3) are in effect, pursuant to 63:1-1925.2(B)(7), the following minimum direct-care-staff-to-resident ratios for non-compliant facilities shall apply in addition to other state and federal requirements related to the staffing of nursing facilities:

(A) From 7:00 a.m. to 3:00 p.m., one direct-care staff to every four residents,

(B) From 3:00 p.m. to 11:00 p.m., one direct-care staff to every six residents, and

(C) From 11:00 p.m. to 7:00 a.m., one direct-care staff to every eleven residents.

[**Source:** Added at 21 Ok Reg 987, eff 3-30-2004 (emergency); Added at 21 Ok Reg 1317, eff 5-27-2004]

SUBCHAPTER 15. TEMPORARY MANAGER OR RECEIVER

Section
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310:675-15-1. Qualifications

To be qualified as a temporary manager, any individual involved shall:

(1) be at least twenty-one (21) years of age;

(2) Meet the requirements for certificate of need as specified in 63 O.S. § 1-853 and in OAC 310:4-1-7.1;

(3) have never been convicted of a felony that would have a bearing on the operation of a facility or any offense involving dishonesty or any crime as listed in 63 O.S. §1-1950.1;

(4) have never been disciplined for misconduct by any licensing board or professional society in any state;

(5) have no financial interest, either direct or through an immediate family member as detailed in OAC 310:675-15-2(a)(6), in the facility proposed to be managed;

(6) have not served within the past two (2) years as a member of the staff or as an owner of the facility proposed to be managed, or as an employee of the owner of the facility proposed to be managed; and

(7) be an Oklahoma licensed nursing home administrator or employ an Oklahoma licensed nursing home administrator.

[**Source:** Added at 13 Ok Reg 2511, eff 6-27-96; Amended at 19 Ok Reg 524, eff 1-3-2002(emergency); Amended at 19 Ok Reg 2099, eff 6-27-2002]

310:675-15-2. Temporary manager list

(a) Any person may apply to be a qualified temporary manager by

filing a written request with the Department. The request shall be made on a form published by the Department that shall require information sufficient to establish the person's or corporation's qualifications, including:

(1) age of each person with a controlling interest;

(2) education of each person with a controlling interest;

(3) names and locations of facilities with which the person or corporation has been involved, dates of involvement and descriptions of responsibilities and duties and specific deficiencies which required significant corrections in a timely or emergency manner;

(4) disclosure of any felony conviction of each person to work in the facility or be responsible for resident or facility funds, regardless of whether or not the person believes the conviction bears on the operation of a facility and submission of the results of a check, conducted no more that thirty (30) days prior to application, of criminal arrest records maintained by the Oklahoma State Bureau of Investigation;

(5) disclosure of any disciplinary action against any person who will provide services to the facility by any licensing board or professional society in any state;

(6) disclosure of any financial interest in any facility in Oklahoma on the part of the proposed manager or the manager's immediate family, including the manager's husband or wife, child or sibling, stepparent, stepchild, stepbrother or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent or grandchild or of any other person who will provide services to the facility;

(7) the Oklahoma nursing home administrator's license number of the manager or the nursing home administrator to be employed;

(8) a list of any person who will work at a the facility along with their qualifications and information as listed above;

(9) a statement of the expected involvement in the operation of the facility of each principal, including an estimate of the amount of time that will be spent by each principal at the facility and the services to be provided by you or your company as part of the temporary manager fee or as additional costs to the facility;

(10) the basis on which the amount of the fee will be calculated;

(11) an attestation to the truthfulness of the information submitted; and

(12) the address, telephone number, fax number, and email address for contacting the temporary manager at all times.

(b) Within thirty (30) days after receipt of the complete request, the Commissioner shall approve or deny the person's request to be included on the temporary manager list. The criteria for approval to serve as a temporary manager shall be:

(1) Evaluation of the information submitted and the requirements of the temporary manager program as specified in OAC 310:675-15-1;

(2) If the applicant has operated a facility, the operational

history of the applicant;
(3) If the applicant has served as a temporary manager anywhere in the United states, the operational history of any managership;
(4) The history of the applicant in complying with orders of the Department or Commissioner or those of other states or the federal government or a final order of a court of record.

(c) The approval or denial of inclusion on the list of temporary managers is a discretionary function and does not create any rights to due process for the applicant.
(d) The Commissioner shall specify the reasons the applicant is disqualified from managing any facility.
(e) No former employee of the Department shall be eligible to serve as a temporary manager or be employed by a temporary manager until at least twelve (12) months has passed since the termination of that employment. The circumstances of that termination shall be considered in the review of the application.
(f) No person who has been convicted of any crime listed in 63 O.S. §1-1950.1 shall be appointed as a temporary manager nor shall any such person be an employee of a temporary manager or work for the temporary manager in the service of the facility.
(g) Placement of a person or corporation on the temporary manager list does not ensure that that entity will ever be appointed. Placement on the list of temporary managers does not create a right to appointment.

[**Source:** Added at 13 Ok Reg 2511, eff 6-27-96; Amended at 18 Ok Reg 2533, eff 6-25-2001; Amended at 19 Ok Reg 524, eff 1-3-2002(emergency); Amended at 19 Ok Reg 2099, eff 6-27-2002]

310:675-15-3. Power and duties of temporary manager

(a) The temporary manager shall have the power and duty to:
(1) be oriented to the facility's conditions, including uncorrected deficiencies;
(2) hire, terminate, or reassign staff;
(3) obligate facility funds;
(4) alter facility procedures;
(5) manage the facility in order to correct deficiencies in the facility's operation;
(6) assure health and safety of the facility's residents while corrections are being made;
(7) oversee the facility's orderly closure, if necessary;
(8) maintain confidentiality of facility information; and
(9) Pay all usual and customary operating expenses incurred during the managership in an orderly business fashion.

