

PROTECTIVE HEALTH SERVICES



ANNUAL REVIEW
2022

PROTECTIVE HEALTH SERVICES

VISION

Leading Oklahoma to prosperity through health.

MISSION

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

VALUES



Respect



Collaboration



Service



OKLAHOMA
State Department
of Health

Public health impacts your life and that of your family every day through our assurance of quality in health care and consumer services.

We oversee more than 114,000 assorted business and occupational licenses annually ranging from grocery stores, restaurants, hotels, and tattoo artists to ambulances, hospitals, surgical centers, and nursing homes.

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

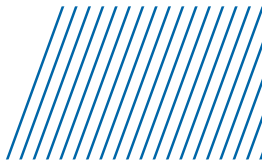
In addition to performing routine inspections, we are at work promoting the health of the citizens of Oklahoma when emergencies or natural disasters occur. During ice storms, we maintain contact with health care facilities to ensure heat, food, and medical supplies are available to patients. When power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

We hope this booklet will help you identify the Protective Health Services of the Oklahoma State Department of Health that are working to keep all Oklahomans healthy. If you need more information, visit our website at [Oklahoma.gov/health](https://oklahoma.gov/health).

Dr. LaTrina Frazier, PhD, MHA, RN
Deputy Commissioner
Protective Health Services

PROTECTIVE HEALTH SERVICES

LEADERSHIP TEAM



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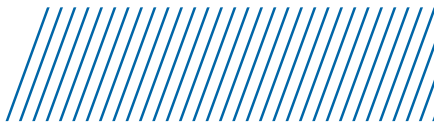
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CONSUMER HEALTH SERVICE (CHS)



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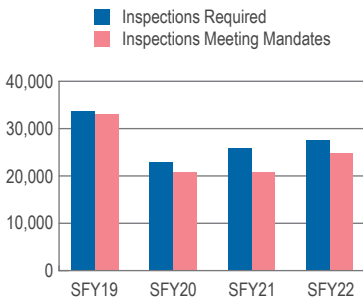
INSPECTION FREQUENCY MANDATES



	SFY18	SFY19	SFY20	SFY21	SFY22
Number of inspection mandates	6	6	6	6	7
Inspections required	20,391	33,628	*22,836	25,935	27,549
Inspections meeting mandates	20,391	33,164	*20,807	*20,721	24,767

*Inspections limited due to COVID-19.

Consumer Health Service



Go to page 196 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS



ANIMAL BITE REPORTS AND ENFORCEMENT

Clients Served

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

Contact

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

oklahoma.gov/health/chs

Authority

63 O.S., § 1-508
OAC 310:599

Funding Source

State Funds

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

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

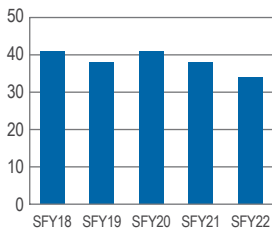
Program Fees

There are no fees associated with this program.

ANIMAL BITES	SFY18	SFY19	SFY20	SFY21	SFY22
Counties reporting	41	38	41	38	34
Bites reported	*583	521	482	335	328

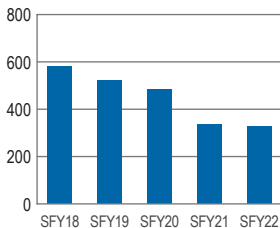
*None of the complaints investigated during SFY18 resulted in a transmission of rabies to the bite victim.

Number of Counties Reporting Animal Bites



Animal Bites

■ Bites reported





BEDDING INDUSTRY

Clients Served

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

Contact

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

Licensing

Vacant

405-426-8250
Fax: 405-426-7557

oklahoma.gov/health/chs

Authority

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

Funding Source

Fees Collected

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

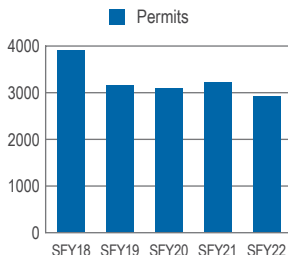
CHS staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, and provide technical assistance as necessary. On-site inspections of bedding establishments may also be performed by CHS staff.

Program Fees

Initial Bedding Permit	\$5.00
Renewal Bedding Permit	\$5.00
Initial Germicidal Treatment Permit	\$25.00
Renewal Germicidal Treatment Permit	\$5.00
Bedding Article Fee for Items Manufactured, Sold, or Germicidally Treated	\$0.05

BEDDING INDUSTRY	SFY18	SFY19	SFY20	SFY21	SFY22
Permits	3,898	3,155	3,090	3,214	2,924
Inspections	14	0	0	0	1
Fees collected	\$150,866	\$188,309	\$190,917	\$131,325	0
Inspections with violations cited	5	0	0	0	0
Total violations cited	16	0	0	0	0
Average # of violations per inspection w/violation	3.2	0	0	0	0

Bedding Industry





CONSUMER PRODUCT SAFETY COMMISSION

Clients Served

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

Contact

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

405-426-8250
Fax: 405-426-7557

oklahoma.gov/health/chs

Authority

63 O.S., § 1-106

This program serves to monitor the effectiveness of either manufacturer-initiated or federally-initiated recalls, federal or manufacturer mandated product educational programs, and compliance with federal regulations.

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

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

DRUGS, COSMETICS, MEDICAL DEVICES, AND HEALTH FRAUD

Clients Served

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

Contact

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

405-426-8250

Fax: 405-426-7557

oklahoma.gov/health/chs

Authority

63 O.S., §§ 1-1401 et seq.
OAC 310:250

Funding Source

Fees Collected

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

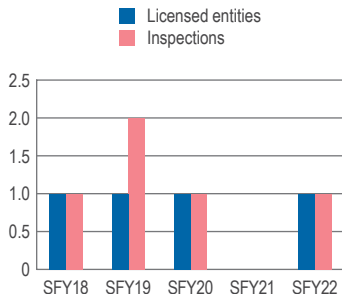
CHS staff develop, write, implement and interpret rules; issue licenses to establishments; track statistical data; provide for enforcement of establishments not in compliance; train industry and consumers in manufacturing practices; and provide technical assistance as necessary. On-site inspections of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

Program Fees

Initial license	\$425.00
Renewal license	\$335.00

DRUGS, COSMETICS, MEDICAL DEVICES	SFY18	SFY19	SFY20	SFY21	SFY22
Licensed entities	1	1	1	0	1
Inspections	1	2	1	0	1
Violations cited	0	0	0	0	0
Complaints	0	0	0	0	0

DRUGS, COSMETICS, etc.



HEARING AID PROGRAM

Clients Served

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

Contact

Hearing Aid Program

405-426-8250

Fax: 405-900-7557

oklahoma.gov/health/chs

Authority

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

Funding Source

Fees Collected

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

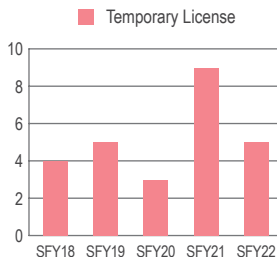
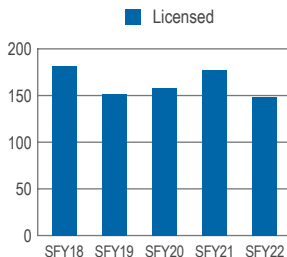
Effective November 1, 2013, House Bill 1467 repealed language relating to the Hearing Aid Advisory Council and created a new section of the law known as the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the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

Program Fees

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

HEARING AID PROGRAM	SFY18	SFY19	SFY20	SFY21	SFY22
Licensed dealers/fitters	182	152	158	177	148
Temporary licenses	4	5	3	9	5
Fees collected	\$12,115	\$12,740	\$8,105	\$8,985	\$0

HEARING AID FITTERS AND DEALERS



HOTELS-MOTELS

Clients Served

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

Contact

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

Licensing

Hotels-Motels Program

405-426-8250

Fax: 405-900-7557

oklahoma.gov/health/chs

Authority

63 O.S., § 1-1201
OAC 310:250
OAC 310:285

Funding Source

Fees Collected

This program serves to monitor the sanitary conditions existing in hotels-motels for compliance with regulatory rules and regulations.

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

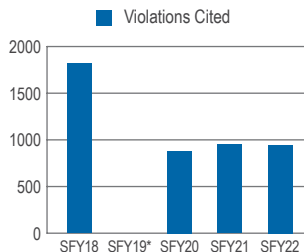
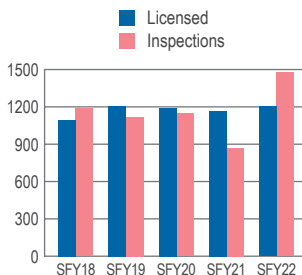
Program Fees

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

HOTELS-MOTELS	SFY18	SFY19	SFY20	SFY21	SFY22
Number licensed	1,094	1,208	1,191	1,166	1,201
Inspections	1,187	1,118	** 1,146	** 871	1,478
Violations cited	1,821	—	** 882	** 949	944
Fees collected	*	*	*	*	*

*Fee data is included in the Retail Foods program area. **Inspections limited due to COVID-19.
 — Data is not currently available.

HOTELS-MOTELS



*Data is not currently available.



HOTELS AND MOTELS TOP VIOLATIONS

1

Violation #21

OAC 310:285-5-4 (a) Room Furnishings:
Clean, good repair

2

Violation #6

OAC 310:285-3-5 (b) Fire Safety:
Smoke detectors, maintained

3

Violation #22

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

4

Violation #9

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

5

Violation #31

OAC 310:285-9-1 License:
Valid, posted

6

Violation #19

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



LICENSED GENETIC COUNSELORS

Clients Served

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

Contact

Vacant

405-426-8250

Fax: 405-900-7557

oklahoma.gov/health/chs

Authority

63 O.S., §§ 1-561 et seq.

OAC 310:406

Funding Source

Fees Collected

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

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

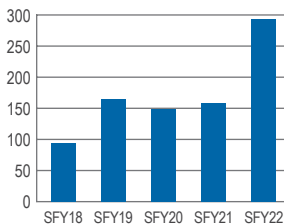
Program Fees

Application	\$300.00
Renewal	\$200.00

GENETIC COUNSELORS	SFY18	SFY19	SFY20	SFY21	SFY22
Number licensed	94	164	148	159	293
Complaints	0	0	0	0	0
Disciplinary actions	0	0	0	0	0
Fees collected	\$16,760	\$22,900	\$24,400	\$31,800	\$0

GENETIC COUNSELORS

■ Licensed





LICENSED MIDWIVES PROGRAM

Clients Served

Licensed midwives, applicants, and consumers who utilize the services of a licensed midwife.

Contact

Vacant

405-426-8250

Fax: 405-900-7557

oklahoma.gov/health/chs

Authority

59 O.S., §§ 3040.1 et seq.

OAC 310:395

Funding Source

Fees Collected

This program was created by the passage of Shepherd's Law (SB 1823) and went into effect on November 1, 2020. It required midwives, who are Certified Professional Midwives or Certified Midwives, to obtain a license from the Oklahoma State Department of Health (OSDH) and authorized OSDH to promulgate rules on scope of practice, formulary of prescription drugs used in the practice of midwifery, lists of tests and procedures, consent documents, qualifications for licensure, fees, continuing education requirements, and penalties. Consumer Health Service staff process applications, promulgate rules, create and modify documents for use by midwives, and track statistical data.

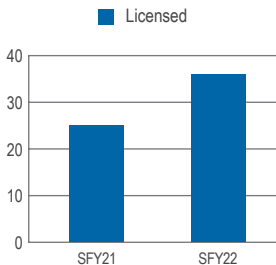
Shepherd's law also provided the creation of the Advisory Committee on Midwifery. This advisory council is made up of seven members, appointed by the Commissioner, that assist OSDH in applicant review, rule creation and modification, and enforcement. The committee is also tasked with creating forms used in informed consent and disclosure statements in the field of midwifery.

Program Fees

New application for certification.....	\$1,000.00
Renewal of certification.....	\$1,000.00
Late Renewal (30 days past expiration)	\$1,100.00
Late Renewal (90 days past expiration).....	\$1,250.00

LICENSED MIDWIVES	SFY21	SFY22
Number Certified	25	36
Enforcement Cases	1	1
Fees Collected	\$25,000	\$11,000

LICENSED MIDWIVES



MEDICAL MICROPIGMENTATION PROGRAM

Clients Served

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

Contact

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

Licensing

Vacant

405-426-8250
Fax: 405-900-7557

oklahoma.gov/health/chs

Authority

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

Funding Source

Fees Collected

Medical micropigmentation is a form of permanent cosmetics that requires a medical procedure in which any color or pigment is applied with a needle or electronic machine. The law authorizing medical micropigmentation does not include tattooing, thus, medical micropigmentation does not involve placing on the body any pictures, images, numbers, signs, letters of the alphabet, or designs. Individuals must apply to OSDH for certification if they wish to provide this procedure under the supervision of their employing dentist, medical physician, and/or osteopathic physician. CHS staff process certification applications, promulgate rules of practice for training requirements, verify training hours, and establish criteria for the certification of persons authorized to perform medical micropigmentation.

Effective November 1, 2013, House Bill 1467 repealed language relating to the Medical Micropigmentation Advisory Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act. The Act placed the Medical Micropigmentation Program under the jurisdiction of the Consumer Protection Licensing Advisory Council. For more information see the "Advisory Councils" section of this booklet.



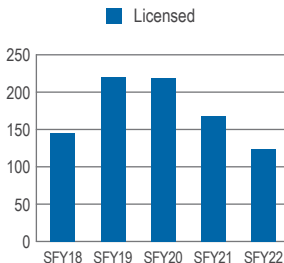
Program Fees

New application for certification (includes cost of the background check)	\$515.00
Renewal of certification.....	\$100.00
Reinstatement of certification (if the renewal of the certification is 30 days or more after the expiration date).....	\$375.00
Replacement of a certificate.....	\$125.00
Exam Fee	\$200.00
First Retake Fee.....	\$75.00
Second Retake Fee	\$75.00

MICROPIGMENTOLOGISTS	SFY18	SFY19	SFY20	SFY21	SFY22
Number certified	145	220	219	168	124
Enforcement cases	1	1	1	1	0
Fees collected	\$31,625	\$39,995	\$31,395	\$32,960	–

– Data is not currently available.

MEDICAL MICROPIGMENTOLOGISTS





PUBLIC BATHING PLACES

Clients Served

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

Contact

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

Licensing

Vacant

405-426-8250
Fax: 405-900-7557

oklahoma.gov/health/chs

Authority

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

Funding Source

Fees Collected

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

CHS staff develop, write and implement rules, provide for review of plans by OSDH through contract, prepare and issue permits, provide for enforcement of facilities not in compliance, train industry and consumers, track statistical data, and provide technical assistance. Inspections of the facilities are performed by county sanitarians.



Program Fees

Type 82 Class I “Indoor Facility”

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

Type 82 Class O “Outdoor Facility”

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

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

Public Bathing Places Initial License Fee	\$50.00
Public Bathing Places Renewal License Fee	\$50.00
Public Bathing Places Re-Inspection Fee	\$250.00

Construction Permit Fees:

New Pools.....\$100.00 per 5,000 gallons
(\$500.00 minimum | \$2,000.00 maximum)

Modification to Existing Pool.....\$50.00 per 5,000 gallons
(\$500.00 minimum | \$2,000.00 maximum)

New Spas.....\$50.00 per 100 gallons
(\$500.00 minimum | \$2,000.00 maximum)

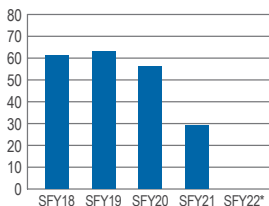
Modification to Existing Spa\$25.00 per 100 gallons
(\$500.00 minimum | \$2,000.00 maximum)

Securing Fee for Temporary Closures.....\$50.00

PUBLIC BATHING PLACES	SFY18	SFY19	SFY20	SFY21	SFY22
Number licensed	3,056	4,678	3,354	3,075	3,055
New construction permits	61	63	56	29	0
Inspections	6,409	6,601	** 1,976	** 5,470	4,749
Violations cited	14,849	—	** 6,193	** 1,814	3,252
Pool classes conducted	19	14	* 0	Online	Online
Pool class attendees	535	432	* 0	650	1666
License fees collected	\$191,100	\$259,762	\$233,475	\$220,900	—
Construction fees collected	\$43,725	\$46,175	\$49,082	\$36,650	—

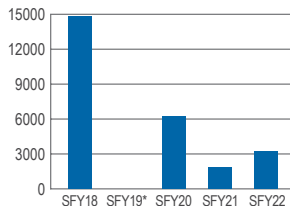
* Due to COVID-19, in-person classes were not held. ** Inspections limited due to COVID-19.
 — Data is not currently available.

NEW CONSTRUCTION



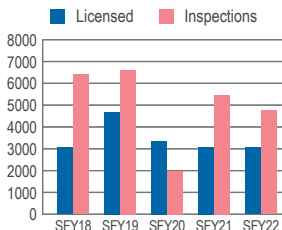
*Data is not currently available.

VIOLATIONS CITED



*Data is not currently available.