(b) A temporary manager shall not:
(1) Commingle the funds of one facility with the funds of another;
(2) Loan the funds derived from the operation of the facility;
(3) Contract with any entity in which he has any ownership interest or in which he serves as an officer or director or in which a person related to him by blood or marriage has an

ownership interest or in which the family member serves as an officer or director unless the Commissioner reviews and approves the contract as on common terms within the industry; or

(4) Use a method of accounting other than the accrual method unless approved in advance in writing by the Commissioner. The temporary manager's use of any other accounting method not approved by the Commissioner is a material breach of the temporary manager's fiduciary duty.

(c) The temporary manager shall report to the Commissioner on a monthly basis as specified in OAC 310:675-15-12. The report shall include at least the following:

(1) Resident census and staffing levels at the facility during the last month;

(2) A statement of income and expenses during the last month using the accrual method of accounting, unless the Commissioner approves the use of another accounting method;

(3) A financial statement of the residents' trust funds;

(4) A list of all persons provided to the facility by the temporary manager and, if any were not included in the original application, current information as required in OAC 310:675-15-1;

(5) Any changes needed in the approved work plan; and

(6) The specific number of hours the temporary manager and each person employed by the temporary manager was in the facility and a list of the services provided to the facility.

(d) The temporary manager shall provide a preliminary work plan to the Department within 5 business days of assuming control of the facility and a final plan within 14 days. The Department shall review the plan and make any recommended changes at the first status conference.

(e) The temporary manager shall contract with the owner of the building and the licensee in which the facility is being operated. Those contract(s) shall be presented at the first status conference. The Department shall have the opportunity to evaluate the contract and make suggestions. The Commissioner must approve or reject the contract by the second status conference.

(f) If immediate jeopardy exists in the facility, the first status conference shall be conducted on or before the fourteenth day of control by the temporary manager.

(g) In using the accrual method of accounting, the temporary manager shall recognize revenue in the period earned whether actually received or not. Additionally, the temporary manager shall recognize expenses when incurred and matched with the related revenue of the period, whether such expenses are actually paid or not.

[**Source:** Added at 13 Ok Reg 2511, eff 6-27-96; Amended at 19 Ok Reg 524, eff 1-3-2002(emergency); Amended at 19 Ok Reg 2099, eff 6-27-2002; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-15-3.1 Advance of funds to temporary manager

(a) A temporary manager appointed by the Commissioner may request an advance of funds from the Department pursuant to 63 O.S. Supp. 2005 Section 1-1914.2(G) to assist in the continuation of care to facility residents if sufficient funds are not available from other sources. Continuation of care to facility residents may include closure of the facility and transfer of residents to another facility.

(b) The temporary manager shall submit the request for an advance of funds to the Department on the form described in (c) of this section. The request shall include a demonstration to the Commissioner's satisfaction that funds are needed but not available from sources including but not limited to:

(1) The facility's owner;

(2) Revenues due from residents and third-party payers, including Medicare and Medicaid revenues; and

(3) The facility's operating accounts.

(c) The application form for request of funds shall require the following:

(1) Documentation that the temporary manager has attempted to secure funds from other sources, including documentation showing that the temporary manager has made a funding request to the facility's owner;

(2) Projections of the funds needed to support the facility's operations based on information reasonably available to the temporary manager such as the facility's financial records and/or cost reports filed with third-party payers;

(3) An affidavit to be completed by the temporary manager if the owner fails to provide funds to the temporary manager as required by order of the Commissioner; and

(4) A statement to be signed under oath by the temporary manager that the information provided in the application is true and complete.

(d) Upon receipt of a completed application that demonstrates to the Commissioner's satisfaction the unavailability of sufficient funds from other sources, the Commissioner shall issue a written order with the following provisions:

(1) Direction to the facility owner to respond to the Department in writing and to make funds available to the temporary manager within 48 hours of issuance of the order;

(2) Notice to the facility owner that the owner's failure to provide sufficient funds shall result in action against the owner under the Nursing Home Care Act to suspend, revoke, and/or refuse to issue or renew the facility's license, and to impose an administrative penalty;

(3) Notice to the facility owner of the provision in 63 O.S. Supp. Section 1-1914.2(G) that such advances by the Department if not repaid in full shall constitute a lien against any and all assets of the owner; and

(4) Direction to the temporary manager to advise the Department immediately if funds are provided as required by the facility owner, and/or to submit to the Department the completed and sworn form confirming that funds were not

provided to the temporary manager as ordered in (f)(1) of this section.

(e) If the Commissioner determines that the Department will advance funds to the temporary manager, the amount of funds advanced by the Department shall not exceed one month of projected operating expenses for the facility.

(f) The temporary manager shall notify the Department within 24 hours after a change in the information presented in the application, including changes in the operating budget or in the availability of funds from other sources.

(g) The advance of funds pursuant to this section is solely at the discretion of the Commissioner. The request may be denied for reasons including but not limited to the Commissioner's assessment that the Department does not have discretionary funds adequate to support the request, that other funding sources are available to the temporary manager, or that the funds are not needed to support operation of the facility. The temporary manager has no right to funds from the Department.

[**Source:** Added at 23 Ok Reg 2415, eff 6-25-2006]

310:675-15-4. Conditions for a temporary manager

(a) The owner of the building and the licensee of a facility which is placed under a temporary manager shall:

(1) relinquish control of the facility and the building, equipment, food and supplies to the temporary manager which makes the temporary manager an agent of the licensee;

(2) not attempt to retain final authority to approve personnel changes or expenditures of facility funds; and

(3) give the temporary manager access to all facility financial accounts, including access to Medicare and Medicaid receipts and resident trust funds.

(b) The owner of the building and the licensee shall contract with the temporary manager subject to the approval of the Department. The contract(s) shall include the method by which the temporary manager shall be paid for particular services, the use of facility funds by the temporary manager for the cost incurred for operation of the facility and payment to the building owner for use of the building as a usual cost of operation of a facility.

(c) Should an existing lease be cancelled by the owner of the building, the owner shall contract with the temporary manager for use of the facility on terms not to exceed the original lease.

(d) Should a licensee be unable to contract with the temporary manager, the owner of the building will be asked to contract with the temporary manager for operations of the facility. The licensee and any individual owners of the licensee remain responsible for any liability incurred in the operation of the facility. If the temporary manager cannot contract with the licensee or owner of the facility, the temporary manager shall move to close the facility following the procedures established otherwise in this Chapter.

[**Source:** Added at 13 Ok Reg 2511, eff 6-27-96; Amended at 19 Ok Reg 524, eff 1-3-2002(emergency); Amended at 19 Ok Reg 2099, eff 6-27-2002]

310:675-15-5. Notice of placing a temporary manager

(a) Before placing a temporary manager in a facility, the Department shall give the owner of the building and the licensee, if different, advance written notice of intent as follows:

(1) fifteen (15) days notice if residents have experienced widespread actual harm but are not in immediate jeopardy; or

(2) two (2) days notice if residents are in immediate jeopardy; or

(3) two (2) days notice if the facility is operating without a license.

(b) If the Commissioner determines that conditions at a facility represent immediate jeopardy to residents and that the notice required in (a) of this section is likely to result in irreparable harm to residents, the Commissioner shall declare an emergency and appoint a temporary manager without prior notice to the owner of the building or the licensee. Upon appointing a temporary manager without prior notice, the Commissioner shall notify the owner of the building and the licensee of the right to a hearing as provided in 63 O.S. Section 1-1914.2(B) and (C).

(c) Written notice shall also be given to the Oklahoma Health Care Authority.

[**Source:** Added at 13 Ok Reg 2511, eff 6-27-96; Amended at 18 Ok Reg 2533, eff 6-25-2001; Amended at 19 Ok Reg 524, eff 1-3-2002(emergency); Amended at 19 Ok Reg 2099, eff 6-27-2002]

310:675-15-6. Procedures for appointing qualified temporary managers

(a) Prior to appointing a temporary manager, the Commissioner shall serve a written notice and request for information to be sent by facsimile or electronic mail to each qualified temporary manager, to include:

(1) A statement of the size, location and current occupancy of the facility, and a general statement of the anticipated justification for appointing a temporary manager;

(2) A request for confirmation of the temporary manager’s current availability to accept appointment;

(3) A request for confirmation of the temporary manager’s lack of financial interest in the facility, in other facilities operated by the same entity that operated the facility to be managed, or in any entity related to the entity that operated the facility to be managed; and

(4) A deadline for reply from each potential temporary manager.

(b) The potential temporary manager shall reply by the date and

time specified on the notice and shall include all information requested in the notice. The Department may give short notice in the case of an emergency and the temporary manager may be required to take over a facility in less that 24 hours. This information shall be included in the notice of pending appointment.
(c) The decision of the Commissioner and Department to appoint a specific temporary manager is a discretionary decision and does not create any individual rights including the right to an administrative hearing or appeal of that decision.

[Source: Added at 18 Ok Reg 2533, eff 6-25-2001; Amended at 19 Ok Reg 524, eff 1-3-2002(emergency); Amended at 19 Ok Reg 2099, eff 6-27-2002]

310:675-15-7. Criteria for appointment

The Commissioner shall not appoint a temporary manager to a facility unless the Commissioner determines in writing that:

(1) The temporary manager has submitted a complete application as required in OAC 310:675-15-2;

(2) The temporary manager meets all qualifications required in OAC 310:675-15-1;

(3) The temporary manager has the requisite resources to provide for the continued protection of the health and safety of all residents of the facility;

(4) The temporary manager has not been given undue preference in the appointment, taking into consideration the length of time since the qualified temporary manager was last appointed relative to the appointments of other temporary managers; and

(5) If the temporary manager is a corporation it has:

(A) Disclosed for all the persons with a controlling interest, officers and directors of the corporation in the application along with the information required for each individual in 310:15-1-1;

(B) Disclosed a list of all persons who will serve in the facility as part of the services provided by or through the temporary manager along with attestation that each person serving in the facility meets the qualification in 310:675-15-1(a)(1), (3), (4), (5) & (7) above; and

(C) Provided evidence of the experience of the corporation and the team in providing services to a facility in danger of decertification or loss of license.