PUBLIC BATHING PLACES



PUBLIC BATHING PLACES TOP VIOLATIONS

1

Violation #19

OAC 310:320-3-2

Flow meter, flow rate

2

Violation #29

OAC 310:315-7-17

OAC 310:320-3-2, 9, 10

Records kept

3

Violation #31

OAC 310:320-3-7

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

4

Violation #33

OAC 310:320 3-7

pH between 7.2–7.8

5

Violation #6

OAC 310:320-3-2

Decks, gutter, pool finish: Clean, good repair

RETAIL FOOD ESTABLISHMENTS

Clients Served

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

Contact

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

Licensing

Vacant

405-426-8250
Fax: 405-900-7557

oklahoma.gov/health/chs

Authority

63 O. S., §§ 1-1101 et seq.
OAC 310:250
OAC 310:257

Funding Source

Fees Collected

The food service inspection program, created in 1923, is a traditional public health program for the protection of the consumer and of all food goods made and sold in the state. Consumer Health Service (CHS) staff endeavor to reduce the incidence of food-borne illness and provide for a sanitary environment in food service establishments.

CHS staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, perform plan review, provide for enforcement of establishments not in compliance, train industry food service workers and sanitarians in safe food service practices, meet with consumer advisory committees, and provide technical assistance as necessary. Inspections are also conducted for food service operations in daycare centers for children and residential child care facilities through contract at the request of the Oklahoma Human Services which is the agency with jurisdiction and responsibility for regulation of child care facilities. On-site inspection of food service operations in both retail establishments and child care facilities are performed by County Health Department Sanitarians. Information on the Oklahoma Food Service Advisory Board can be found in the "Advisory Councils" section of this booklet.

Program Fees

Food Service

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

State Operated, Non-Profit or Health Facilities

not meeting exempt status	\$175.00
Renewal	\$125.00
Late Renewal	\$150.00
Seasonal, Initial	\$250.00
Seasonal, Reinstatement	\$250.00

Temporary (\$250 maximum)

Initial Day	\$50.00
Each Consecutive Day	\$25.00

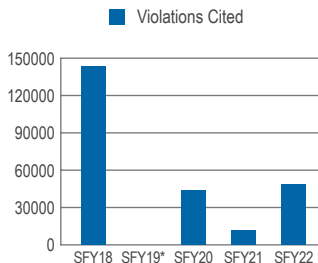
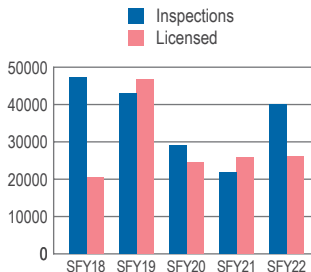
Plan Review Fee	\$425.00
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FOOD ESTABLISHMENTS	SFY18	SFY19	SFY20	SFY21	SFY22
Number licensed	20,391	26,702	24,523	25,965	26,031
Food establishment inspections	47,217	43,050	* 29,175	* 21,809	39,921
Child care facility inspections	590	415	489	611	572
Total inspections	47,807	43,465	* 29,664	* 22,420	40,493
Food service violations	143,643	—	* 44,005	* 11,646	48,459
Mobile service violations	3,187	—	* 851	* 650	823
Total violations	146,830	—	* 44,856	* 12,296	49,282
Food establishment fees collected*	\$6,769,390	\$8,506,266	\$8,307,589	\$8,769,325	—
Child care facility fees collected	\$58,900	\$61,700	\$48,900	\$61,100	\$57,200
Total fees	\$6,828,290	\$8,567,966	\$8,356,489	\$8,857,425	\$8,963,354

* Inspections were limited due to COVID-19.

— Data is not currently available.

RETAIL FOOD ESTABLISHMENTS



*Data is not currently available.

RETAIL FOOD ESTABLISHMENTS TOP VIOLATIONS



1

Violation #42

Wiping cloths properly used & stored.

2

Violation #43

Utensils properly used & stored.

3

Violation #33

Food contact surfaces clean.

4

Violation #47

Non-food contact surfaces clean; cleaning frequency.

5

Violation #38

Food labeling.



SANITARIAN & ENVIRONMENTAL SPECIALIST REGISTRATION PROGRAM

Clients Served

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

Contact

Vacant

405-426-8250

Fax: 405-900-7557

oklahoma.gov/health/chs

Authority

59 O.S., §§ 1150 et seq.

OAC 310:345

Funding Source

Fees Collected

This program was created to establish minimum qualifications for employment in state, federal, and private environmental programs for performing inspections of regulated facilities and investigating complaints.

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

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

Program Fees

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

SANITARIANS AND ENVIRONMENTAL SPECIALISTS	SFY18	SFY19	SFY20	SFY21	SFY22
Number certified	518	518	552	515	459
Fees collected	\$13,145	\$11,020	\$13,030	\$11,185	–

– Data is not currently available.

TATTOOING & BODY PIERCING PROGRAM

Clients Served

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

Contact

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

Licensing

Samuel C. Cannella
SamuelC@health.ok.gov

405-426-8250
Fax: 405-900-7557

[oklahoma.gov/health/
services/licensing-inspections/
consumer-health-service/body-
piercing-and-tattooing.html](http://oklahoma.gov/health/services/licensing-inspections/consumer-health-service/body-piercing-and-tattooing.html)

Authority

21 O.S., § 842.1
OAC 310:233

Funding Source

Fees Collected

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

Consumer Health Service (CHS) staff endeavor to establish procedures and standards to prevent infection and transmission of disease. CHS staff issue temporary and permanent licenses, regulate facility requirements, verify trainings, regulate equipment setup and requirements, recommend procedures for maintaining sanitary conditions, and validate training sessions on CPR, first aid, and blood borne pathogens. The legislature did not establish an advisory council for this program.



Program Fees

Exam Fee

Initial	\$200.00
First Retake	\$75.00
Second Retake	\$75.00

Tattoo Artist Licensing Fees

Initial license	\$250.00
Renewal license	\$250.00
Late renewal license (not renewed within 30 days after expiration)	\$350.00
Temporary license (not to exceed 7 days)	\$50.00

Body Piercing Artist Licensing Fees

Initial license	\$250.00
Renewal license	\$250.00

Late renewal license (not renewed within

30 days after expiration)	\$350.00
Temporary license (not to exceed 7 days)	\$50.00

Tattoo Establishment Permit Fees

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

Body Piercing Establishment Permit Fees

Initial license	\$500.00
Renewal license	\$250.00

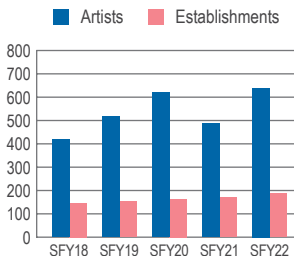
Late renewal license (not renewed within

30 days after expiration)	\$350.00
Temporary event license (not to exceed 3 days)	\$250.00

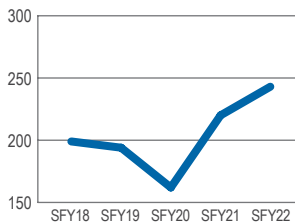
VIOLATIONS	SFY18	SFY19	SFY20	SFY21	SFY22
Violations cited	96	77	49	44	81
Inspections	199	194	162	220	243
Violations per inspection	0.4	0.3	0.3	0.2	0.3
TATTOO ARTISTS AND ESTABLISHMENTS	SFY18	SFY19	SFY20	SFY21	SFY22
Licensed individuals	380	409	495	427	475
Temporary artists	40	107	126	61	164
Total licensed artists	420	516	621	488	639
Establishments	146	154	164	169	187
BODY PIERCING ARTISTS AND ESTABLISHMENTS	SFY18	SFY19	SFY20	SFY21	SFY22
Licensed individuals	63	53	64	51	68
Temporary artists	1	2	3	3	2
Total licensed artists	64	55	67	54	70
Establishments	45	38	46	39	52
TOTAL FEES & FINES	\$161,325	\$132,050	\$250,450	\$223,140	–

– Data is not currently available.

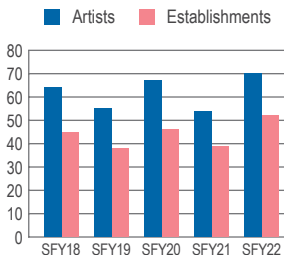
TATTOO PROGRAM



TATTOO & BODY PIERCING INSPECTIONS CONDUCTED



BODY PIERCING PROGRAM



TATTOO AND BODY PIERCING PROGRAM TOP VIOLATIONS

1

Violation #2

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

2

Violation #1

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

3

Violation #19

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

4

Violation #31

OAC 310:233-7-1(g)
Sink/Water/Supplies

WHOLESALE FOODS AND CORRECTIONAL FACILITIES

Clients Served

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

Contact

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

Licensing

Vacant

405-426-8250
Fax: 405-900-7557

[oklahoma.gov/health/services/
licensing-inspections/consumer-
health-service/foods.html](http://oklahoma.gov/health/services/licensing-inspections/consumer-health-service/foods.html)

Authority

63 O.S., §§ 1-1101 et seq.
OAC 310:225
OAC 310:250
OAC 310:260

Funding Source

Fees Collected

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

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

Program Fees

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

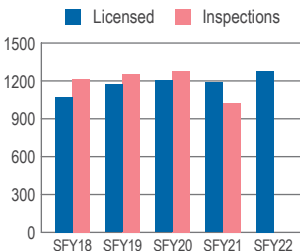
FOOD MANUFACTURERS	SFY18	SFY19	SFY20	SFY21	SFY22
Number licensed	1,074	1,171	1,204	1,188	1,279
Inspections	1,217	1,254	1,276	** 1,023	*
Violations cited	705	—	303	253	218
FOOD MANUFACTURERS	SFY18	SFY19	SFY20	SFY21	SFY22
Number licensed	81	82	80	77	74
Inspections	140	88	84	** 34	*
Fees collected	*	*	*	*	*

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

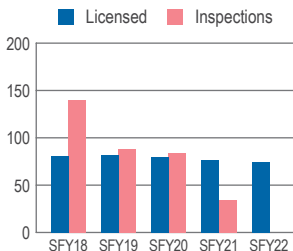
** Inspections limited due to COVID-19.

— Data is not currently available.

HOTELS-MOTELS



CORRECTIONAL FACILITIES





X-RAY FACILITIES

Clients Served

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

Contact

Vacant

405-426-8250

Fax: 405-900-7557

oklahoma.gov/health/chs

Authority

63 O.S., §§ 1-1501.1 et seq.

OAC 310:250

OAC 310:281

Funding Source

Fees Collected

This program was created to protect the general public, health care employees, and patients from excessive radiation emitted by diagnostic X-ray equipment.

Occupational Licensing Division staff test diagnostic X-ray equipment to ensure it is functioning properly, educate practitioners and health care workers about proper techniques to minimize exposure, and monitor procedures utilized during diagnostic X-ray examinations.

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

Program Fees

The fee for this permit varies, depending upon the number of tubes in the facility, and the class of permit requested.

All facilities except dental, podiatric and veterinary

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

Dental and Podiatric

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

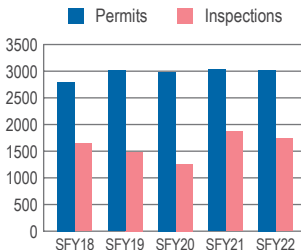
Veterinary

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

X-RAY FACILITIES	SFY18	SFY19	SFY20	SFY21	SFY22
Number licensed	2,800	3,008	2,983	3,031	3,023
Inspections	1,644	1,486	* 1,258	1,874	1,739
Violations cited	\$336,244	\$426,575	\$366,903	\$350,962	–

* Inspections limited due to COVID-19. – Data is not currently available.

X-RAY FACILITIES





HEALTH RESOURCES DEVELOPMENT SERVICE (HRDS)

DIRECTOR

Espa Bowen MCJA, M.Ed.

EspaB@health.ok.gov

Phone: 405-426-8175

Fax: 405-900-7571

Health Facility Systems & Managed Care Systems

HealthResources@health.ok.gov

Barry Edwards, Detention Program

405-426-8170 | Fax: 405-900-7575 | Jails@health.ok.gov

Oklahoma National Background Check Program

405-426-8145 | Fax: 405-900-7574 | OKScreen@health.ok.gov

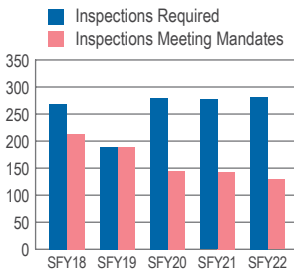
Nurse Aide Registry

405-426-8150 | Fax: 405-900-7572 | NAR@health.ok.gov

INSPECTION FREQUENCY MANDATES

	SFY18	SFY19	SFY20	SFY21	SFY22
Number of inspection mandates	3	3	3	3	3
Inspections required	269	189	280	277	282
Inspections meeting mandates	213	189	145	143	129

HEALTH RESOURCES DEVELOPMENT SERVICE



*****Go to page 196 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS*****

ADULT DAY CARE CENTER LICENSE APPLICATIONS

Clients Served

Adult day care centers and participants of the centers.

Contact

Espa Bowen
HealthResources@health.ok.gov

405-426-8175
Fax: 405-900-7571

[oklahoma.gov/health/services/
licensing-inspections/health-
resources-development-service.
html](http://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service.html)

Authority

63 O.S., §§ 1-870 et seq.
OAC 310:605

State license required; annual renewal. Medicare Certification is not applicable. Medicaid Certification can be obtained through the Department of Human Services.

There is no Certificate of Need for this program.

Funding Source

Fees Collected

This program was created to protect residents and to assure accountability of adult day care centers. The owner of each center must file a license application and submit a licensing fee annually.

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

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

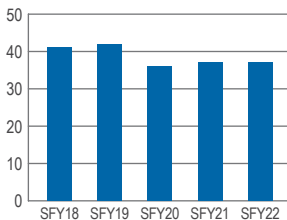
Program Fees

Initial license and annual renewal\$75.00

LICENSE APPLICATIONS ADULT DAY CARE CENTERS	SFY18	SFY19	SFY20	SFY21	SFY22
Licensed centers	41	42	36	37	37
Licenses issued*	39	46	19	35	26
Fees collected	\$3,075	\$3,450	\$1,125	\$2,625	\$5,850

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

LICENSED ADULT DAY CARE CENTERS



CERTIFIED WORKPLACE MEDICAL PLANS

Clients Served

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

Contact

Espa Bowen
HFS@health.ok.gov

405-426-8175
Fax: 405-900-7571

[oklahoma.gov/health/services/
licensing-inspections/health-
resources-development-service.
html](http://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service.html)

Authority

85 O.S., §§ 1 et seq.
OAC 310:657

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

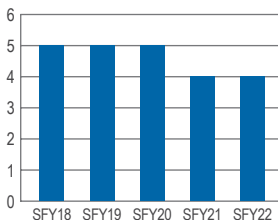
Applications for five-year certification are reviewed. Amended contracts and marketing materials are subject to desk reviews. Early calendar year 2006, Managed Care Systems (MCS) staff began site visits to ensure that medical services to a claimant and the medical management of the claimant's needs are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

Program Fees

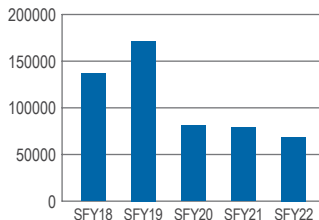
Initial certification and five year renewal	\$1,500.00
Annual on-site inspection	\$1,500.00
Follow-up visits	\$1,000.00
Change of ownership	\$1,500.00

WORKPLACE MEDICAL PLANS	SFY18	SFY19	SFY20	SFY21	SFY22
Number of plans	5	5	5	4	4
Initial certifications	0	0	0	0	0
Five-year renewals	0	0	1	2	1
Changes of ownership	1	0	1	0	0
Annual inspections	5	5	5	4	4
Follow-up inspections	0	0	0	0	0
Complaints investigated	0	0	0	0	0
Requests for information	0	0	2	1	1
Plan members	136,963	171,522	81,302	78,797	68,571
Fees collected	\$9,175	\$7,863	\$9,361	\$9,372	\$9,341.72

WORKPLACE MEDICAL PLANS



WORKPLACE MEDICAL PLANS



CONTINUUM OF CARE FACILITY & ASSISTED LIVING CENTERS LICENSE APPLICATIONS

Clients Served

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

Contact

Espa Bowen
HealthResources@health.ok.gov

405-426-8175

Fax: 405-900-7571

[oklahoma.gov/health/services/
licensing-inspections/health-
resources-development-service/
health-facility-systems.html](http://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/health-facility-systems.html)

Authority

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

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

Funding Source

Fees Collected

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

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

Program Fees

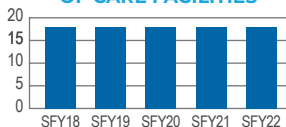
\$10.00 per licensed bed for establishment, with a \$1,000.00 maximum.
\$10.00 per licensed bed per year, plus \$75.00 for any Adult Day Care Center for initial or renewal license.

LICENSE APPLICATIONS CONTINUUM OF CARE FACILITIES	SFY18	SFY19	SFY20	SFY21	SFY22
Licensed facilities	18	18	18	18	18
Nursing facilities with assisted living centers	18	18	18	18	16
Nursing facilities with adult day care centers	0	0	0	0	0
Licenses issued*	22	22	18	0	16
Fees collected	\$34,865	\$30,881	\$18,115	\$0	\$61,100
LICENSE APPLICATIONS CONTINUUM OF CARE FACILITIES	SFY18	SFY19	SFY20	SFY21	SFY22
Licensed centers	165	166	188	189	189
Licenses issued*	194	195	106	25	134
Fees collected	\$119,650	\$116,530	\$54,065	\$12,360	–
Total continuum of care facilities and assisted living centers	183	184	206	207	207
Total licenses issued*	218	206	124	155	150
Total fees collected	\$154,515	\$147,412	\$72,180	\$29,010	\$199,634

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

– Data is not currently available.