[Source: Added at 18 Ok Reg 2533, eff 6-25-2001; Amended at 19 Ok Reg 524, eff 1-3-2002(emergency); Amended at 19 Ok Reg 2099, eff 6-27-2002]

310:675-15-8. Procedures for appointment

(a) Prior to appointing a temporary manager the Department shall contact the Office of the Long Term Care Ombudsman to advise of the likely appointment, and to request information from that

office concerning the temporary manager's record of involvement with the Ombudsman.
(b) Failure of the Office of the Long Term Care Ombudsman to respond by the deadline shall not prohibit the Commissioner from appointing the temporary manager.
(c) The Department shall comply with applicable requirements in 42 CFR Sections 488.410, 488.415 and 488.424 when appointing a temporary manager to correct deficiencies or remove an immediate jeopardy to resident health or safety in a facility pursuant to Title XVIII or XIX of the Social Security Act.

[Source: Added at 18 Ok Reg 2533, eff 6-25-2001; Amended at 19 Ok Reg 524, eff 1-3-2002(emergency); Amended at 19 Ok Reg 2099, eff 6-27-2002; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-15-9. Required findings

The Commissioner shall not appoint a temporary manager to a facility unless the Commissioner determines in writing that:

(1) The temporary manager has submitted a complete application as required in OAC 310:675-15-2;
(2) The temporary manager meets all qualifications required in OAC 310:675-15-1 and 15-7; and
(3) The temporary manager has the requisite resources to provide for the continued protection of the health and safety of all residents of the facility.

[Source: Added at 18 Ok Reg 2533, eff 6-25-2001; Amended at 19 Ok Reg 524, eff 1-3-2002(emergency); Amended at 19 Ok Reg 2099, eff 6-27-2002]

310:675-15-10. Periodic review

A potential temporary manager's qualification shall be effective for one year from the date of approval of the application to be listed as a qualified temporary manager. In order to be renewed for qualification, the potential temporary manager shall submit a new application for review and approval pursuant to OAC 310:675-15-2.

[Source: Added at 18 Ok Reg 2533, eff 6-25-2001; Amended at 19 Ok Reg 524, eff 1-3-2002(emergency); Amended at 19 Ok Reg 2099, eff 6-27-2002]

310:675-15-11. Bond

(a) A temporary manager may be required to obtain a bond in the amount of up to $100,000.00 or 150% of the average revenue of the facility for the last three full months before placement of the temporary manager, whichever is greater, as necessary to ensure that the assets relinquished by the facility to the temporary manager are used for the benefit of residents.
(b) A bond shall be posted upon appointment and payable to the

Department.
(c) The requirement for the amount of the bond may be established and modified from time to time by the Commissioner based on the amount of revenue and other financial assets relinquished by the facility to the temporary manager.

[Source: Reserved at 19 Ok Reg 524, eff 1-3-2002(emergency); Added at 19 Ok Reg 2099, eff 6-27-2002; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-15-12. Monthly status conference
(a) Whenever a temporary manager is appointed, the Commissioner shall establish a schedule for the submission and review of monthly reports. Each monthly report shall be filed in the Department by the temporary manager not later than 25 days following the end of each month. The temporary manager shall send a copy of each report to the licensee and owner of the facility.
(b) The temporary manager shall provide:
(1) All information to be submitted as specified in OAC 310:675-15-3.
(2) Progress report or amendments to a plan of correction for outstanding deficiencies or violations of the law;
(3) Any desired amendments to the management plan and reasons therefore;
(c) The Department shall present to the Commissioner, the temporary manager, and the licensee and owner:
(1) An independent report on the status of the facility based on a visit to the facility by a team sufficient to evaluate the current status.
(2) Recommendations on any changes to the management plan;
(d) The Commissioner may schedule hearings for presentations and decisions on differences between the Department and the Temporary Manager.

[Source: Added at 19 Ok Reg 524, eff 1-3-2002(emergency); Added at 19 Ok Reg 2099, eff 6-27-2002; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-15-13. Removal of the temporary manager
(a) A temporary manager may be removed at the discretion of the Commissioner.
(b) A temporary manager shall be removed in the following situations:
(1) A conflict of interest arises which would have prohibited the initial appointment;
(2) Another facility owned or operated by the temporary manager has been given notice of potential termination or other enforcement action taken by the Department;
(3) The temporary manager has filed for bankruptcy protection for any business or personal operation during the pendency of the managership;

(4) Conviction of a crime as specified in 63 O.S. § 1-1950.1;
(5) Failure to comply with requirements of this subchapter; or
(6) *The facility is and will continue to be in substantial compliance with the Nursing Home Care Act* [63:1-1914.2(L)(1)] and OAC 310:675.

(c) A temporary manager shall be removed when the Department approves a new owner or operator.
(d) The temporary managership continues and the temporary manager remains responsible for facility funds until released by the Department after distribution of all assets held by the temporary manager.

[Source: Added at 19 Ok Reg 524, eff 1-3-2002(emergency); Added at 19 Ok Reg 2099, eff 6-27-2002]

310:675-15-14. Administrative penalties

The Department may assess administrative penalties against a temporary manager for failure to follow the Nursing Home Care Act or this Chapter under the procedure used for all licensees unless the responsibility was that of the former operator.

[Source: Added at 19 Ok Reg 524, eff 1-3-2002(emergency); Added at 19 Ok Reg 2099, eff 6-27-2002]

310:675-15-15. License

Upon the temporary manager's appointment, compliance with the bonding provisions of section 15-11 above, and submittal of a license application, the Department shall issue a license to the facility identifying the temporary manager. Such license shall not create any property rights with the temporary manager and shall terminate with termination of the managership.