**LICENSED CONTINUUM
OF CARE FACILITIES**



**LICENSED ASSISTED
LIVING CENTERS**



DETENTION FACILITY INSPECTION DIVISION

Clients Served

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

Contact

Barry Edwards
Jails@health.ok.gov

405-426-8170
Fax: 405-900-7575

Authority

74 O.S., §192
OAC 310:670

Funding Source

Fees Collected

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

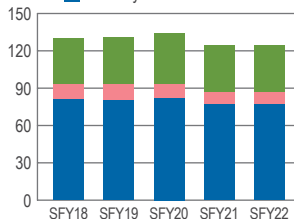
The Department is required to inspect all city and county detention facilities at least once each year to ensure standards are being followed. The standards adopted address admission and release procedures, security measures, sanitary conditions, diet, clothing and living area, detention staff training,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

DETENTION FACILITIES	SFY18	SFY19	SFY20	SFY21	SFY22
County Detention Facilities*	81	80	82	77	77
City Detention Facilities	12	13	11	10	10
Ten-day lock-up facilities	37	38	41	37	37
Total Number of Detention Facilities	130	131	134	125	125
Mandated Inspections Completed	189	131	129	125	125
Complaints investigated	306	96	50	92	74
Deaths investigated	44	17	12	16	35
Serious suicide attempts investigated	67	25	18	28	19
Escapes recorded	11	9	9	8	8
New Detention Facilities under construction	0	9	8	1	4
New Detention Facilities in planning stage	0	1	3	4	3

* Data reflects that some counties have multiple facilities.

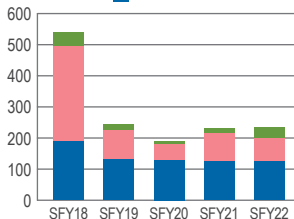
DETENTION FACILITIES BY TYPE

■ 10-day lock-up
■ City Detention Facilities
■ County Detention Facilities



DETENTION FACILITY

■ Deaths
■ Complaints
■ Routine



HOME CARE ADMINISTRATOR REGISTRY

Clients Served

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

Contact

HCAR@health.ok.gov

405-426-8175

Fax: 405-900-7571

oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/home-care-administrator-registry.html

Authority

63 O.S., § 1-1962

OAC 310:664

Funding Source

Fees Collected
and State Funds

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

Program Fees

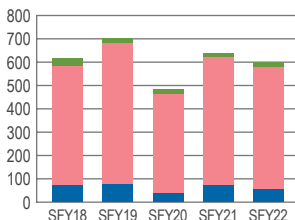
Initial application	\$140.00
Provisional application	\$80.00
Deeming application	\$80.00
Annual Renewal	\$55.00

HOME CARE ADMINISTRATORS	SFY18	SFY19	SFY20	SFY21	SFY22
Total certified administrators	582	656	736	633	663
Initial certificates	72	76	37	71	54
Renewal certificates	510	606	427	551	525
Provisional certificates	36	21	18	14	19
Complaints investigated	0	0	0	0	0
Tested for OHCAPA*	72	76	37	71	54
Testing sites	9	9	9	9	9
Preparedness programs	3	3	4	4	4
Preparedness program attendees	25	48	15	55	55
Fees collected	\$47,479	\$45,615	\$36,688	\$48,486	\$39,095

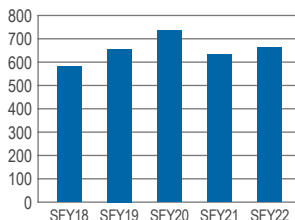
* Oklahoma Home Care Administrator Preparedness Assessment

HOME CARE ADMINISTRATORS

■ Provisional ■ Renewal ■ Initial



TOTAL CERTIFIED ADMINISTRATORS



MINIMUM DATA SET (MDS)

Clients Served

Nursing facilities and staff; Swing bed hospital providers; Centers for Medicare and Medicaid Services (CMS); privately owned software vendors; State Medicare and Medicaid surveyors; other state and federal Agencies; clients of Medicare and Medicaid facilities and swing bed hospitals.

Contact

Diane Henry
MDSHelp@health.ok.gov

oklahoma.gov/health/health-education/data-and-statistics/quality-improvement-and-evaluation-service/minimum-data-set.html

QIES Help Desk

405-426-8159
Fax: 405-900-7573

Authority

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

Funding Source

State and Federal Funds

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

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

MDS ASSESSMENTS FOR NURSING FACILITIES (NF)	SFY18	SFY19	SFY20	SFY21	SFY22
NFs transmitting MDS data	307	301	299	298	299
NF software vendors	21	15	15	13	14
NF resident count	18,439	*18,000+	17,047	16,242	42,242
NF batches submitted	35,114	33,274	30,827	26,920	27,117
NF records processed	262,441	269,018	221,583	200,181	201,911
NF records rejected	11,018	7,118	8,791	5,244	3,572
NF-MDS records uploaded to the National Repository	251,423	261,900	212,792	194,937	198,339
MDS ASSESSMENTS FOR SWING BED HOSPITALS (SB)	SFY18	SFY19	SFY20	SFY21	SFY22
SBs transmitting MDS data	24	—	17	15	16
SB software vendors	3	—	3	3	3
SB batches submitted	1,662	—	1,214	829	*
SB records processed	2,922	—	1,879	1,187	*
SB records rejected	256	—	245	114	*
SB-MDS records uploaded to the National Repository	2,666	—	1,633	1,073	*
TOTALS FOR NFs AND SBs	SFY18	SFY19	SFY20	SFY21	SFY22
Transmitting MDS data	331	—	316	313	315
Software vendors	24	—	18	16	17
Batches submitted	36,776	—	32,041	27,649	*
Records processed	265,363	—	223,461	201,368	*
Records rejected	11,274	—	9,036	5,358	*
Records uploaded to the National Repository	254,089	—	214,425	196,101	*

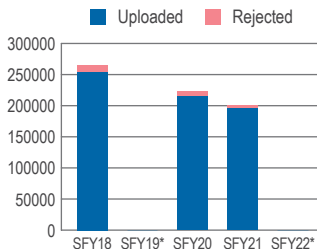
TOTALS FOR NFs AND SBs	SFY18	SFY19	SFY20	SFY21	SFY22
MDS training sessions	12	13	(2.00)	1	2
Facilities/Hospitals with staff attending workshops	394	406	–	101	29
Workshop participants	731	699	441	101	123
HelpDesk Contacts	1,441	1,426	957	*247	370

* SFY 21 Correspondence was decreased due to the COVID-19 pandemic.

* SFY22 Swing Bed data not available at this time due to transition to iQIES.

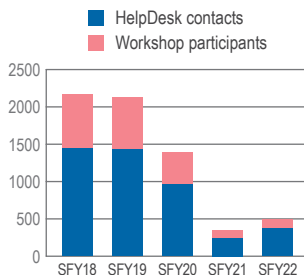
– Data is not currently available.

MDS RECORDS PROCESSED



*Data is not currently available.

MDS TRAINING



*MDS trainings were not provided due to COVID-19. Communications regarding MDS or related questions were decreased as nursing homes were focused on infection control and the care of residents.

NATIONAL PRACTITIONER DATA BANK REPORTING

Clients Served

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

www.npdb.hrsa.gov/

Authority

45 CFR Part 60

State licensing and certification entities are required to report to the National Practitioner Data Bank (NPDB) certain adverse actions taken as the result of formal proceedings against health care practitioners, health care entities, health care providers, or health care suppliers. Actions to be reported include revocation, suspension, reprimand, censure, probation, loss of license/certificate, loss of the right to apply for or renew a license/certificate, voluntary surrender of a license/certificate pending an investigation, administrative fines, civil monetary penalties, and any other negative action or finding that is publicly available information.

The types of actions to be reported include initial action, correction to action, revision to action (e.g., change in settlement agreement or terms, modification of agreement, completion of settlement agreement, terms of agreement met, dismissal), action was reversed or overturned, and notice of intent to appeal. To be in compliance with NPDB requirements, reports must be submitted electronically within 30 days of the date the action was taken.

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

DATA BANK REPORTING	SFY18	SFY19	SFY20	SFY21	SFY22
Nurse Aides (NA)/Non-Technical Service Workers (NTSW)	88	70	–	22	–
Emergency Medical Technicians (EMT)	6	2	–	–	–
Emergency Medical Services (EMS)	0	0	–	–	–
Assisted Living Centers (ALC)	16	7	–	9	–
Residential Care Homes (RCH)	4	2	–	0	–
Continuum of Care Facilities (CCF)	1	0	–	0	–
Nursing Facilities (NF)	1	12	–	0	–
Hospital Related Institutes (HRI)	–	1	–	0	–
Total reports submitted	116	94	–	31	–

– Data is not currently available.

NURSE AIDE REGISTRY

Clients Served

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

Contact

NAR@health.ok.gov

405-426-8150

Fax: 405-426-7572

[oklahoma.gov/health/services/
licensing-inspections/health-
resources-development-service/
nurse-aide-registry.html](http://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/nurse-aide-registry.html)

Authority

63 O.S., §§ 1-1950.3 et seq.

OAC 310:677

42 CFR 483.75 thru 485.158

42 CFR 484.36

Funding Source

Fees Collected and State Funds

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

Program Fees

(Fees are not charged for processing applications specific to Long Term Care. Fees are charged for processing applications for all other certifications.)

Recertification Application processing fee	\$10.00
Deeming Application processing fee	\$15.00
Reciprocity Application processing fee	\$0.00
Training Exception Application processing fee	\$15.00
Foreign Graduate Training Exception Application processing fee	\$15.00
Training and Testing Waiver Application processing fee	\$15.00
Retest Application processing fee	\$15.00
Duplicate certification card processing fee	\$10.00
Feeding Assistant initial and renewal fee	\$10.00

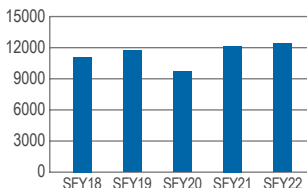
NURSE AIDE REGISTRY	SFY18	SFY19	SFY20	SFY21	SFY22
*Certifications, registrations, and advanced amendments added	11,092	11,744	9,690	12,156	12,382
Certified nurse aides	68,067	68,764	61,907	62,141	62,988
Registered feeding assistants	576	460	307	212	151
Approved training programs	289	285	304	313	359
Facilities ineligible to train due to substandard quality of care	32	26	13	46	1
Confirmed cases of abuse, neglect, or misappropriation of property	52	57	31	14	103
Fees collected	\$119,059	\$115,451	\$235,284	\$110,163	\$252,445

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

CERTIFICATIONS AND REGISTRATIONS ADDED THIS YEAR	SFY18	SFY19	SFY20	SFY21	SFY22
Long Term Care (LTC)	6,415	7,360	4,320	7,730	7,936
Home Health (HH)	3,041	2,985	2,021	2,496	2,186
Certified Medication Aide* (CMA)	1,328	1,149	866	1,115	1,080
Developmentally Disabled Direct AID (DDDC)	277	234	218	149	152
Residential Care (RC)	26	1	0	0	1
Adult Day Care (ADC)	5	15	0	0	6
CMA Advanced Nasogastric-Gastrostomy (NA-GA)	1,315	554	395	203	350
CMA Advanced Respiratory (RESP)	1,322	589	389	212	348
CMA Advanced Glucose Monitoring (GLU-MON)	538	289	135	118	177
CMA Advanced Insulin Administration (IN-ADM)	399	198	72	63	103
Registered Feeding Assistants (FA)	198	80	72	25	43

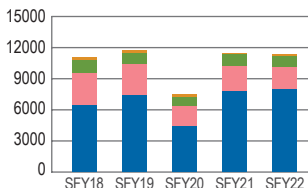
* A CMA must also have a LTC, HH or DDDC certification.

NURSE AIDES ADDED THIS YEAR

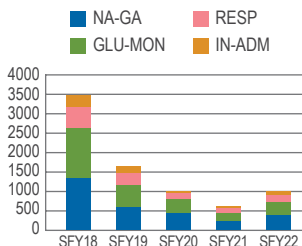


LEADING CERTIFICATION TYPES ADDED THIS YEAR

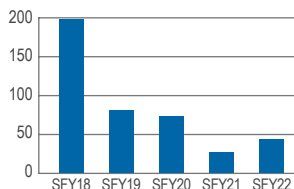
■ LTC ■ HH ■ CMA ■ DDDC



CMA ADVANCED TYPES ADDED THIS YEAR



FEEDING ASSISTANTS ADDED THIS YEAR

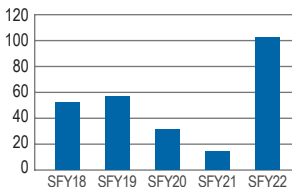


ACTIVE TRAINING PROGRAMS	SFY18	SFY19	SFY20	SFY21	SFY22
Long Term Care	131	127	147	150	150
Home Health	0	0	0	0	38
Developmentally Disabled	10	9	11	11	11
Residential Care	1	1	0	0	0
Adult Day Care	0	0	0	0	0
Certified Medication Aide	50	49	49	47	50
CMA Continuing Education	38	38	38	40	43
CMA Diabetes Care and Insulin Administration	23	25	26	27	27
CMA Gastronomy	1	1	1	1	1
CMA Glucose Monitoring	4	4	4	4	6
CMA Respiratory	1	2	2	2	2
CMA Respiratory and Gastrostomy	29	29	29	31	32
Competency Evaluation Program	3	3	3	3	3

PROGRAM ACTIVITIES	SFY18	SFY19	SFY20	SFY21	SFY22
Renewal forms mailed	26,728	27,703	19,964	0	0
*Certification cards mailed	10,660	0	0	0	0
Training program inspections	135	107	30	0	0
Certified Nurse Aide (CNA) Re-tester	250	267	151	129	169
Certified Medication Aide Re-tester	61	54	57	45	122
RN/LPN Student CNA/CMA training exceptions	152	116	101	54	0
RN/LPN Graduate CNA waivers	52	10	14	14	0
Foreign CNA training exceptions	1	9	4	0	0
Reciprocity CNA coming to Oklahoma	1,369	1,651	1,554	2,289	7,500
Reciprocity CNA leaving Oklahoma	401	373	450	291	357
LTC deemed to DDDC	37	16	17	0	0
HH deemed to LTC	3	0	0	0	0
DDDC deemed to RC	0	0	0	0	0
LTC deemed to RC	0	0	0	0	0

* In SFY2018 stopped mailing Certification Cards and started online verification.

CONFIRMED CASES OF ABUSE, NEGLECT OR MISAPPROPRIATION



NURSE AIDE TEMPORARY EMERGENCY WAIVER

Clients Served

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

Contact

Lindsey Jeffries
NAR@health.ok.gov

405-426-8150

Fax: 405-900-7572

oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/nurse-aide-temporary-emergency-waiver.html

Authority

63 O.S., § 1-1950
OAC 310:677-1-6

Funding Source

Fees Collected
and State Funds

Effective November 1, 2004, legislation was passed to ensure nursing facilities, specialized facilities, continuum of care facilities, assisted living centers, adult day care centers or residential care homes did not employ as a nurse aide, on a full-time, temporary, per diem, or any other basis, any individual who was not certified as a nurse aide in good standing and was not eligible for placement on the Nurse Aide Registry maintained by the State Department of Health.

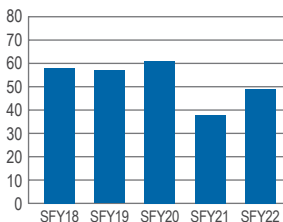
OSDH was given authority to grant a temporary emergency waiver to a facility that demonstrates it has been unable to successfully meet staffing requirements related to the provisions in the Act. The facility must meet the requirements and demonstrate that diligent efforts have been made to recruit and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

Program Fees

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

NURSE AIDE WAIVER	SFY18	SFY19	SFY20	SFY21	SFY22
Initial approval letters	12	4	7	8	2
Renewal approval letters	46	53	54	30	47
Total approval letters	58	57	61	38	49
Approval letters withdrawn	0	0	0	0	0
Denial letters issued	0	0	0	0	1
Initial fees collected	\$1,200	\$400	\$700	\$800	\$200
Renewal fees collected	\$3,450	\$3,975	\$4,050	\$2,250	\$3,525
Total fees collected	\$1,650	\$4,375	\$4,750	\$3,050	\$3,725

TOTAL NURSE AIDE APPROVAL LETTERS



NURSING AND SPECIALIZED FACILITIES CERTIFICATE OF NEED

Clients Served

Nursing and specialized facilities and prospective residents of each.