[Source: Added at 19 Ok Reg 524, eff 1-3-2002(emergency); Added at 19 Ok Reg 2099, eff 6-27-2002; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-15-16. Final accounting

(a) Within 30 days of the end of a temporary managership for any reason, the temporary manager shall file a written final accounting with the Department. The temporary manager shall use the accrual method of accounting, unless the Commissioner finds good cause for the temporary manager to use another method of accounting. The accounting shall include all documents specified in the "Administrative Order Removing the Temporary Manager and Revoking the Conditional License" which is issued by the Commissioner of Health.
(b) No funds shall be paid to the former licensee, the owner of the building or the new licensee without the express consent of the Commissioner. The Commissioner shall issue an order for distribution of any excess operating revenue over expenses at the

close of the managership.
(c) The temporary manager shall continue to report to the Department until released by the Commissioner.

[Source: Added at 19 Ok Reg 524, eff 1-3-2002(emergency); Added at 19 Ok Reg 2099, eff 6-27-2002; Amended at 20 Ok Reg 2399, eff 7-11-2003]

310:675-15-17. Receiver
(a) The Department may petition the court to place a facility under control of a receiver pursuant to 63:1-1930.2, instead of or in addition to appointing a temporary manager.
(b) Any person may submit a written request to the Department to be included as a receiver on the list maintained by the Department pursuant to 63 O.S. Section 1-1930.3. A person's inclusion on the receiver list shall not be represented as an approval or qualification by the Department to operate a facility. The list provided by the Department to the court may include information on the requirements for a facility license.

[Source: Added at 20 Ok Reg 2399, eff 7-11-2003]

SUBCHAPTER 17. INSPECTION PROTOCOLS

Section
310:675-17-1. Duties of quality assurance officer
310:675-17-2. Quality assurance observations and reviews
310:675-17-3. Acceptable Plan of Correction

310:675-17-1. Duties of quality assurance officer

The department shall employ a Quality Assurance Officer to perform the following tasks:

(1) review statistical reports of survey finding frequency by surveyor and survey team;

(2) review statistical reports of survey team time spent on survey; and

(3) review written deficiencies to compare findings by surveyor and survey team.

[Source: Added at 18 Ok Reg 2533, eff 6-25-2001]

310:675-17-2. Quality assurance observations and reviews

The Quality Assurance Officer shall observe individual surveyor and survey team performance for adherence to survey protocol no less than once every 6 months. The results of these observations and reviews in conjunction with the Federal Oversight and Support Survey findings will be used by the Quality Assurance Officer to identify and implement necessary training interventions.

[Source: Added at 18 Ok Reg 2533, eff 6-25-2001]

310:675-17-3. Acceptable Plan of Correction

(a) All facilities having deficiencies must submit an acceptable plan of correction within *ten (10) working days after receipt of notice of violation* [63:1-1914.A.]. An acceptable plan of correction must:

(1) Address how corrective action will be accomplished for those residents and/or clients found to have been affected by the deficient practice.

(2) Address how the facility will identify other residents and/or clients having the potential to be affected by the same deficient practice. Plans of correction specific to residents identified on the deficiency statement are acceptable only where the deficiency is determined to be unique to that resident and not indicative of a possible systemic problem.

(3) Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

(4) Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility shall develop a plan for ensuring that correction is

achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction shall be incorporated into the quality assurance system. At the revisit, the quality assurance plan shall be reviewed to determine the earliest date of compliance. If there is no evidence of quality assurance being implemented, the earliest correction date will be the date of the revisit.

(5) Include dates when corrective action will be completed for each violation. The corrective action completion dates shall not *exceed sixty (60) days* [63:1-1914.A.] from receipt of notice of violation.

(6) Be signed by the administrator.

(b) Upon written request from the facility, the Department may extend the time period within which the violations are to be corrected *where correction involves substantial structural improvement* [63:1-1914.A.].

(c) The department shall provide written notice of the acceptance or rejection of a plan of correction. If the Department finds that the plan of correction does not meet the requirements for an acceptable plan of correction as specified in OAC 310:675-17-3(a) the Department shall provide *notice of the rejection and the reason for the rejection to the facility. The facility shall have ten (10) working days after receipt of the notice of rejection in which to submit a modified plan. If the modified plan is not timely submitted, or if the modified plan is rejected, the Department shall impose a plan of correction, which the facility shall follow* [63:1-1914.A.].

(d) Acceptance of the plan of correction by the Department does not absolve the facility of the responsibility for compliance should the implementation not result in correction and compliance. Acceptance indicates the Department's acknowledgment that the facility indicated a willingness and ability to make corrections adequately and timely.

(e) *If the violation has been corrected prior to submission and approval of a plan of correction, the facility may submit a report of correction in place of a plan of correction* [63:1-1914.B.]. The report of correction shall address those requirements specified in OAC 310:675-17-3(a).

(f) As specified in 63 O.S. § 1-1914.C., facilities may request an extended correction time.

(g) As specified in 63 O.S. § 1-1914.D., facilities may contest any Department action under this section.

[Source: Added at 20 Ok Reg 2399, eff 7-11-2003]

SUBCHAPTER 19. FEEDING ASSISTANTS

Section
310:675-19-1. Purpose
310:675-19-2. Definitions
310:675-19-3. Training course
310:675-19-4. Facility requirements
310:675-19-5. Feeding assistant registry
310:675-19-6. Feeding assistant registration
310:675-19-7. Revocation, suspension and denial
310:675-19-8. Feeding assistant forms

310:675-19-1. Purpose

This Subchapter establishes standards for training and registration of feeding assistants in Oklahoma in accordance with 42 Code of Federal Regulations Parts 483 and 488. The intent is to give nursing, specialized nursing, and skilled nursing facilities the option to use paid feeding assistants, allowing them to provide more residents with help in eating and drinking and reduce the incidence of unplanned weight loss and dehydration.

[Source: Added at 23 Ok Reg 557, eff 12-22-2005 (emergency); Added at 23 Ok Reg 2415, eff 6-25-2006]

310:675-19-2. Definitions

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

"Feeding assistant" *means an individual who is paid to feed residents by a facility or who is used under an arrangement with another agency or organization and meets the requirements cited in 42 CFR Parts 483 and 488* [63:1-1951(F)(1)].

[Source: Added at 23 Ok Reg 557, eff 12-22-2005 (emergency); Added at 23 Ok Reg 2415, eff 6-25-2006]

310:675-19-3. Training course

(a) The following training curricula are approved as training courses and meet the requirements specified in 42 CFR 483.160(a):

(1) Eating Matters: A Training Manual for Feeding Assistants, published by the American Dietetic Association, 2003 edition; and Eating Matters: Feeding Assistants Manual, published by the American Dietetic Association, 2003 edition; or

(2) Assisted Dining: The Role and Skills of Feeding Assistants, published by the American Health Care Association, 2003 edition.

(b) A feeding assistant training course must consist of at least eight (8) hours of training in the required areas of instruction.

(c) A feeding assistant training course instructor must hold a

current valid license as:
(1) A registered nurse;
(2) A licensed practical nurse;
(3) A registered dietitian;
(4) A speech-language pathologist or speech therapist; or
(5) An occupational therapist.
(d) Successful completion of a training course is based upon the instructor's assessment using a staff competency checklist that conforms to OAC 310:675-19-8.
(e) The training course must provide a certificate of completion within 30 days of course completion to each individual who successfully completed the course. The certificate shall conform to OAC 310:675-19-8.
(f) The Department will not restrict an individual from repeating a training course. The training course may establish limits on the number of times an individual may repeat the course after unsuccessful attempts.

[Source: Added at 23 Ok Reg 557, eff 12-22-2005 (emergency); Added at 23 Ok Reg 2415, eff 6-25-2006]

310:675-19-4. Facility requirements
(a) The nursing facility, specialized nursing facility, or skilled nursing facility must maintain a record of each individual who has successfully completed the approved training course. For each individual feeding assistant employed by the facility, the facility must maintain:
(1) A copy of a staff competency checklist completed and signed by the instructor on the form specified in OAC 310:675-19-8;
(2) A copy of a certificate of completion signed by the instructor on the form specified in OAC 310:675-19-8;
(3) Verification that the facility checked with the Feeding Assistant Registry to ensure the individual is eligible for employment; and
(4) Verification of compliance with the Criminal History Background Check in 63 O.S. Supp. 2004, Section 1-1950.1.
(b) Each feeding assistant must work under the supervision of a registered nurse or licensed practical nurse. In an emergency, the feeding assistant must call a supervisory nurse for help using the resident call system if the nurse is not present during the feeding of a resident.
(c) The facility must ensure that a feeding assistant only assists residents who have no complicated feeding problems. The facility must base resident selection on the charge nurse’s assessment and the resident’s latest assessment and plan of care. Complicated feeding problems include but are not limited to:
(1) Difficulty swallowing;
(2) Recurrent lung aspirations; or
(3) Tube or parenteral/IV feedings.
(d) Instructor time shall not count toward minimum staffing requirements.

(e) The facility shall check the Feeding Assistant Registry before hiring a person to work as a feeding assistant. If the registry indicates that the individual has been found to be personally responsible for abuse, neglect, exploitation, or misappropriation of resident property, that individual shall not be hired by the facility.
(f) The facility must maintain proof of compliance with this subchapter at all times at the facility site.

[Source: Added at 23 Ok Reg 557, eff 12-22-2005 (emergency); Added at 23 Ok Reg 2415, eff 6-25-2006]

310:675-19-5. Feeding assistant registry

The Department shall maintain a feeding assistant registry consistent with the registry operation described in OAC 310:677-5-2(c). The registry shall contain information consistent with that described in 63 O.S. Supp. 2004, Section 1-1951(D)(3).

[Source: Added at 23 Ok Reg 557, eff 12-22-2005 (emergency); Added at 23 Ok Reg 2415, eff 6-25-2006]

310:675-19-6. Feeding assistant registration

(a) An individual may perform the services of a feeding assistant upon successful completion of an approved training course and shall submit a Feeding Assistant Registration Application to the Department on the form specified in 310:675-19-8.
(b) Each registered feeding assistant shall renew individual registration once every twenty-four (24) months. The individual shall submit a Feeding Assistant Renewal Application with proof that within the past twenty-four (24) months they have:

(1) Worked at least eight (8) hours for compensation as a feeding assistant; or

(2) Completed another eight (8) hour training course that complies with OAC 310:675-19-3.

(c) A non-refundable application fee of ten dollars ($10) shall be included with an application for initial or renewal registration.

[Source: Added at 23 Ok Reg 557, eff 12-22-2005 (emergency); Added at 23 Ok Reg 2415, eff 6-25-2006; Amended at 26 Ok Reg 2059, eff 6-25-2009]

310:675-19-7. Revocation, suspension and denial

(a) The State Health Department’s procedure afforded a feeding assistant for purposes of investigating, hearing, and making findings on allegations of abuse, neglect, exploitation, or misappropriation of resident property, shall be not less than the process afforded nurse aides pursuant to Title 63 O.S. Supp. 2004 Section 1-1951(D)(4) through (12).
(b) A feeding assistant's registration may be revoked, suspended

or denied if the Department determines with clear and convincing evidence that an individual has been responsible for any of the following:

(1) Abuse;
(2) Neglect;
(3) Exploitation; or
(4) Misappropriation of resident or client property.