Contact

Espa Bowen
HealthResources@health.ok.gov

405-426-8175
Fax: 405-900-7571

hfs.health.ok.gov/

Authority

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

Funding Source

Fees Collected

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

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

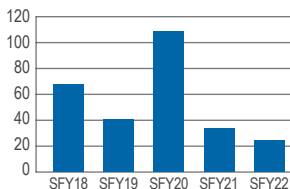
Program Fees

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

CERTIFICATE OF NEED FOR NURSING AND SPECIALIZED FACILITIES	SFY18	SFY19	SFY20	SFY21	SFY22
Applications received	69	45	109	97	40
Applications completed	68	40	109	33	24
Exemptions approved*	50	22	19	11	15
Exemptions denied	0	1	0	2	0
Exemptions withdrawn	1	1	0	0	0
Acquisitions approved	12	18	17	16	19
Acquisitions denied	0	0	0	1	0
Acquisitions dismissed	0	1	0	0	0
New construction approved	2	8	0	2	0
New construction denied	0	0	0	1	0
CONs withdrawn	0	1	0	1	0
Fees collected	\$50,920	\$61,625	\$40,825	\$30,400	\$101,646

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

CON APPLICATIONS COMPLETED



NURSING AND SPECIALIZED FACILITIES LICENSE APPLICATIONS

Clients Served

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

Contact

Espa Bowen
HealthResources@health.ok.gov

405-426-8175

Fax: 405-900-7571

[oklahoma.gov/health/services/
licensing-inspections/health-
resources-development-service/
health-facility-systems.html](http://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/health-facility-systems.html)

Authority

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

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

Funding Source

Fees Collected

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

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

Program Fees

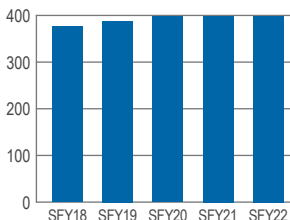
\$10.00 per licensed bed for initial license and renewal license.

LICENSE APPLICATIONS NURSING/SPECIALIZED FACILITIES	SFY18	SFY19	SFY20	SFY21	SFY22
Nursing facilities*	187	288	294	299	283
Specialized facilities for individuals with intellectual disabilities	88	90	93	97	106
Specialized Alzheimer's facilities	3	3	3	3	3
Oklahoma Veteran's Centers	7	7	7	7	7
Total facilities*	376	388	397	399	399
Total licenses issued**	195	39	242	107	74
Facilities with suspended licenses	3	2	1	2	5
Facilities closed	8	3	2	1	9
Fees collected	\$176,915	\$61,671	\$1,028,103	\$93,165	\$180,810

* Does not include continuum of care nursing facilities.

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

LICENSED NURSING AND SPECIALIZED FACILITIES



OKLAHOMA NATIONAL BACKGROUND CHECK PROGRAM

Clients Served

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

Contact

Barry Edwards
OKScreen@health.ok.gov

405-426-8145
Fax: 405-900-7574

[oklahoma.gov/health/services/
licensing-inspections/health-
resources-development-service/
oklahoma-national-background-
check-program.html](https://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/oklahoma-national-background-check-program.html)

Authority

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

Funding Source

Fees Collected

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

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



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

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

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

Phased implementation of the program began February 1, 2014.

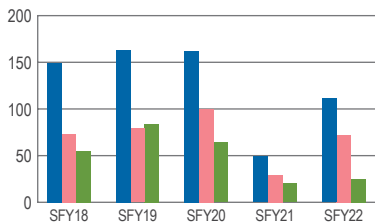
	SFY18	SFY19	SFY20	SFY21	SFY22
Eligible Background Checks Completed	30,302	26,453	25,367	16,140	16,038
Ineligible Background Checks Completed	300	420	388	176	218
Connected Applications*	40,618	42,096	42,885	38,806	42,628
Appeals Completed	149	163	162	49	111
Appeals Granted	73	79	100	29	72
Appeals Denied	66	84	64	20	25
Appeals Withdrawn	21	28	21	7	14
Applicants with In State Charges	3,485	3,353	2,909	2,395	2,757
Applicants with Out of State Charges	2,079	1,955	1,825	1,554	1,713
Rap Backs**	433	608	524	282	332
Rap Backs Disqualifying Applicant	42	86	58	6	32
Fees collected	\$1,141,235	\$1,177,924	\$1,258,237	\$1,144,085	\$1,300,930

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

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

APPEALS

■ Appeals Granted ■ Appeals Denied ■ Appeals Withdrawn



OUTCOME ASSESSMENT AND INFORMATION SET (OASIS)

Clients Served

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

Contact

Diane Henry
OASISHelp@health.ok.gov

oklahoma.gov/health/health-education/data-and-statistics/quality-improvement-and-evaluation-service/outcome-and-assessment-information-set.html

QIES Help Desk

405-426-8160
Fax: 405-900-7573

Authority

42 CFR 484.20
42 CFR 484.55
42 CFR 488.68

Funding Source

Fees Collected

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

Personnel in the OASIS program develop and provide health care information and consultative assistance to home health agencies and maintain the OASIS State Repository for upload to CMS. Responsibilities include educating providers in the clinical methodology and completion of OASIS forms; receipting and validating OASIS records; assisting home health agencies in understanding and interpreting validation reports and the error correction process; providing routine and intermittent training to home health agency staff and home health agency surveyors; furnishing support to software vendors; and supplying support services to home health agency surveyors to assist with OASIS issues in the survey process. The QIES Help Desk is open from 8:00 AM to 5:00 PM, Monday through Friday, and is available to anyone who needs assistance with the OASIS process.

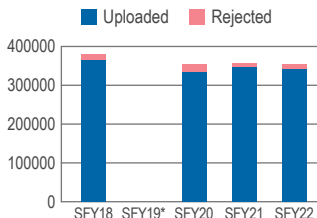
OASIS ASSESSMENTS FOR HOME HEALTH AGENCIES	SFY18	SFY19	SFY20	SFY21	SFY22
HHA's transmitting OASIS data	250	256	236	231	230
Software vendors	28	26	26	22	21
HHA client count	91,904	92,686	91,497	92,492	94,470
Batches submitted	34,555	35,017	38,714	41,054	41,440
Records processed	380,544	—	353,466	357,994	354,838
Records rejected	15,197	—	18,999	12,194	13,674
OASIS records uploaded to the National Repository	365,347	—	334,467	345,800	341,163
OASIS training sessions	3	5	*0	*0	*0
Number of agencies with staff attending workshops	67	201	*0	*0	*0
Workshop participants	124	336	*0	*0	*0
HelpDesk contacts	490	430	**248	**63	**68

** Correspondence was greatly reduced due to the COVID 19 pandemic. SFY22 OASIS transitions to iQIES and provider questions decreased.

* CMS was transitioning the OASIS-D Manual and related assessments to OASIS-E. Training was post-poned until changes were finalized and was provided December 22, 2022.

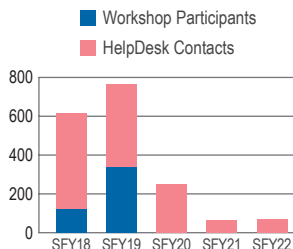
— Data is not currently available.

OASIS RECORDS PROCESSED



*Data is not currently available.

OASIS TRAINING



PSYCHIATRIC & CHEMICAL DEPENDENCY TREATMENT FACILITIES CERTIFICATE OF NEED

Clients Served

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

Contact

Espa Bowen
HealthResources@health.ok.gov

405-426-8175

Fax: 405-900-7571

[oklahoma.gov/health/services/
licensing-inspections/health-
resources-development-service/
health-facility-systems.html](http://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/health-facility-systems.html)

Authority

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

Funding Source

Fees Collected

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

Health Facility Systems (HFS) staff endeavor to control capital expenditures, bed expansions, and changes of ownership of such facilities. HFS staff review applications submitted by facilities to ensure compliance.

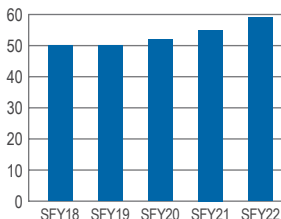
Program Fees

75% of capital cost of project, with a \$5,000 fee.

CERTIFICATE OF NEED PSYCHIATRIC & CHEMICAL DEPENDENCY FACILITIES	SFY18	SFY19	SFY20	SFY21	SFY22
Facilities in operation	50	50	52	55	59
Applications completed	4	0	2	3	4
Acquisitions approved	1	0	2	3	4
Bed additions approved	1	0	0	0	0
Beds added to inventory	0	0	0	0	0
Beds approved by CON review	79	0	0	0	0
Conversion from adult beds to child beds	24	0	0	0	0
Relocations approved	1	0	0	0	0
Applications denied	0	0	0	0	0
Applications withdrawn	0	0	0	0	0
Fees collected	\$31,500	–	\$20,000	32,500	\$40,000

– Data is not currently available.

PSYCHIATRIC & CHEMICAL DEPENDENCY FACILITIES



QUALITY IMPROVEMENT & EVALUATION SERVICE (QIES)

Clients Served

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

Contact

Diane Henry
QIESHelpdesk@health.ok.gov

405-426-8160

Fax: 405-900-7573

oklahoma.gov/health/health-education/data-and-statistics/quality-improvement-and-evaluation-service.html

QIES Help Desk

405-426-8160

Authority

OAC 310:675-17-1

Funding Source

State and Federal Funds

The Quality Improvement and Evaluation Services is responsible for coordinating and facilitating quality assessment and improvement programs for service areas within Protective Health Services (PHS). Tasks include assisting PHS's divisions to increase the quality and consistency of services provided to their clients through the development and implementation of individual quality improvement plans. Data collected about quality improvement efforts may then be analyzed to assess the reliability of the data and to provide feedback to staff and management to ultimately support management decisions.

The Data Systems area is responsible for maintaining optimal performance of CMSNet and the Quality Improvement and Evaluation Data System (QIES) which is a major component of the statewide survey and certification program. Data Systems staff configure the Centers for Medicare and Medicaid Services (CMS) federal suite of software application modules used to process survey, certification, complaint, licensure, assessment, enforcement, and

quality assurance activities for 53 types of health care facilities statewide in accordance with state and federal regulations. They coordinate the business and system aspects of CMSNet and the QIES data system between the CMS, the four PHS areas that utilize the system, and Office of Management and Enterprise Services Information Services Division (OMES-ISD) staff in an environment composed of strategic cross-system dependencies.

In October 2021, CMS transitioned home health data over to the Internet Quality Improvement and Evaluation System (iQIES) from the current ASPEN system. All HHA data that was in ASPEN will be in iQIES and all HHA system work will be done in iQIES. The CMS Net Manager was instrumental in assisting home health surveyors, and other team members, in learning and working in the new system. QIES personnel serve as the CMS Security Officials in order to approve requests in the iQIES system and state roles.

CMS plans to transition all health care provider types over to iQIES and this will occur over the course of the next two years.

QUALITY ASSURANCE & DATA SYSTEMS	SFY18	SFY19	SFY20	SFY21	SFY22
QA/QI Projects	3	6	–	0	0
Trainings conducted	37	16	–	0	0
HelpDesk contacts	506	523	–	284	303

– Data is not currently available.

Quality Improvement Reports

This information is located on page 183

Reports

- **Census Occupancy Report** - Occupancy data for the review of Nursing Facility Certificate of Need applications must be based on monthly reports that are submitted to the Oklahoma Health Care Authority (OHCA) pursuant to Title 63 of the Oklahoma Statutes (O.S.) Section 1-1925.2(H). Reports are electronically compiled from the "Quality of Care Report" facilities file with the Oklahoma Health Care Authority (OHCA). Any person interested in pursuing Certificate of Need approval for a bed expansion or a new nursing facility may request facility specific Quality of Care Reports.
- **Level of Care and Living Choice Report** - This report is provided to the Oklahoma Health Care Authority on a quarterly basis through their Data Use Agreement with CMS.
- **Substandard Quality of Care (SQC) Tag Reports** - Substandard Quality of Care (SQC)s allow Health Facility Systems (HFS) to measure the severity and scope, if any, of abuse or neglect of patients while in the care of a particular operator and staff. The SQC reports are used to gauge the level of penalties that are imposed upon an applicant based on the possible amount of residents that could have been and were affected during an incident..

RESIDENTIAL CARE HOME LICENSE APPLICATIONS

Clients Served

Residential care homes and residents of the homes.

Contact

Espa Bowen
HealthResources@health.ok.gov

405-426-8175
Fax: 405-900-7571

[oklahoma.gov/health/services/
licensing-inspections/health-
resources-development-service/
health-facility-systems.html](http://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/health-facility-systems.html)

Authority

63 O.S., §§ 1-820 et seq.
OAC 310:680

State license required.
No Medicare or Medicaid
Certification.

Certificate of Need does not
apply to this program.

Funding Source

Fees Collected

This program was created to protect residents and to assure the accountability of residential care homes. A residential care home offers or provides residential accommodations, food service, and supportive assistance, such as the preparation of meals, dressing, bathing, and other personal needs. It may assist in the administration of medications, however, it cannot provide direct medical care. The owner of each home must file a license application and submit a licensing fee annually. Health Facility Systems staff receive the fee and review the application for completeness, accuracy, and consistency.

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

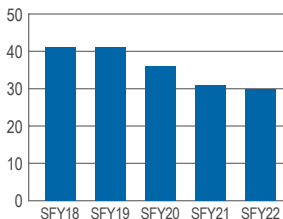
Program Fees

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

LICENSE APPLICATIONS RESIDENTIAL CARE HOMES	SFY18	SFY19	SFY20	SFY21	SFY22
Licensed homes	41	41	36	31	30
Total licenses issued*	22	34	18	13	10
Fees collected	\$1,000	\$1,670	\$400	\$650	\$675

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

LICENSED RESIDENTIAL CARE HOMES





LONG TERM CARE SERVICE (LTC)

DIRECTOR

Janene Stewart

Janene.Stewart@health.ok.gov

Phone: 405-426-8200

Beverly Clark, Manager of Training

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Inez Bennett, Compliance Officer

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LeKenya Antwine, Manager of Enforcement

LeKenya.Antwine@health.ok.gov

Lisa McAlister, Manager of Complaints & Incidents

LisaAM@health.ok.gov

Shayla Spriggs, Manager of Survey

Shayla.Spriggs@health.ok.gov

Zach Collins, Preventative Medical Consultant

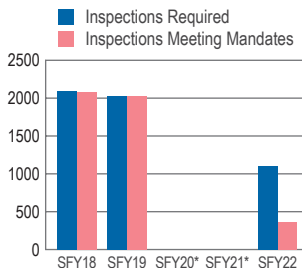
ZachC@health.ok.gov

INSPECTION FREQUENCY MANDATES

	SFY18	SFY19	SFY20	SFY21	SFY22
Number of inspection mandates	24	24	24	24	24
Inspections required	2,094	2,032	–	–	1,106
Inspections meeting mandates	2,080	2,030	–	–	365

– Data is not currently available.

HEALTH RESOURCES DEVELOPMENT SERVICE



*Data is not currently available.

Go to page 196 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS

ADULT DAY CARE CENTER INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

405-426-8600

ltc.health.ok.gov

Authority

63 O.S., §§ 1-870 et seq.
OAC 310:605

Funding Source

State Funds

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

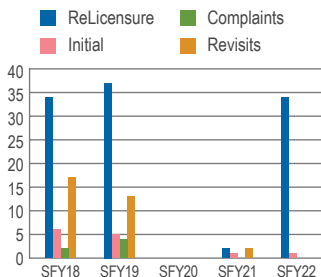
Long Term Care (LTC) staff develop minimum licensure requirements and monitor the center's compliance with the rules. Each center is required to submit an application for licensure.

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

	SFY18	SFY19	SFY20	SFY21	SFY22
NUMBER OF FACILITIES	41	42	*	41	36
Inspections	59	59	*	3	35
ReLicensure	34	37	*	2	34
Initial	6	5	*	1	1
Complaints	2	4	*	0	0
Revisits	17	13	*	2	0

* Data unavailable due to COVID-19.

ADULT DAY CARE CENTERS NUMBER OF SURVEYS



ADULT DAY CARE CENTERS TOP VIOLATIONS FOR CHAPTER 605

(63 O.S., §§ 1-870 et seq.)

- 1 1118** – Staffing Requirements - Employment Exam
- 2 1520** – Buildings and Grounds – Water Temps/ Supplies
- 3 0910** – Admission – Care Plan – 10 Days
- 4 1138** – Staff Qualifications – Adult Day Care Aide
- 5 1370** – Additional Services – Nurse Review at 3 months

ASSISTED LIVING CENTER INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

405-426-8200

[oklahoma.gov/health/services/
licensing-inspections/long-
term-care-service.html](http://oklahoma.gov/health/services/licensing-inspections/long-term-care-service.html)

Authority

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

Funding Source

State Funds

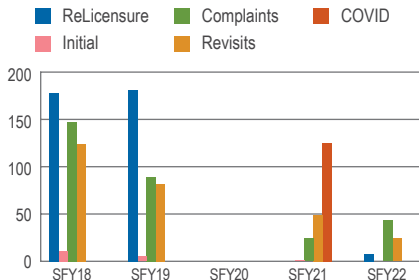
This program was created in 1997 to establish a system of licensure of assisted living centers. Long Term Care (LTC) staff evaluate compliance of centers with the licensure regulation and endeavor to ensure individuals receive services to meet their needs.

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

	SFY18	SFY19	SFY20	SFY21	SFY22
NUMBER OF FACILITIES	41	42	*	41	36
Inspections	59	59	*	3	35
ReLicensure	34	37	*	2	34
Initial	6	5	*	1	1
Complaints	2	4	*	0	0
Revisits	17	13	*	2	0

* Data unavailable due to COVID-19.