[Source: Added at 23 Ok Reg 557, eff 12-22-2005 (emergency); Added at 23 Ok Reg 2415, eff 6-25-2006]

310:675-19-8. Feeding assistant forms

The forms used for this subchapter are the following.

(1) Staff competency checklist. A training course using the curriculum specified in 310:675-19-3(a)(1) may use the checklist provided with that curriculum or the checklist provided by the Department. Other training courses shall use the checklist provided by the Department. The competency checklist provided by the Department requires the following:
   (A) The name of the person being trained;
   (B) Evaluation of skills task performances including:
      (i) Safety and emergency procedures including the Heimlich maneuver;
      (ii) Sanitation and washing hands;
      (iii) Serving a meal tray;
      (iv) Assistance with resident requiring total feeding;
      (v) Serving supplemental nourishments; and
      (vi) Serving fresh drinking water;
   (C) The date of the evaluation; and
   (D) Name and signature of the instructor.

(2) Certificate of completion. A training course using the curriculum specified in 310:675-19-3(a)(1) may use the certificate of completion provided with that curriculum or the certificate provided by the Department. Other training courses shall use the certificate provided by the Department. The certificate of completion provided by the Department requires the following:
   (A) Name of the person being trained;
   (B) Name of the curriculum;
   (C) Location where the training occurred;
   (D) Date training was completed;
   (E) A statement that the person successfully completed eight hours of training to become a feeding assistant; and
   (F) Name and signature of the instructor.

(3) Feeding assistant registration application. The application form requires the following for each individual:
   (A) Name;
   (B) Date of birth;
   (C) Contact information;
   (D) Information sufficient to identify the individual including social security number;
   (E) A copy of the certificate of completion from a training

course that meets the requirements of OAC 310:675-19-3; and
(F) Applicant's signature affirming the truthfulness and completeness of the application.

(4) Feeding assistant renewal application. The application form requires the following for each individual:
(A) Name;
(B) Date of birth;
(C) Contact information;
(D) Information sufficient to identify the individual including social security number;
(E) Proof of work experience or retraining as required in OAC 310:675-19-6(c); and
(F) Applicant's signature affirming the truthfulness and completeness of the application.

[Source: Added at 23 Ok Reg 557, eff 12-22-2005 (emergency); Added at 23 Ok Reg 2415, eff 6-25-2006]

SUBCHAPTER 21. ENFORCEMENT AND REGISTRY HEARINGS FOR NONTECHNICAL SERVICES WORKERS

Section
310:675-21-1. Purpose
310:675-21-2. Complaint investigation
310:675-21-3. Right to a hearing
310:675-21-4. Petition and hearing
310:675-21-5. Orders

310:675-21-1. Purpose

The purpose of this Subchapter is to implement the Nontechnical Services Workers Abuse Registry, 63 O.S. Section 1-1950.6 through 1-1950.9. For the purposes of this subchapter, abuse, verbal abuse, and exploitation, shall have the meaning assigned in Section 10-103 of Title 43A of the Oklahoma Statutes.

[Source: Added at at 24 Ok Reg 2030, eff 6-25-2007; Added at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

310:675-21-2. Complaint investigation

(a) **Process.** Upon receipt of a complaint against a non-technical service worker alleging abuse, verbal abuse, or exploitation of a resident within a nursing facility, or upon completion of a survey of a nursing facility by the Department with a finding that a non-technical service worker abused, verbally abused, or exploited a resident, the Department shall conduct an investigation. Upon completion of the investigation, a written report will be prepared. If sufficient evidence exists to initiate an individual proceeding, notice of the investigative findings and an opportunity for hearing will be prepared and served upon the nontechnical services worker.

(b) **Timeline for reporting.** The facility shall report to the Department allegations and incidents of abuse, verbal abuse, or exploitation by a non-technical service worker within twenty-four (24) hours.

(c) **Reporting non-technical service workers.** The facility shall report to the Department allegations and incidents of abuse, verbal abuse, or exploitation by a non-technical service worker by submitting the following:

(1) facility name, address, and telephone;
(2) facility type;
(3) date;
(4) reporting party name or administrator name;
(5) employee name and address;
(6) employee certification number;
(7) employee social security number;
(8) employee telephone number;
(9) termination action and date, if any;
(10) other contact person name and address; and

(11) facts of resident abuse, verbal abuse, or exploitation.

[Source: Added at at 24 Ok Reg 2030, eff 6-25-2007; Added at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

310:675-21-3. Right to a hearing

Before the registry is notified that a finding of resident abuse, verbal abuse, or exploitation of a resident in a nursing facility has been made against a nontechnical services worker, the Department shall offer the nontechnical services worker an opportunity for a hearing. If the nontechnical services worker fails to request a hearing in writing within thirty (30) days from the date of the notice, the Department shall include on the registry a finding of resident abuse, verbal abuse, or exploitation of a resident in a nursing facility against the nontechnical services worker.

[Source: Added at at 24 Ok Reg 2030, eff 6-25-2007; Added at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

310:675-21-4. Petition and hearing

(a) **Petition.** If the nontechnical services worker requests a hearing, the Department shall commence an individual proceeding by filing a petition against the nontechnical services worker that states the facts supporting the allegation.