ADULT DAY CARE CENTERS NUMBER OF SURVEYS



ASSISTED LIVING CENTERS TOP VIOLATIONS FOR CHAPTER 663

(Continuum of Care and Assisted Living Rules)

- 
- 1 1505** – Resident Rights – Medical Care
 - 2 0522** – Assessment Timeframes
 - 3 1951** – Maintenance of Records
 - 4 1911** – Nurse Care
 - 5 1304** – Resident Service Contract
 - 6 5010** – Care and Services - Coordination of Care

TOP VIOLATIONS FOR CHAPTER 677

(Nurse Aide Training and Certification Rules)

- 1 1105** – General Requirements
- 2 1442** – Skills and Functions
- 3 0110** – Applicability
- 4 0960** – Competency and Skills Examination – HHA
- 5 1425** – Skills and Functions

CONTINUUM OF CARE FACILITY INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

405-426-8200

oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/health-facility-systems.html

Authority

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

Funding Source

State and Federal Funds

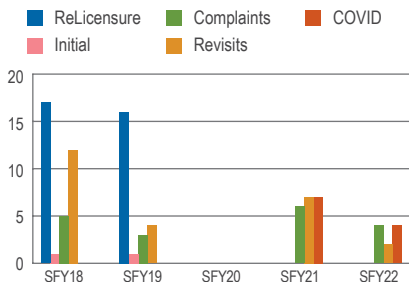
This program was created in 1997 to establish a system of licensure of continuum of care facilities. Continuum of care facilities provides a range of long term care services. A continuum of care facility may provide nursing facility services, assisted living services, and adult daycare services under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

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

	SFY18	SFY19	SFY20	SFY21	SFY22
NUMBER OF FACILITIES	18	18	*	10	24
Inspections	35	24	*	20	6
ReLicensure	17	16	*	0	0
Initial	1	1	*	0	0
Complaints	5	3	*	6	4
Revisits	12	4	*	7	2
COVID	*	*	*	7	4

* Data unavailable due to COVID-19.

CONTINUUM OF CARE FACILITIES NUMBER OF SURVEYS



CONTINUUM OF CARE FACILITIES TOP VIOLATIONS FOR CHAPTER 663

(Continuum of Care and Assisted Living Rules)

- 1 1505** – Resident Rights – Medical Care
 - 2 1507** – Resident Rights – Reasonable Accommodation
 - 3 1512** – Resident Rights – Abuse/Neglect
 - 4 0522** – Assessment Timeframes
 - 5 1951** – Maintenance of Records
- 

INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID) INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

405-426-8200

oklahoma.gov/health/services/licensing-inspections/long-term-care-service.html

Authority

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

Funding Source

State and Federal Funds

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

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

Long Term Care (LTC) staff endeavor to promote and evaluate compliance of ICF/IID facilities with the regulations by assuring

individual needs are aggressively met to ensure a higher quality of life for all. LTC staff investigate complaints, perform annual licensure and certification surveys, and conduct revisits when necessary. Facilities are licensed and certified based on the survey outcomes.

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

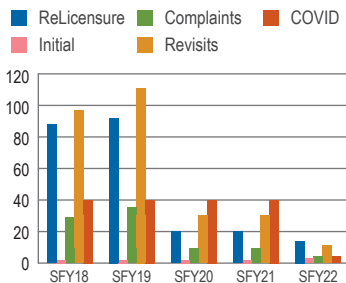
The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting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



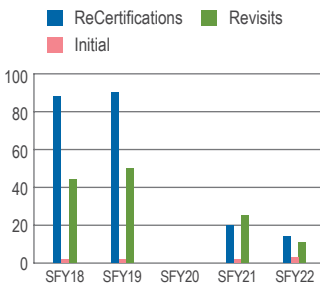
	SFY18	SFY19	SFY20	SFY21	SFY22
NUMBER OF FACILITIES	89	91	*	61	96
Inspections	350	382	*	148	60
ReCertifications (Health)	88	92	*	20	14
Initial (Health)	2	2	*	2	3
Complaints (Health)	29	35	*	9	4
Revisits (Health)	97	111	*	30	11
ReCertifications (Life Safety Code)	88	90	*	20	14
Initial (Life Safety Code)	2	2	*	2	3
Revisits (Life Safety Code)	44	50	*	25	11
COVID	*	*	*	40	4

* Data unavailable due to COVID-19.

ICF/IID NUMBER OF HEALTH SURVEYS



ICF/IID NUMBER OF LIFE SAFETY CODE SURVEYS



ICF/IID FACILITIES TOP FEDERAL VIOLATIONS FOR 42 CFR 483.400–483.480

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

- 1 **0454** – Infection Control
- 2 **0102** – Governing Body and Management
- 3 **0153** – Staff Treatment of Clients
- 4 **0255** – Program Monitoring & Change
- 5 **0474** – Meal Services

TOP FEDERAL VIOLATIONS FOR EMERGENCY PREPAREDNESS

- 1 **0015** – Subsistence Needs for Staff and Patients
- 2 **0024** – Policies/Procedures - Volunteers and Staffing

TOP STATE VIOLATIONS, CHAPTER 675

(Nursing and Specialized Facilities)

- 1 M102** – Active Treatment
- 2 M150** – Staffing



TOP FEDERAL VIOLATIONS FOR LIFE SAFETY CODE

(NFPA101)

- 1 S131** – Multiple Occupancies
- 2 S200** – Means of Egress Requirements – Other
- 3 S222** – Egress Doors
- 4 S321** – Hazardous Areas – Enclosure
- 5 S712** – Fire Drills

NURSING FACILITY INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

405-426-8200

oklahoma.gov/health/services/licensing-inspections/long-term-care-service.html

Authority

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

Funding Source

State and Federal Funds

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

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

LTC staff also develop and interpret licensure rules, monitor compliance with Medicaid and Medicare

certification requirements, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against facilities when appropriate.

Immediate jeopardy in a nursing facility is defined as a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death to a resident. An immediate jeopardy tag is a deficiency that has been ranked at a J (one or several residents are impacted), K (a pattern is shown), or L (the issue is widespread).

A substandard quality of care citation occurs when:

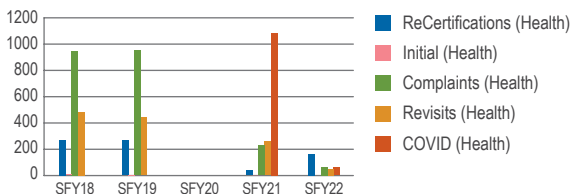
- A nursing facility is found to be out of compliance with requirements found at CFR 483.13, Resident Behavior and Facility Practices, CFR 483.15, Quality of Life, or CFR 483.25, Quality of Care; and
- The deficiency has been assigned a scope and severity level of F, H, I, J, K, or L.

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

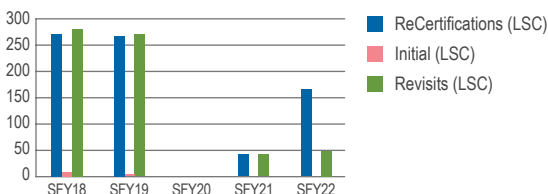
NURSING HOMES (MEDICARE/MEDICAID)	SFY18	SFY19	SFY20	SFY21	SFY22
Number of facilities	306	303	*	276	394
Inspections	2,279	2,217	*	1,702	549
ReCertifications (Health)	272	268	*	38	165
Initial (Health)	6	2	*	0	0
Complaints (Health)	955	961	*	230	64
Revisits (Health)	487	445	*	258	47
COVID (Health)	*	*	*	1,096	60
ReCertifications (Life Safety Code)	272	268	*	40	165
Initial (Life Safety Code)	6	2	*	0	0
Revisits (Life Safety Code)	281	271	*	40	47
NURSING HOMES (PRIVATE PAY)	SFY18	SFY19	SFY20	SFY21	SFY22
Number of facilities	2	1	*	1	1
Inspections	3	1	*	2	1
ReLicensure	1	1	*	0	1
Initial	0	0	*	0	0
Complaints	1	0	*	0	0
Revisits	1	0	*	1	0
COVID	*	*	*	1	0
NURSING HOMES (COMBINED)	SFY18	SFY19	SFY20	SFY21	SFY22
Number of licensed beds	28,794	28,675	*	30,057	30,371
Number of residents	18,135	18,059	*	16,242	18,397
Occupancy Rate	63.0%	63.0%	*	54.0%	60.6%

* Data unavailable due to COVID-19.

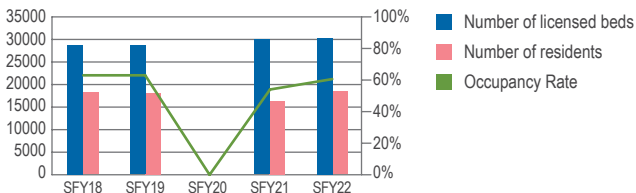
NURSING HOMES (MEDICARE/MEDICAID) NUMBER OF HEALTH SURVEYS



NURSING HOMES (MEDICARE/MEDICAID) NUMBER OF LIFE SAFETY CODE SURVEYS



NURSING HOME OCCUPANCY



NURSING HOMES (MEDICARE/MEDICAID) TOP FEDERAL HEALTH SURVEYS VIOLATIONS

63 §§ 1-1901 et seq.

- 1 0884** – Reporting – National Health Safety Network
- 2 0880** – Infection Prevention & Control
- 3 0677** – ADL Care Provided for Dependent Residents
- 4 0684** – Quality of Care
- 5 0812** – Food Procurement, Store/Prepare/Serve-Sanitary

TOP FEDERAL VIOLATIONS FOR EMERGENCY PREPAREDNESS

- 1 0004** – Develop EP Plan, Review and Update Annually
- 2 0039** – EP Testing Requirements
- 3 0006** – Plan Based on All Hazards Risk Assessment
- 4 0024** – Policies/Procedures – Volunteers and Staffing
- 5 0001** – Establishment of the Emergency Program (EP)

TOP STATE VIOLATIONS, CHAPTER 675

(Nursing and Specialized Facilities)

- 1 L000** – Initial Comments
- 2 L816** – Basic Nursing and Personal Care
- 3 L920** – Direct Care Staffing
- 4 L810** – Infection Control
- 5 L900** – Required Staffing

TOP FEDERAL VIOLATIONS FOR LIFE SAFETY CODE

(NFPA101)

- 1 0321** – Hazardous Areas - Enclosure
- 2 0363** – Corridor – Doors
- 3 0372** – Subdivision of Building Spaces – Smoke Barrier
- 4 0222** – Egress Doors
- 5 0923** – Gas Equipment – Cylinder and Container Storage

RESIDENTIAL CARE HOME INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

405-426-8200

[oklahoma.gov/health/services/
licensing-inspections/long-
term-care-service](https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service)

Authority

63 O.S., §§ 1-819 et seq.
OAC 310:680

Funding Source

State Funds

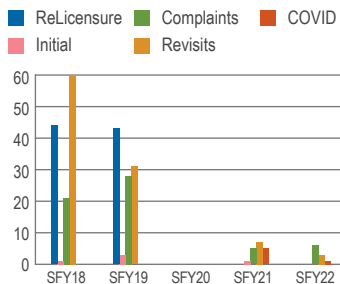
This program was created in 1991 to establish standards for licensure of Residential Care Homes. Long Term Care (LTC) staff evaluate compliance with the regulations to assure individual needs of the residents are met to optimize the quality of life in the homes.

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

	SFY18	SFY19	SFY20	SFY21	SFY22
NUMBER OF FACILITIES	47	44	*	41	37
Inspections	126	105	*	18	6
ReLicensure	44	43	*	0	0
Initial	1	3	*	1	0
Complaints	21	28	*	5	6
Revisits	60	31	*	7	3
COVID	*	*	*	5	1

* Data unavailable due to COVID-19.

RESIDENTIAL CARE HOMES NUMBER OF SURVEYS



RESIDENTIAL CARE HOMES TOP VIOLATIONS

(63 O.S. §§ 1-820 et seq.)

- 1 0149** – Rights - Private Communication
- 2 0152** – Rights - Appropriate Medical Care
- 3 0158** – Rights - Abuse, Neglect, Seclusion and Restraints
- 4 0236** – Resident Records/Resident Funds
- 5 0309** – General Criteria - Good Repair

TOP VIOLATIONS FOR CHAPTER 677

(Nurse Aide Training and Certification Rules)

- 1 1105** – General Requirements - LTC
- 2 1442** – Skills and Functions

VETERAN'S CENTER INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

405-426-8200

Authority

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

Funding Source

State Funds

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

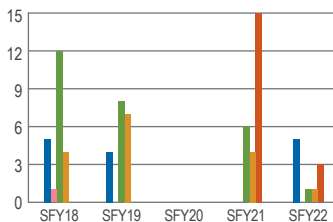
LTC Staff investigate complaints, perform annual licensure surveys, and conduct revisits when necessary. When facilities fail to comply with State requirements, a list of deficiencies in the condition or operation of the facility and recommendations for corrective measures is sent to the person immediately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

	SFY18	SFY19	SFY20	SFY21	SFY22
NUMBER OF FACILITIES	7	4	*	6	6
Inspections	22	19	*	25	12
ReLicensure	5	4	*	0	5
Initial	1	0	*	0	0
Complaints	12	8	*	6	1
Revisits	4	7	*	4	1
COVID	*	*	*	15	3

* Data unavailable due to COVID-19.

VETERAN CENTERS NUMBER OF SURVEYS

■ ReLicensure
 ■ Complaints
 ■ COVID
■ Initial
 ■ Revisits



VETERAN'S CENTERS

TOP FEDERAL HEALTH SURVEYS VIOLATIONS

63 §§ 1-1901 et seq.

- 1 **L704** – Residents' Rights and Responsibilities
- 2 **L810** – Infection Control
- 3 **L812** – Infection Control
- 4 **L816** – Basic Nursing and Personal Care

MEDICAL FACILITIES SERVICE (MEDFAC)

DIRECTOR

Nena West

NenaW@health.ok.gov

Phone 405-426-8470

Fax 405-900-7559

Andrea Jordan, Quality, Enforcement, & Review

405-426-8470 | Fax: 405-900-7559 | AndreaxJ@health.ok.gov

Dale Adkerson, Emergency Medical Services

405-426-8480 | Fax: 405-900-7560 | DaleA@health.ok.gov

Dawn Lovett-Whitney, Home Services

405-426-8470 | Fax: 405-900-7559 | DawnL@health.ok.gov

Grace Pelley, Trauma and Systems Development

405-426-8480 | Fax: 405-900-7560 | GraceP@health.ok.gov

John Watts, Facility Services

405-426-8470 | Fax: 405-900-7559 | John.Watts@health.ok.gov

Nazli Toloie, Health Facilities Plan Review

405-426-8620 | Fax: 405-900-7559 | NazliT@health.ok.gov

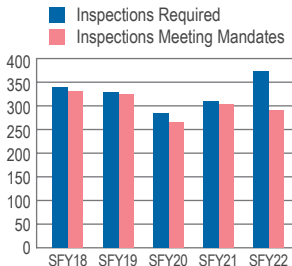
Vacant, Assistant Director

405-426-8470 | Fax: 405-900-7559 | NenaW@health.ok.gov

INSPECTION FREQUENCY MANDATES

	SFY18	SFY19	SFY20	SFY21	SFY22
Number of inspection mandates	14	14	14	14	14
Inspections required	339	328	284	309	374
Inspections meeting mandates	330	325	265	303	290

MEDICAL FACILITIES SERVICE



Go to page 196 to see Inspection Frequency Mandate compliance data and other Quality Improvement/Quality Assurance activities taken by PHS

AMBULATORY SURGICAL CENTERS

Clients Served

Ambulatory surgery patients and facilities.

Contact

John Watts
John.Watts@health.ok.gov

405-426-8470
Fax: 405-900-7559

[oklahoma.gov/health/services/
licensing-inspections/medical-
facilities-service/facility-
services-division.html](https://oklahoma.gov/health/services/licensing-inspections/medical-facilities-service/facility-services-division.html)

Authority

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

Funding Source

Federal contract allocation
and State Licensure Fees

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

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

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

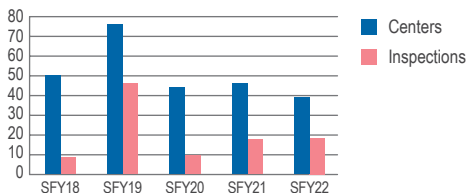
Program Fees

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

AMBULATORY SURGICAL CENTERS	SFY18	SFY19	SFY20	SFY21	SFY22
Number of centers	50	76	44	46	39
Centers surveyed	5	14	4	10	9
Licensure surveys & follow-ups	1	0	0	0	0
Recertification surveys & follow-ups	6	17	5	10	9
Life safety code surveys & follow-ups	1	15	4	7	9
Total inspections	8	46	9	17	18
Complaint investigations	0	0	0	0	0
Fees collected	\$22,500	\$28,000	\$27,500	\$28,500	\$18,000
CITATIONS	SFY18	SFY19	SFY20	SFY21	SFY22
Surveys with citations	–	–	12	10	7
Deficiencies cited	27	199	75	92	66
Condition tags cited	2	–	–	–	–
Deficiencies cited per survey with citations	–	–	6.3	9.2	9.4

– Data is not currently available.