(b) **Notice of hearing.** All parties shall be given notice of the date, time and place of the hearing. The notice of hearing served upon the non-technical service worker shall include a copy of the petition.

(c) **Time.** The hearing shall be scheduled at least fifteen (15) working days after the nontechnical services worker has received notice of the hearing.

(d) The hearing shall be conducted in accord with the Oklahoma Administrative Procedures Act and Chapter 2 of this Title.

[Source: Added at at 24 Ok Reg 2030, eff 6-25-2007; Added at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

310:675-21-5. Orders

(a) **Authority.** The Administrative Law Judge shall issue a decision within fifteen (15) working days following the close of the hearing record. The decision shall include Findings of Fact and Conclusions of Law separately stated.

(b) **Delegation.** The Commissioner of Health may delegate the authority to issue a final decision in these matters as specified in 75 O.S. Section 311.1 and OAC 310:002.

(c) **Registry notification.** The decision shall direct the nontechnical services worker registry to include the findings as they relate to the nontechnical services worker. The decision shall direct the nontechnical services worker registry to include

a statement by the nontechnical services worker disputing the decision if the nontechnical services worker chooses to submit such statement. If such a statement is submitted the statement of the nontechnical services worker shall be submitted to the nontechnical services worker registry within thirty (30) days after the decision is issued.

(d) **Notice.** Each party and attorney of record shall be mailed a copy of the Final Order. The Department shall transmit a copy of the Final Order to the nontechnical services worker registry when the Order is mailed.

(e) **Appeal.** An appeal of the Final Order shall be perfected pursuant to 75 O.S. Section 318 of the Administrative Procedures Act.

[Source: Added at 24 Ok Reg 2030, eff 6-25-2007; Added at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]

APPENDIX A. HOT WATER USE

	Resident Use		
	Bathing	**Dietary**	**Laundry**
Gallons (per hr. & bed)	6 1/2	4	4 1/2
Temperature	115° F. (46° C.)	*120° F. (49° C.)	**160° F. (7° C.)

** Rinse water temperature at automatic warewashing equipment shall be 180° (82.1° C.).

** Required temperature of 160°F (70° C.) in the laundry area is that measured in the washing machine and shall be supplied so that temperature may be maintained over the entire wash and rinse period. Attention is called to the fact that control of bacteria in laundry processing is dependent upon a number of inter-related factors such as detergent, bleach, number of rinses and temperature. In most instances, maximum overall economies with acceptable results can be achieved with the use of 160° F. (70° C.) water. Lesser temperature may require excessive bleaching or other chemical treatment that would be damaging to fabrics.

APPENDIX B. REFERENCE LIST FOR STANDARDS OF PRACTICE

(Referring to OAC 310:675-1-2. Definitions: Standards of care)

"Physical Examination and Health Assessment" - Third Edition - Carolyn Jarvis

"Medical-Surgical Nursing Assessment and Management of Clinical Problems" - Fifth Edition - Lewis, Heitkemper and Dirksen (Mosby)

"Handbook of Geriatric Nursing" - Second Edition - Lippincott, Williams and Wilkins

"Clinical Nursing Skills - Basic To Advanced Skills" - Fifth Edition - Smith, Duell and Martin

Oklahoma Board of Nursing Guidelines and Position Statements:

"A Decision-Making Model for Determining RN/LPN Scope of Practice Model - Model for Scope of Nursing Practice Decisions"

"Abandonment Statement"

"Advanced Practice Nurses with Prescriptive Authority Exclusionary Formulary"

"Delegation of Nursing Functions to Unlicensed Persons"

"Guidelines for Employment of Individuals Enrolled in or Non-Licensed Graduates of Nursing Education Programs"

"Guidelines for the Registered Nurse in Administering, Managing and Monitoring Patients Receiving Analgesia/Anesthesia by Catheter Techniques"

"Issuance of Temporary Licenses for RNs and LPNs"

"Licensure Verification and Photocopying of Nursing Licenses"

"Patient Assessment Guidelines"

"Refresher Course Policy"

"Wound Debridement by Licensed Nurses Guideline"

Standards of the American Nurses Association and Specialty Nursing Organizations:

"Nursing: Scope and Standards of Practice" Pub# 03SSNP - 2004

"Scope and Standards for Nurse Administrators" (Second Edition); Pub#03SSNA – 2004

"Scope and Standards of Diabetes Nursing Practice" (2nd Edition); Pub# DNP23 - 2003

"Scope and Standards of Forensic Nursing Practice" Pub# ST-4 - 1997

"Scope and Standards of Gerontological Nursing Practice" 2nd Edition; Pub# GNP21 - 2001

"Scope and Standards of Hospice and Palliative Nursing Practice" Pub# HPN22 - 2002

"Scope and Standards of Neuroscience Nursing Practice" Pub# NNS22 - 2002

"Scope and Standards of Nursing Informatics Practice" Pub# NIP21 - 2001

"Scope and Standards of Psychiatric-Mental Health Nursing Practice" Pub# PMH-20 - 2000

"Statement on the Scope and Standards for the Nurse Who Specializes in Developmental Disabilities and/or Mental Retardation" Pub# 9802ST - 1998

"Statement on the Scope and Standards of Oncology Nursing Practice" Pub# MS-23 – 1996

[**Source:** Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Revoked and Reenacted at 24 Ok Reg 2030, eff 6-25-2007; Revoked and Reenacted at 25 Ok Reg 2482, eff 7-11-2008 (see Editor's Note)]