AMBULATORY SURGICAL CENTERS



AMBULATORY SURGICAL CENTERS TOP VIOLATIONS—FEDERAL CERTIFICATION

- 1 Q0064** – Standard Level Tag for Surgical Services
- 2 Q0241** – Sanitary Environment
- 3 Q0042** – Hospitalizations
- 4 Q0141** – Organization and Staffing
- 5 Q0181** – Administration of Drugs

AMBULATORY SURGICAL CENTERS TOP VIOLATIONS—FEDERAL CERTIFICATION LIFE SAFETY CODE

1 **K0941** – Electrical Systems Maintenance and Testing



BIRTHING CENTERS

Clients Served

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

Contact

John Watts
John.Watts@health.ok.gov

405-426-8470
Fax: 405-900-7559

[oklahoma.gov/health/services/
licensing-inspections/medical-
facilities-service](https://oklahoma.gov/health/services/licensing-inspections/medical-facilities-service)

Authority

63 O.S., § 1-701
OAC 310:616

Funding Source

State Licensure Fees

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

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



Program Fees

Per bed per year\$10.00

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)

Clients Served

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

Contact

Nena West
NenaW@health.ok.gov

405-426-8470
Fax: 405-900-7559

[oklahoma.gov/health/services/
licensing-inspections/medical-
facilities-service](https://oklahoma.gov/health/services/licensing-inspections/medical-facilities-service)

Authority

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

Funding Source

Federal Contract Allocation

Federal law (CLIA-67) was amended in 1998 to regulate all clinical laboratory testing regardless of location. OSDH agreed to contract with the Centers for Medicare & Medicaid Services (CMS) to implement the program. Facility Services Division (FSD) staff strive to ensure quality laboratory testing.

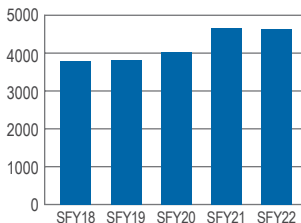
FSD staff conduct on-site surveys and certify laboratories every two years, conduct complaint investigations, monitor proficiency testing, and train providers.

	CITATIONS	SFY18	SFY19	SFY20	SFY21	SFY22
Surveys with citations	–	–	–	60	133	121
Deficiencies cited	800	806	–	325	742	491
Condition tags cited	85	–	–	20	58	49
Deficiencies cited per survey with citations	–	–	–	5.4	6.0	3.8

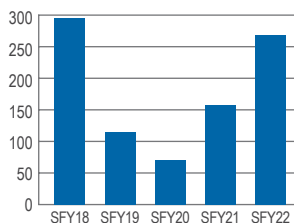
– Data is not currently available.

CLINICAL LABORATORIES	SFY18	SFY19	SFY20	SFY21	SFY22
Certificate of Compliance Labs	242	244	248	240	234
Certificate of Waiver Labs	2854	2919	3136	3793	3812
Certificate of Provider Performed Microscopy Procedures Labs	391	363	345	345	316
Certificate of Accreditation Labs	306	296	294	288	288
Total Clinical Laboratories	3793	3822	4023	4666	4650
CLINICAL LABORATORIES	SFY18	SFY19	SFY20	SFY21	SFY22
Initial surveys for new labs	21	10	5	23	18
Recertification surveys for Certificate of Compliance Labs	143	80	57	125	112
Validation surveys of Certificate of Accreditation Labs	0	0	3	0	0
Recertification surveys for Certificate of Waiver Labs	0	0	0	0	0
Follow-up surveys	127	25	4	8	135
Complaint investigations	5	0	1	1	4
Total surveys conducted	296	115	70	157	269

CLINICAL LABORATORIES



CLIA INSPECTIONS



CLINICAL LABORATORY (CLIA) TOP VIOLATIONS—FEDERAL CERTIFICATION

- 1 **D5429** – Maintenance and Function Checks
- 2 **D5421** – Establishment and Verification of Performance
- 3 **D5401** – Procedure Manual
- 4 **D5209** – Personnel Competency Assessment Policies
- 5 **D2015** – Testing of Proficiency Testing Supplies

COMPLAINTS & ENFORCEMENT

Clients Served

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

Contact

Vacant
medicalfacilities@health.ok.gov

405-426-8470
Fax: 405-900-7559

[oklahoma.gov/health/services/
licensing-inspections/medical-
facilities-service/complaints-
and-enforcement-division](https://oklahoma.gov/health/services/licensing-inspections/medical-facilities-service/complaints-and-enforcement-division)

Authority

63 O.S., § 1-707

Funding Source

State Appropriation

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

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

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

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

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



EMERGENCY SYSTEMS

EMERGENCY MEDICAL SERVICES

Clients Served

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

Contact

Dale Adkerson
DaleA@health.ok.gov

405-426-8480
Fax: 405-900-7560

[oklahoma.gov/health/services/
licensing-inspections/
emergency-systems.html](http://oklahoma.gov/health/services/licensing-inspections/emergency-systems.html)

Authority

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

Funding Source

State Licensure Fees and State
Appropriated Funds

The Emergency Medical Services (EMS) program was created to: (1) implement a national standard of care for the provision of emergency medical services; (2) implement statewide coordination of EMS; (3) monitor compliance with minimum standards; and (4) collect data on emergency medical services responses statewide.

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

Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Emergency Response Systems Development Advisory Council (OERSDAC) and created a new section of law known as the Oklahoma Public Health

Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act placed Emergency Medical Services under the jurisdiction of the Trauma and Emergency Response Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Program Fees

Fees for Agencies:

(Licenses are issued for a two-year period.)

Ambulance Services:

Initial	\$600.00, plus \$20.00 for each vehicle in excess of two, and \$150.00 for each substation
Renewal	\$100.00, plus \$20.00 for each vehicle in excess of two, and \$50.00 for each substation

Emergency Medical Response Agency:

Initial	\$50.00
Renewal	\$20.00

Fees for individual Emergency Medical Technicians (EMTs):

(Licenses are issued for a two-year period.)

Initial EMT Licensure, including practical skills testing:

Basic	\$75.00 + \$10.00 DBA*
Intermediate	\$150.00 + \$10.00 DBA*
Paramedic	\$200.00 + \$10.00 DBA*

EMT Re-licensure:

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

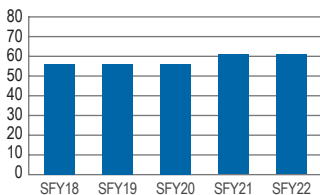
Skills re-testing fees (Intermediate and Paramedic only):

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

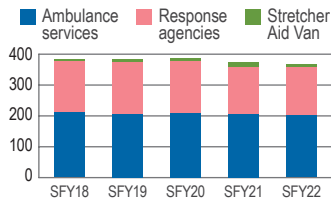
*Death Benefit Assessment

EMERGENCY MEDICAL SERVICES	SFY18	SFY19	SFY20	SFY21	SFY22
EMS Districts	56	56	56	61	61
Ambulance Services	210	206	208	205	201
Emergency Medical Response Agencies	167	169	169	155	158
Stretcher Aid Van Services	7	10	10	13	11

EMS DISTRICTS



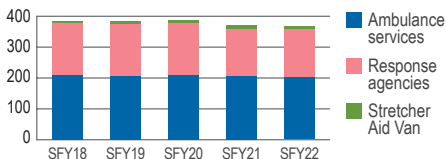
EMERGENCY MEDICAL SERVICES



TRAINING	SFY18	SFY19	SFY20	SFY21	SFY22
EMS training institutions	43	41	45	42	44
EMT training courses	555	545	508	450	445
Advanced Life Support exams administered	14	12	–	13	12
Candidates tested	261	307	–	193	263
EMERGENCY MEDICAL PERSONNEL	SFY18	SFY19	SFY20	SFY21	SFY22
EMT Basic	5,304	5,374	5,761	5,473	5,433
EMT Intermediate	323	288	286	241	217
AEMT	400	458	472	430	496
EMT Paramedic	2,869	2,932	3,136	3,114	2,986
Total Emergency Medical Personnel	8,896	9,052	9,655	9,258	9,132

– Data is not currently available.

EMERGENCY MEDICAL SERVICES



PROGRAM ACTIVITIES	SFY18	SFY19	SFY20	SFY21	SFY22
Ambulance service surveys	349	431	110	210	251
Complaints investigated	89	69	61	86	74
Training program site visits	2	1	3	4	20
EMT new licenses	1,442	1,029	917	1,142	1,063
EMT renewal licenses	4,045	4,595	4,012	4,698	4,814
EMS new licenses	14	7	12	0	9
EMS renewal licenses	133	81	81	125	89
Total licenses issued	5,634	5,712	5,022	5,965	5,975
Fees collected	\$323,794	–	\$246,000	\$267,352	\$246,753
CITATIONS	SFY18	SFY19	SFY20	SFY21	SFY22
Surveys with citations	296	264	85	110	257
Deficiencies cited	2,068	943	438	387	1,158
Deficiencies cited per survey with citations	6.9	–	5.17	3.52	4.51

– Data is not currently available.

EMERGENCY MEDICAL SERVICES SURVEYS WITH CITATIONS



EMERGENCY MEDICAL SERVICES DEFICIENCIES CITED



EMERGENCY MEDICAL SERVICES DEFICIENCIES PER SURVEY WITH CITATIONS



EMERGENCY MEDICAL SERVICES PROVIDERS TOP VIOLATIONS—STATE LICENSURE

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

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

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

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

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

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

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

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

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

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

FIRST RESPONSE AGENCIES TOP VIOLATIONS – STATE LICENSURE

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

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

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

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

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

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

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

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

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

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

EMERGENCY SYSTEMS TRAUMA & SYSTEMS DEVELOPMENT

Clients Served

All Oklahomans and the public requiring trauma care.

Contact

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[oklahoma.gov/health/services/
licensing-inspections/
emergency-systems/trauma-
division.html](https://oklahoma.gov/health/services/licensing-inspections/emergency-systems/trauma-division.html)

Authority

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

Funding Source

State Tobacco Taxes, Fines,
and Special Assessments

Traumatic injury is the leading cause of death for persons under forty (40) years of age, and the third leading cause of death overall for persons of all ages. Traumatic injury is the leading cause of lost years of potential life for Oklahomans sixty-five (65) years of age and younger. The charge of the Trauma and Systems Development Division is to improve and further develop statewide systems of optimal care by encouraging hospitals and emergency medical service providers to provide an organized system to ensure the right patient goes to the right facility and receiving the right treatment in the right amount of time.

Trauma Service initiatives in FY 2020-21 included development, planning, implementation, and assessment through continuous quality review of Regional Trauma Plans in each of the eight geographic Trauma Regions, disbursement of the Trauma Care Assistance Revolving Fund to qualified entities for uncompensated major trauma care, oversight of the

Trauma Referral Centers (TReC), administration and management of EMResource, the web-based communication and resource management platform.

During this time frame, the Division completed:

- Conducted virtual EMS Director training to provide foundational guidance for new and seasoned directors/supervisors on EMS regulations and responsibilities of the EMS Director; this training is currently being developed into an on-demand web version.
- Conducted eight Trauma Registry trainings to 190 registrars statewide, representing 148 hospitals.
- Facilitated 39 Regional Trauma Advisory Board (RTAB) and subcommittee meetings to improve regional collaboration and coalition; some meetings were conducted via a virtual meeting platform as allowed by the Open Meeting Act.
- Reviewed more than 4,800 trauma transfer reports, conducted 20 Regional Continuous Quality Improvement (CQI) Committee meetings to discuss 234 cases, while providing 366 feedback letters to providers for areas of improvement; and for exemplary behavior by displaying a sense of urgency and expeditious transport/transfer of the critical trauma patient to definitive care. There are 65 physicians, nurses, emergency medical technicians and paramedics that volunteer to serve on the five regional committees.
- Conducted 22 EMResource trainings to health care users, and three regional administrator trainings for the Regional Medical Response Systems staff.
- One on one telephone outreach to provide support for providers during the COVID-19 response.

The Trauma Care Assistance Revolving Fund (Trauma Fund) provides biannual payouts to physician providers while hospital and EMS providers receive monthly disbursements to reduce significant accumulation of funds pending disbursement. The table below reflects changes as a result of this transition. During FY20, the Trauma Fund provided disbursement to 771 physicians, 94 hospitals and 54 EMS providers.

TRAUMA FUND	SFY18	SFY19	SFY20	SFY21	SFY22
Distributed to physicians, hospitals and EMS agencies for reimbursement of eligible uncompensated major trauma care claims.	\$24,254,574	\$19,872,043	\$18,977,098	\$19,054,547	\$20,823,322

The web-based communication and resource management tool, EMResource continues to support daily Trauma System, and Emergency Preparedness and Response Service activities by providing real-time information on emergency department and hospital capability and capacity including critical surgical specialist availability; EMS availability statewide; hospital capability and capacity in neighboring states, regional-statewide drills/exercises, and dissemination of pertinent health care information.

During the COVID-19 pandemic, EMResource was utilized to conduct 1,338 events that included state and federal COVID-19 hospital surveys, EMS volume and staffing survey, Health Alert Network notifications, disaster injury queries, drills and daily metro hospital on-call notifications for Oklahoma City and Tulsa.

HEALTH FACILITIES PLAN REVIEW

Clients Served

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

Contact

Nazli Toloie
NazliT@health.ok.gov

405-426-8620
Fax: 405-900-7559

[oklahoma.gov/health/services/
licensing-inspections/medical-
facilities-service/health-
facilities-plan-review.html](http://oklahoma.gov/health/services/licensing-inspections/medical-facilities-service/health-facilities-plan-review.html)

Authority

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

Funding Source

State and Federal
Funds and Fees

This program was created to ensure compliance with construction standards and life safety standards. A plan review fee for hospitals was instituted on July 13, 2000; for long term care facilities on June 4, 2004; for inpatient hospice facilities on May 27, 2004; and for ASC's on July 25, 2010. Self-certification, exception/temporary waiver requests, consultations and courtesy inspection fees were added October 1, 2017.

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

Program Fees

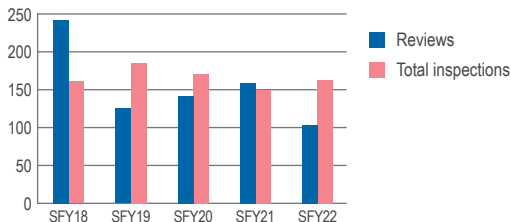
\$250.00 up to and including \$2,000.00 (dependent upon construction cost) for plan reviews for ASC, hospital and inpatient hospice construction.

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

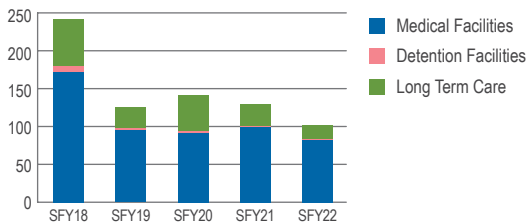
PLAN REVIEWS	SFY18	SFY19	SFY20	SFY21	SFY22
Ambulatory Surgical Centers	8	6	11	8	5
Hospitals	164	89	71	91	78
Inpatient Hospice Facilities	0	0	0	1	0
Total Medical Facilities	172	95	92	100	82
Detention Facilities	7	3	2	1	2
Long Term Care Facilities	63	27	48	29	18
Swimming Pools	0	0	0	0	0
Total plan reviews	242	125	142	159	103
PLAN REVIEW INSPECTIONS	SFY18	SFY19	SFY20	SFY21	SFY22
Inpatient Hospice	0	0	0	0	0
Long Term Care	29	30	32	24	22
Medical Facilities	132	155	139	126	141
Total inspections	161	185	171	150	163
Fees collected	\$151,351	\$134,355	\$73,559	\$149,639	\$178,000
PLAN REVIEW SERVICES	SFY18	SFY19	SFY20	SFY21	SFY22
Self Certification	20	57	42	57	51
Consultation	0	10	27	10	43
Exception Requests	*	*	8	6	17
Total Plan Review Services	20	67	69	67	111

*Not available for previous years

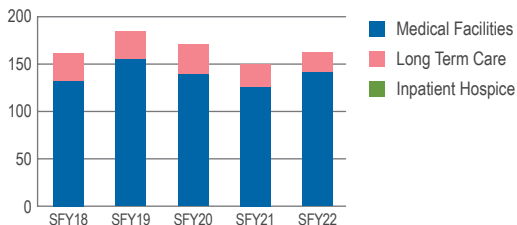
HEALTH FACILITIES PLAN REVIEW



REVIEWS BY TYPE



INSPECTIONS BY TYPE



HOME HEALTH PROVIDERS

Clients Served

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

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Fax: 405-900-7559

oklahoma.gov/health/services/licensing-inspections/medical-facilities-service/home-services-division.html

Authority

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

Funding Source

State and Federal
Funds and Fees

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

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

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

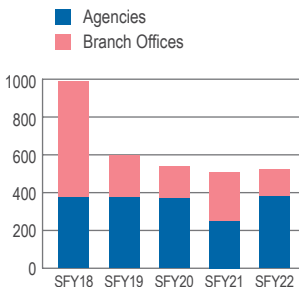
Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act has replaced the Home Care and Hospice Advisory Council and created the Home Care, Hospice and Palliative Care Advisory Council. For more information see the “Advisory Councils” section of this booklet.

Program Fees

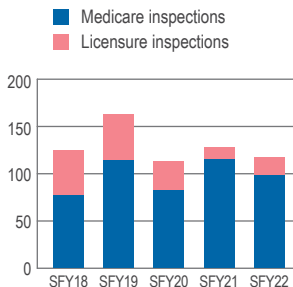
Initial license fee	\$1,000.00
Annual renewal fee	\$500.00

HOME HEALTH AGENCIES	SFY18	SFY19	SFY20	SFY21	SFY22
Licensed only HHAs	124	136	134	151	149
Licensed & medicare HHAs	251	239	236	199	230
Total licensed HHAs	375	375	370	250	379
Additional branch offices	613	226	171	258	146
Medicare surveys	52	84	67	90	82
Medicare follow-up visits	5	8	5	11	9
Medicare complaints	20	22	10	14	7
Total Medicare inspections	77	114	82	115	98
Licensure surveys	27	47	27	11	18
Licensure follow-up visits	0	0	3	1	0
Licensure complaints	21	2	1	1	2
Total licensure inspections	48	49	31	13	20
COMPANION SITTER SERVICE	SFY18	SFY19	SFY20	SFY21	SFY22
Number of services	26	30	28	25	27
Licensure surveys	0	1	0	0	3
Licensure follow-up visits	0	0	0	0	0
Licensure complaints	0	0	0	0	0
Fees collected	\$203,056	\$259,675	\$218,000	\$243,505	\$201,125

HOME HEALTH PROVIDERS



HOME HEALTH INSPECTIONS



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

CITATIONS	SFY18	SFY19	SFY20	SFY21	SFY22
Surveys with citations	–	–	–	41	79
Deficiencies cited	183	435	309	276	216
Condition tags cited	1	5	4	10	9
Deficiencies cited per survey with citations	–	4.1	4.1	6.7	8.7

– Data is not currently available.

HOME HEALTH PROVIDERS TOP VIOLATIONS—STATE LICENSURE

- 1** **H0108** – Federal, state, and local laws
- 2** **H0134** – Personnel policies
- 3** **H0136** – Personnel records
- 4** **H0270** – Quality Assessment & Performance
- 5** **H0307** – Criminal background checks



HOME HEALTH PROVIDERS TOP VIOLATIONS—FEDERAL CERTIFICATION

- 1 **G0574** – Plan of Care must include
- 2 **G0536** – Review of All Medication
- 3 **G0642** – Program Scope
- 4 **G0658** – Performance Improvement Projects
- 5 **G0660** – Executive Responsibilities for QAPI

HOSPICE PROVIDERS

Clients Served

Terminally ill patients and hospice programs.

Contact

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[oklahoma.gov/health/services/
licensing-inspections/medical-
facilities-service/home-
services-division.html](http://oklahoma.gov/health/services/licensing-inspections/medical-facilities-service/home-services-division.html)

Authority

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

Funding Source

Federal Contract Allocation
and State Licensure Fees

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

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

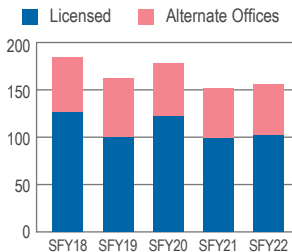
Effective November 1, 2015, House Bill 1085 amended the Oklahoma Public Health Advisory Council Modernization Act. To assist and advise the State Board of Health and the State Department of Health, the Act has replaced the Home Care and Hospice Advisory Council and created the Home Care, Hospice and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

Program Fees

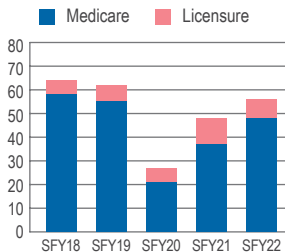
Initial license fee	\$2,000.00
Permanent license fee	\$2,000.00
Renewal fee (annual renewal)	\$2,000.00
Alternate Administrative Office	\$500.00
Change of Ownership	\$2,000.00
Late Fee	\$50.00

HOSPICE	SFY18	SFY19	SFY20	SFY21	SFY22
Licensed hospice programs	126	100	122	99	102
Alternate administrative offices	59	62	56	53	54
Medicare surveys	33	39	16	31	32
Medicare follow-ups	3	3	2	5	5
Medicare complaints	22	12	3	6	3
Total Medicare Surveys	58	55	21	37	48
Licensure surveys	6	7	6	11	8
Licensure follow-ups	0	0	0	0	0
Licensure complaints	0	0	0	0	0
Total Licensure surveyors	6	7	6	11	8
Fees collected	\$275,600	\$378,570	\$281,700	\$320,440	\$318,170

HOSPICE PROVIDERS



HOSPICE INSPECTIONS

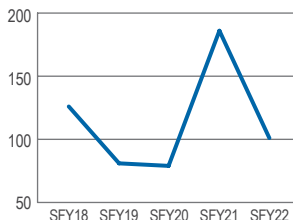


The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting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

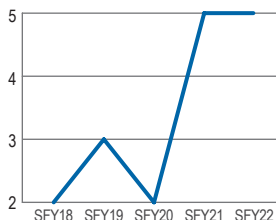
CITATIONS	SFY18	SFY19	SFY20	SFY21	SFY22
Surveys with citations	–	17	20	30	30
Deficiencies cited	126	81	79	186	101
Condition tags cited	2	3	2	5	5
Deficiencies cited per survey with citations	–	4.4	4.0	6.2	3.4

– Data is not currently available.

HOSPICE DEFICIENCIES CITED



HOSPICE CONDITION TAGS CITED



HOSPICE PROVIDERS TOP VIOLATIONS— FEDERAL CERTIFICATION

- 1 **L0547** – Content of Plan of Care
- 2 **L0543** – Plan of Care
- 3 **L0523** – Time frame for Completion of Assessment
- 4 **L0574** – Executive Responsibilities
- 5 **L0647** – Level of Activity

HOSPITALS

Clients Served

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

Contact

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[oklahoma.gov/health/services/
licensing-inspections/medical-
facilities-service/facility-
services-division.html](https://oklahoma.gov/health/services/licensing-inspections/medical-facilities-service/facility-services-division.html)

Authority

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

Funding Source

Federal Contract Allocation
and State Licensure Fees

This program was created to protect the public and to ensure a minimum standard of care. Medicare certification was established in 1966 while the hospital licensure program was established in 1947. Hospitals may also be accredited by a third party accreditation organization.

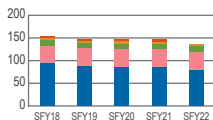
Facility Services Division (FSD) staff strive to ensure compliance with minimum standards and the provision of quality care. FSD staff perform on-site surveys to ensure compliance with standards, monitor compliance, and investigate complaints. Limited funding for this program has reduced the number of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

Program Fees

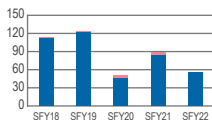
Initial and renewal fees\$10.00 per bed per year

HOSPITALS	SFY18	SFY19	SFY20	SFY21	SFY22
General medical surgical	94	87	85	85	79
Critical access	39	40	40	40	40
Specialized, psychiatric	13	11	11	12	12
Specialized, rehabilitation	13	11	11	12	12
Specialized, abortion	4	4	5	5	0
Total licensed hospitals	154	148	147	146	147
Fees collected	\$162,370	\$177,654	\$179,730	\$179,730	\$155,088
MEDICARE SURVEYS	SFY18	SFY19	SFY20	SFY21	SFY22
Initial surveys	1	0	0	1	0
Recertification surveys	16	10	4	12	14
Validation surveys	3	3	1	0	0
Life Safety Code surveys	13	13	8	15	11
Survey follow-ups	31	39	7	10	7
Complaint investigations	47	56	25	46	23
Total Medicare inspections	111	121	45	84	55
LICENSURE SURVEYS	SFY18	SFY19	SFY20	SFY21	SFY22
Initial surveys	0	0	0	1	0
Re-licensure surveys	1	3	5	1	0
Survey follow-ups	1	0	0	1	0
Complaint investigations	1	0	1	1	0
Total Licensure inspections	3	3	6	4	0
TOTAL SURVEYS	SFY18	SFY19	SFY20	SFY21	SFY22
Surveys	36	29	19	30	25
Survey follow-ups	32	39	7	11	7
Complaint investigations	48	56	26	47	23
Total inspections	116	124	52	88	55

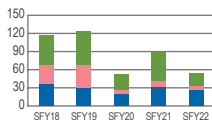
HOSPITALS



HOSPITAL INSPECTIONS



SURVEY ACTIVITIES



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

CITATIONS	SFY18	SFY19	SFY20	SFY21	SFY22
Surveys with citations	–	–	37	39	30
Deficiencies cited	538	391	184	116	101
Condition tags cited	60	–	–	3	5
Deficiencies cited per survey with citations	–	4.9	5.0	2.97	3.4

– Data is not currently available.

HOSPITALS

TOP VIOLATIONS—FEDERAL CERTIFICATION

- 1 **A0395** – RN Supervision of Nursing Care
- 2 **A0144** – Patient Rights: Care in a Safe Setting
- 3 **A0155** – Patient Rights
- 4 **A0951** – Operating Room Policies
- 5 **A2406** – Medical Screening Exam

HOSPITALS

TOP VIOLATIONS—FEDERAL CERTIFICATION LIFE SAFETY CODE

- 1** **K0914** – Electrical Systems - Maintenance and Testing
- 2** **K0222** – Egress Doors
- 3** **K0323** – Anesthetizing Locations
- 4** **K0918** – Electrical Systems - Essential Electric System
- 5** **K0923** – Gas Equipment-Cylinder & Container Storage

HOSPITALS

TOP VIOLATIONS—FEDERAL CERTIFICATION EMERGENCY PREPAREDNESS

- 1** **E0026** – Roles Under a Waiver Declared by Secretary
- 2** **E0037** – EP Training Program
- 3** **E0024** – Policies/Procedures- Volunteers & Staffing
- 4** **E0032** – Primary/Alternate Means of Communication
- 5** **E0006** – Plan based on all Hazards Risk Assessment

MEDICARE CERTIFICATION & STATE PERMITS

Clients Served

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

Contact

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oklahoma.gov/health/services/licensing-inspections/medical-facilities-service/facility-services-division/medicare-certification.html

Authority

State Permit Citations

63 O.S., § 2209.1

63 O.S., § 2210

OAC 310:505

The Social Security Act and various Related Code of Federal Regulations

Funding Source

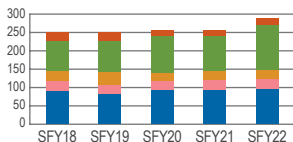
Federal Contract Allocation and State Licensure Fees

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

MEDICARE CERTIFICATION	SFY18	SFY19	SFY20	SFY21	SFY22
End Stage Renal Disease Centers (ESRD)	88	81	91	91	93
Swing Bed Hospital Units (SB)	27	24	24	27	28
Outpatient Physical Therapy (OPT)	28	37	24	25	26
Rural Health Clinics (RHC)	84	84	100	97	124
PPS Excluded Psychiatric Units (PPS-PU)	24	25	17	17	17
PPS Excluded Rehabilitation Units (PPS-RU)	19	19	19	19	18
Portable X-Ray Units (PX-R)	15	16	16	18	18
Community Mental Health Centers (CMHC)	3	9	3	3	3
Comprehensive Outpatient Rehabilitation Facilities (CORF)	1	2	0	0	0
CORF recertifications	0	0	0	0	0
OPT recertifications	0	3	0	3	3
PX-R recertifications	10	0	0	1	1
RHC recertifications	0	10	0	9	2
Tissue Banks (TB)	4	7	6	6	6
Eye Banks (EB)	1	2	2	2	2

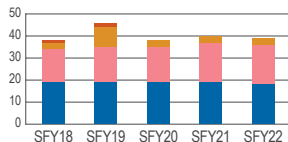
MEDICARE CERTIFICATION

■ ESRD
 ■ OPT
 ■ PPS-PU
 ■ SB
 ■ RHC



MEDICARE CERTIFICATION

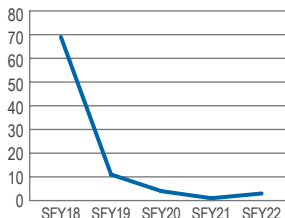
■ PPS-RU
 ■ CMHC
 ■ PX-R
 ■ CORF



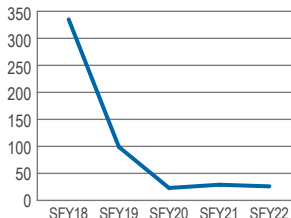
The Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that health care organizations must meet in order to begin and continue participation in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting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

END STAGE RENAL DISEASE	SFY18	SFY19	SFY20	SFY21	SFY22
Surveys with citations	72	23	9	4	3
Deficiencies cited	335	99	23	29	26
Condition tags cited	69	11	4	1	3
Deficiencies cited per survey with citations	4.9	4.3	2.6	7.3	8.7

END STAGE RENAL DISEASE CONDITION TAGS CITED



END STAGE RENAL DISEASE DEFICIENCIES CITED



END STAGE RENAL DISEASE CENTERS TOP VIOLATIONS—FEDERAL CERTIFICATION

- 1 **V0132** – IC Training and Education
- 2 **V0543** – POCManage Volume Status
- 3 **V0556** – POC Completed/Signed by IDT & PT
- 4 **V0634** – QAPI - Indicator Medical Injuries Errors
- 5 **V0402** – Building Construction/Maintenance Fire Safety

WORKPLACE DRUG AND ALCOHOL TESTING FACILITIES

Clients Served

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

Contact

John Watts
John.Watts@health.ok.gov

405-426-8470
Fax: 405-900-7559

[oklahoma.gov/health/services/
licensing-inspections/medical-
facilities-service/facility-
services-division.html](https://oklahoma.gov/health/services/licensing-inspections/medical-facilities-service/facility-services-division.html)

Authority

40 O.S., §§ 551 et seq.
OAC 310:638

Funding Source

Fees Collected

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

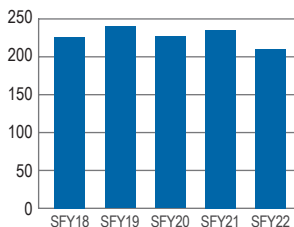
Facility Services Division (FSD) staff regulate employers and testing facilities through licensure. FSD staff also perform on-site surveys to ensure compliance with standards, and investigate complaints.

Program Fees

Initial	\$150.00
Annual renewal	\$150.00

WORKPLACE DRUG AND ALCOHOL TESTING	SFY18	SFY19	SFY20	SFY21	SFY22
Number of facilities	226	240	227	235	210
Surveys conducted	0	0	0	0	0
Follow-ups conducted	0	0	0	0	0
Complaint investigations	0	0	0	0	0
Fees collected	\$31,510	\$34,350	\$34,050	\$35,250	\$30,300

WORKPLACE DRUG & ALCOHOL TESTING FACILITIES





ADVISORY COUNCILS TO PHS SERVICE AREAS

Consumer Health Service

Consumer Protection Licensing Advisory Council

Oklahoma Food Service Advisory Council

Sanitarian & Environmental Specialist

Registration Advisory Council

Advisory Committee on Midwifery

Health Resources Development Service

Alzheimer-Dementia Disclosure Act Advisory Council

Long Term Care Service

Long Term Care Facility Advisory Board

Medical Facilities Service

Home Care, Hospice, and Palliative Care Advisory Council

Hospital Advisory Council

Trauma and Emergency Response Advisory Council

CONSUMER PROTECTION LICENSING ADVISORY COUNCIL

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

Consumer Protection Licensing Advisory Council Members

Michael Grim, Chair

Erin Meier, Vice-Chair

Bryan Alexander, Secretary

Wayne Morris

Devon McFarland

(Two vacancies)

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

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

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

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

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

The Governor shall appoint:

- One member who is a licensed radiologist assistant, and
- One member who is a licensed audiologist.

The President Pro Tempore of the Senate shall appoint:

- One member who is a licensed radiologist, and
- One member representing the hearing aid fitting industry.

The Speaker of the House of Representatives shall appoint:

- One member representing the medical micropigmentation industry, and
- One member representing the hearing impaired public.

The Commissioner of Health shall appoint:

- One member representing a diagnostic X-ray facility.

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

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

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

The Council must not recommend rules for promulgation to the Commissioner of Health unless all applicable requirements of the Administrative Procedures Act have been followed, including but not limited to notice, rule-impact statement and rulemaking hearings.

OKLAHOMA FOOD SERVICE ADVISORY COUNCIL

63 O.S. Section 1-106.3

Oklahoma Food Service Advisory Council Members

Jason Ewald

Michael Farney

Kathy Bogart

DeBrena Hilton

James Leewright

Krista Neal

Bill Ricks

Mark Cochran

Scott Yates

Juli Montgomery

Chris Munn

Tre Williams

Ravi Jadeja

(Two vacancies)

The purpose of the Oklahoma Food Service Advisory Council is to advise the Commissioner of Health, and OSDH regarding food service establishments and recommend actions to improve sanitation and consumer protection. Meetings of the Council are held on a quarterly basis.

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

The Council consists of 14 members. Nine members are appointed by the Commissioner of Health, from a list of three names for each position provided by an association representing the majority of the

restaurant owners in the state. These nine appointments to the Council include the following:

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

The remaining five appointments consist of:

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

Members of the Council serve three year terms.

A majority of Council members constitutes a quorum.

SANITARIAN & ENVIRONMENTAL SPECIALIST REGISTRATION ADVISORY COUNCIL

59 O.S. Section 1150.5

Sanitarian & Environmental Specialist Registration Advisory Council Members

Tre Williams, Chair

Tanya Harris, Vice-Chair

Phillip Jurina, Secretary

David Bales, IHS

Bruce Vande Lune

Greg Prewett

Chad Newton

Chad Winn

Vacancy

This Council is mandated by statute to assist and advise the Commissioner of Health in licensing and otherwise regulating sanitarians and environmental specialists.

The Council consists of the following nine members:

- The Commissioner of Health or designee;
- The Executive Director of the Department of Environmental Quality or designee;
- The Administrator of the Office of Personnel Management or designee;
- One member must be appointed by the Director of the Oklahoma City-County Health Department;
- One member must be appointed by the Director of the Tulsa Health Department;

- Two members must be employed by state government and be appointed by the Commissioner of Health; and
- Two members must be appointed by the Executive Director of the Department of Environmental Quality. (One who is employed by private industry and one who is employed by the Indian Health Service of the Public Health Service or by a tribal government with an office in Oklahoma).

With the exception of the Administrator of the Office of Personnel Management or his or her designee, the appointed members must have at least five years of experience as registered sanitarians or environmental specialists.

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

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

A majority of Council members constitutes a quorum.

ADVISORY COMMITTEE ON MIDWIFERY

59 O.S. 3040.5

Advisory Committee on Midwifery Members

Nicole Imes, Chair

Dr. Sarah Hall, Vice-Chair

Michelle Hernandez

Shaun Baranowski

Lecye Doolen

Dr. Kate Arnold

Sarah Foster

The committee shall advise the Commissioner on all matters pertaining to midwifery including scope and standards of practice, licensure requirements, examination requirements, renewal requirements, temporary licensure, reciprocity, continuing education and reporting. The Advisory Committee on Midwifery reviews all applications and complaints and provides recommendations to the Commissioner. The Committee also assists and advises the Commissioner on enforcements and hearings.

The Committee consists of the following seven members:

- Three licensed midwives, each of whom has at least three years of experience in the practice of midwifery
- One Certified Nurse-Midwife

- One physician who is certified by a national professional organization of physicians that certifies obstetricians and gynecologists and supports the practice of midwifery
- One member of the general public who is not practicing or trained in a health care profession, and who is a parent with at least one child born with the assistance of a licensed midwife or a Certified Nurse-Midwife
- One representative from Oklahoma Human Services, designated by the Director of Human Services;

Members serve for staggered six-year terms that expire on January 31st of each odd numbered year. Members serve until a qualified successor has been duly appointed. The Commissioner shall fill a vacancy no later than 60 days from the date the vacancy occurs. No member can serve more than two consecutive terms.

The Committee elects a Chair and Vice-Chair from its members. A majority of the members of the Committee including at least two licensed midwives shall constitute a quorum.

The Committee meets at least semiannually and at any other time at the call of the Chair or the Commissioner.

ALZHEIMER-DEMENTIA DISCLOSURE ACT ADVISORY COUNCIL

63 O.S. 1-879.2a-1-879.2c

Alzheimer-Dementia Disclosure Act Advisory Council Members

Denise Hawkins, Chair

Lisa Molinsky, Vice Chair

Sheree Martin, Secretary

Mary Brinkley

Mike Charboneau

Melissa Holland

Annette Mays

Dr. Germaine Odenheimer

(One Vacancy)

Pursuant to rules promulgated under the provisions of the Alzheimer's Dementia and Other Forms of Dementia Special Care Disclosure Act, any nursing facility, residential care facility, assisted living facility, adult day care center, continuum of care facility, or special care facility that publicly advertises, intentionally markets, or otherwise engages in promotional campaigns for the purpose of communicating that said facility offers care or treatment methods within the facility that distinguish it as being especially applicable to or suitable to persons with Alzheimer's dementia or other forms ENR. H. B. NO. 1794 Page 3 of dementia diagnoses shall disclose the type of care, memory care or treatment provided that distinguishes it as being especially applicable to or suitable for such persons.

The State Commissioner of Health, with input from the Alzheimer-Dementia Disclosure Act Advisory Council, shall promulgate rules to effectuate the provisions of the Alzheimer's Dementia and Other

Forms of Dementia Special Care Disclosure Act. There is hereby created the Alzheimer-Dementia Disclosure Act Advisory Council. The Council shall make recommendations to the State Commissioner of Health regarding the disclosure form and rules promulgated pursuant to the Alzheimer's Dementia and Other Forms of Dementia Special Care Disclosure Act.

The Council shall consist of nine members to be appointed by the State Commissioner of Health for such terms as he or she chooses.

- The members shall be individuals who have knowledge and expertise in the field of memory care or individuals who are consumer representatives directly impacted by memory-care services, provided that neither the members with knowledge and expertise in the field nor the members who are consumer representatives shall comprise more than two-thirds of the total membership.
- The members who are consumer representatives shall be individuals with immediate family members who have received or are currently receiving memory-care services in Oklahoma and shall not be employees or board members of any facilities or entities subject to the Alzheimer's Dementia and Other Forms of Dementia Special Care Disclosure Act.

LONG TERM CARE FACILITY ADVISORY BOARD

63 O.S. Section 1-1923

Long Term Care Advisory Board Members

Donald Pyeatt
Jessica Clayton
Stephen Ross
Jimmy McWhirter
Lori Peck-Morton
Debra A. Weaver
Joanna Martin
Modina Allen
Gene C. Reid
Joanne Alderman
Charles Schwarz
Esther Houser
Angela Heikes
Brandy Chiles
Adam Jordan
Jeffrey L. Gregston
Wendell Short
Ronald Eimen
Denise Wilson
William Whited
Paula Porter
Allen Mason

The Long Term Care Facility Advisory Board is mandated to serve as an advisory body to the Commissioner of Health. The Board consists of 27 members who are appointed by the Governor. Members of the Board are comprised of the following persons:

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

- One member who is a general practitioner of the osteopathic profession;
- One member who is a registered pharmacist;
- One member who is a licensed registered nurse;
- One member who is a licensed practical nurse;
- Three members who are of reputable and responsible character and sound physical and mental health and are operator administrators of nursing homes which have current licenses issued pursuant to the Nursing Home Care Act and who have had five years experience in the nursing home profession as operator administrators;
- Three members who are residential care home operator administrators licensed pursuant to the Residential Care Act;
- Three members who are adult day care facility owner-operators licensed pursuant to the Adult Day Care Act;
- Three members who are continuum of care facility or assisted living center owner-operators licensed pursuant to the Continuum of Care and Assisted Living Act; and
- Six members who are over the age of sixty-five who represent the general public.



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

OSDH provides clerical support to perform designated duties of the Advisory Board. OSDH also provides space for meetings of the Advisory Board. The Board must meet at least quarterly, and may hold such special meetings as may be necessary.

HOME CARE, HOSPICE, AND PALLIATIVE CARE ADVISORY COUNCIL

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

Home Care, Hospice, and Palliative Care Advisory Council Members

Lola Edwards

Ryan Bell

Jennifer Clark, M.D.

Rayetta Dominguez

Michelle Fox

John Hendrix, M.D.

Jan Slater

Karen Vahlberg

(One Vacancy)

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

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

The Home Care, Hospice, and Palliative Care Advisory Council consists of nine members. Two members are appointed by the Governor, three members are appointed by the President Pro Tempore of the Senate, three members are appointed by the

Speaker of the House of Representatives, and one member is appointed by the State Board of Health.

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

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

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



The Governor shall appoint:

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

The President Pro Tempore of the Senate shall appoint:

- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Hospice Licensing Act.

- One member who is an owner or administrator of an entity licensed in accordance with the Oklahoma Home Care Act, and
- One member who is a member of the palliative care patient advocacy community.

The Speaker of the House of Representatives shall appoint:

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

The State Board of Health shall appoint:

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

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

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

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

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

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

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



HOSPITAL ADVISORY COUNCIL

63 O.S. Section 1-707

Hospital Advisory Council Members

David Teague, MD, Chair

Edith Smith, Secretary

Roxie Albrecht, MD

Terri Murdaugh, RN

James Winham, BSN,CCNRP-T

Lance Watson, MD

Matthew Young, NREMT-P

The Hospital Advisory Council is authorized by statute to serve as an advisory body to the Board, the Commissioner, and OSDH regarding hospital operations and to recommend actions to improve patient care. The Advisory Council is composed of nine members appointed by the Commissioner with the advice and consent of the Board of Health. The membership of the Advisory Council is as follows: two members are hospital administrators of licensed hospitals; two members are licensed physicians or practitioners who have current privileges to provide services in hospitals; two members are hospital employees; and three members are citizens representing the public who: are not hospital employees, do not hold hospital staff appointments, and are not members of hospital governing boards.

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

The Advisory Council has the duty and authority to: 1) review and approve in its advisory capacity rules and standards for hospital licensure, 2) evaluate, review and make recommendations regarding the OSDH licensure activities, provided however, the Advisory Council shall not make recommendations regarding scope of practice for any health care providers or practitioners regulated pursuant to Title 59 of the Oklahoma Statutes, and 3) recommend and approve: quality indicators and data submission requirements for hospitals to include a) Agency for Healthcare Research & Quality (AHRQ) Patient Safety Indicators available as part of the standard inpatient discharge data set, and b) for acute care intensive care patients, ventilator associated pneumonia and device related blood stream infections, and the indicators and data to be used by OSDH to monitor compliance with licensure requirements, and to publish an annual report of hospital performance.

TRAUMA AND EMERGENCY RESPONSE ADVISORY COUNCIL

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

Trauma and Emergency Response Advisory Council Members

Greg Reid, MD, Chair

Eddie Sims, NREMT-P,
Vice-Chair

Edith Smith, Secretary

Angela Selmon, MD

David Teague, MD

Michael Thomas, MD

Susan Watkins, RN

Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Emergency Response Systems Development Advisory Council, the Oklahoma State Trauma Systems Improvement and Development Advisory Council, and the Medical Audit Committee and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Trauma and Emergency Response Advisory Council (OTERAC).

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

The OTERAC consists of seven appointed members, two members by the Governor, two members by the President Pro Tempore of the Senate, two members by the Speaker of the House of

Representatives, and one member by the State Board of Health.

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

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

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

The Governor shall appoint:

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

The President Pro Tempore of the Senate shall appoint:

- One member who is a representative from a hospital with trauma and emergency services, and
- One member who is a trauma surgeon with privileges at a hospital with trauma and emergency operative services.

The Speaker of the House of Representatives shall appoint:

- One member representing the trauma registrar of a licensed hospital that is classified as providing trauma and emergency operative services, and
- One member who is an Emergency Medical Technician.

The State Board of Health shall appoint:

- One member who is a critical care nurse.

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

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

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

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

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

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

OTERAC Committees and current working groups include:

- Education and Training Committee
- EMS Protocol Guidance Committee
- Medical Direction and Coordination Committee
- Regulations Review Committee
- EMResource Working Group
- System Development and Improvement Working Group

During this time, the OTERAC and its committees held 13 council and committee/working group meetings discussing the following issues:

- Efforts to improve regional CQI response.
- Medical professional assault data collection requirement
- Stroke Triage Guideline Algorithm for Rural EMS
- DOT/NHTSA Education-Scope of Practice Guidance
- Development of Oklahoma EMS curriculum for certified and licensed EMS personnel
- EMS Quality Assurance
- EMS Protocol Changes



PROTECTIVE HEALTH SERVICES

QUALITY IMPROVEMENT /
QUALITY ASSURANCE ACTIVITIES



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

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

– Richard Rogers

LIST OF QI/QA ACTIVITIES

Healthy Aging, Living
Longer Better Group

Oklahoma Dementia
Care Network - Project Echo

Oklahoma Older Adult Obesity
Preventing Committee

Health Resources Development Service

“Intensive” Quality Improvement Trainings with LTC

Facilities MDS/Oasis-QAPI Trainings

Plan Do Study Act (PDSA) Simulation

Protective Health Services

Mandates Strategic Action Team

Inspection Frequency Mandates

Payroll Based Journal (PBJ) Project

CHS Online Pool Operators Class

HEALTHY AGING, LIVING LONGER BETTER GROUP

In an effort to continue helping Oklahomans age healthier and live longer lives, the Healthy Aging: Living Longer Better group worked to establish a new group under the Injury Prevention Service. The Falls Prevention group works to complete action items presented in their state strategic plan to prevent falls among Oklahomans 65 years and older. The plan participants work extensively to reduce the number of nursing home residents falling with major injury and intentional fall-related deaths among persons 65 years and older.

To learn more about how to prevent falls, contact the Injury Prevention Service at 405-426-8440 or visit oklahoma.gov/health/health-education/injury-prevention-service.html

OKLAHOMA DEMENTIA CARE NETWORK PROJECT ECHO

Project ECHO provides virtual education for health professionals, especially in rural areas. The project encourages nursing home teams to provide specialty geriatric care through a clinical case presentation.

OKLAHOMA DEMENTIA CARE NETWORK PROJECT ECHO

Statewide Strategic Planning efforts include the following:

- Provide educational session on medical (pharmacotherapy) and surgical (bariatric surgery) treatments of obesity in older adults.
- Increase Medicaid enrollment among adults aged 55-64.
- Increase the number of health care clinics and healthcare delivery sites utilizing a food insecurity screening and/or a physical activity screening during the intake/EHR process.
- Increase the number of organizations offering physical activity programs for seniors.
- Conduct an analysis of senior nutrition sites to identify opportunities to increase nutrition education.
- Inform communities on the benefits of utilizing the Older American Act programming.

NURSING HOME COMPARE FOR OKLAHOMA NURSING HOMES

The Quality Assurance & Data Systems Team (QADS) assists Long Term Care Survey Teams with individualized reports for each survey conducted. As a quality assurance activity, these reports provide data with Oklahoma's top 13 quality measures for each nursing home, as well as comparing the individual nursing home to the state, region, and nation quality measures.

QUALITY IMPROVEMENT TRAININGS WITH LONG TERM CARE FACILITIES

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)

Through Quality Assurance and Performance Improvement (QAPI), the QADS team collaborates with external partners, including the Oklahoma Foundation for Medical Quality (OFMQ) and the Texas Medical Foundation (TMF). These partnerships help Oklahoma Long Term Care facilities achieve positive outcomes and improve quality of life for older Oklahomans. Long Term Care facility leadership and staff participated in a six session Continuous Quality Improvement (CQI) training series. The process included the Plan Do Study Act (PDSA) cycle of the CQI. The CQI training process and project included LTC staff utilizing quality improvement tools such as brainstorming, flow-charting, force field analysis, affinity diagram development, cause and effect analysis, and data collection methodology. Additionally, a review of current data, workflow, and care practices were developed and reviewed to determine if there were any gaps in processes. Also, Oklahoma Nursing Homes received expert guidance on data

collection, analyzing and interpreting data, and selection of appropriate interventions to achieve result moreover, educational tools and resources. The results of utilizing these QI tools have assisted LTC facilities to implement the following actions:

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

These facilities utilized their newly developed QAPI teams to participate in this pilot project in an effort to improve quality measures within their individual facilities. Upon the conclusion of this project, all 15 facilities showed marked improvements in their selected quality measures. The QAPI teams for these facilities reported ongoing quality improvements utilizing their established QAPI training skills and completing the following actions:

- Facility QAPI teams were able to address additional quality improvement measures in their facilities to track data, develop quarterly data reports, utilize QI tools to implement changes to their facilities.
- Facilities continue to monitor their progress and utilize the learned QI tools and data measures.
- Develop facility level written QAPI plans to ensure compliance with the Center for Medicare and Medicaid Services and the Oklahoma State Department of Health Nursing Home Licensure Requirements.
- Ensuring the sustained quality care to the residents of each facility.
- Ultimately improve the quality of care to Oklahoma residents.
- One of the many successful examples of this collaborative QAPI project was the Lexington Nursing Home in Lexington, OK. Lexington has continued to utilize the tools and resources shared with them during the project. They stated in their post evaluations and follow up, that they have a stronger, more cohesive team as a result of learning about principles of teamwork and QI. They also shared that they are better able to identify gaps in their clinical processes and use the QI knowledge/information gained from the training sessions to make improvements. They achieved a 10.8% Relative Improvement Rate (RIR) in their Composite Score going from an 11.1% to 9.9%. The majority of this implement comes from a **68.1% RIR** in the fall with Major Injury QM (from 13.5% to 4.3%), and a **30.7% RIR** in the Self-Reported Severe Moderate Pain QM (from 30.6% to 21.2%).



At the conclusion of the QAPI trainings, the OFMQ Quality Improvement Specialists (QIS) collaborated with the individual facilities. The QIS provided onsite technical assistance as needed for as long as needed by the LTC facility. The amount of aftercare was dependent on the request of the nursing home. The QAPI facilitator at OFMQ and OSDH were also available resources to the individual facilities as needed.

STRATEGIC ACTION TEAM INSPECTION FREQUENCY MANDATES (IFMS)

CONSUMER HEALTH SERVICE IFMs	SFY18	SFY19	SFY20	SFY21	SFY22
Number of inspection mandates	6	6	6	6	7
Inspections required	20,391	33,628	22,836	25,935	27,549
Inspections meeting mandates	20,391	33,164	20,807	20,721	24,767
HEALTH RESOURCES DEVELOPMENT SERVICE IFMs	SFY18	SFY19	SFY20	SFY21	SFY22
Number of inspection mandates	3	3	3	3	3
Inspections required	269	189	280	277	282
Inspections meeting mandates	213	189	145	143	129
LONG TERM CARE SERVICE IFMs	SFY18	SFY19	SFY20	SFY21	SFY22
Number of inspection mandates	24	24	24	24	24
Inspections required	2,094	2,032	–	–	1106
Inspections meeting mandates	2,080	2,030	–	–	365
MEDICAL FACILITIES SERVICE IFMs	SFY18	SFY19	SFY20	SFY21	SFY22
Number of inspection mandates	14	14	14	14	14
Inspections required	339	328	284	309	374
Inspections meeting mandates	330	325	265	303	290
ALL PROTECTIVE HEALTH SERVICES IFMs	SFY18	SFY19	SFY20	SFY21	SFY22
Number of inspection mandates	47	47	47	47	48
Inspections required	23,093	36,177	23,400	26,521	25,338
Inspections meeting mandates	23,014	35,708	21,217	21,167	25,551

– Data is not currently available.

PROTECTIVE HEALTH SERVICES

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OKLAHOMA
State Department of Health

