

June 30, 2026, 10:30 AM

LTC Provider Call

Assisted Living

If you see this screen, you are in the right place, but we have not yet started. We will begin shortly.

All lines are muted. Lines will be muted throughout the call.

Questions can be submitted in the online Q&A or email them to LTC@health.ok.gov



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Legislation Update

OKLAHOMA STATE DEPARTMENT OF HEALTH

HB 3644

New, effective July 1, 2026 per 63 O.S 1-890.3 [House Bill 3644]

Section 1-890.3. A. 1. The State Commissioner of Health shall promulgate rules necessary to implement the provisions of the Continuum of Care and Assisted Living Act. Such rules shall include, but shall not be limited to:

1. A uniform comprehensive resident screening instrument to measure the needs and capabilities of residents in all settings and to determine appropriate placements of residents. Such assessment shall include screening for the signs and symptoms of venous thromboembolism (VTE) and techniques for providing an emergency response;

Updates to Recommended AL Assessment Form

Two items have been added to the comprehensive assessment form on page 2:

1. *Screening for the signs and symptoms of VTE, describe.
2. *Describe techniques for providing emergency response to VTE.

Reminder: use of this comprehensive assessment form is recommended but not required.

LTC UPDATES

Assisted Living Resident Assessment Form

Oral / Nutritional Status:
 Diet Order: _____ Height: _____ Weight: _____ Weight Changes (loss or gain) _____
 Abnormalities: Swallowing Problem Yes / No Nausea / Vomiting (describe) _____
 Ability to Eat: Independent / Meal Set Up & Cueing / Assistance to Use Utensils/ Supervision / Must be Fed
 Oral Status: Own Teeth / Partial Teeth / Dentures / No Teeth / Condition of Teeth (describe) _____
 Tube Feeding: Gastrostomy / Nasogastric (describe) _____

***Toileting Ability / Elimination:**
 Bladder: Continent / Incontinent / Incontinent at times (describe) / Urinary Catheter - Indwelling / Other
 Bowel: Continent / Incontinent / Incontinent at times (describe) _____
 Toileting Ability: Independent / Assist / Total Assist / Adult Briefs / B&B Restoration / Toileting Schedule
 Customary Routine (G=Good, F=Fair, P=Poor, if fair or poor, describe):
 Sleep habits: G / F / P How Many Hours in 24? _____ Sleep Problems (describe) _____
 Meals: In Dining Room / In Room / Other Location / Eats Out (describe frequency) _____
 Bathing: Prefers bath / Prefers shower / Preferred schedule (describe) _____
 Usual time to rise _____ Usual bedtime _____ Naps during day? _____

Psychosocial Status: (G=Good, F=Fair, P=Poor, if fair or poor, describe):
 Ability to communicate: G / F / P Interviewable: Yes / No. If No describe: _____
 Usual Mood: Calm / Fearful / Agitated / Anxious _____
 History of Mood Disorder / Depression: _____
 History of Abnormal Behaviors: Agitation / Anger Outburst / Crying / Aggressive / Combative / Elopement Risk
 Family / Friends Involvement: Yes / No (describe) _____

Skin Condition (G=Good, F=Fair, P=Poor, if fair or poor, describe):
 General Condition: G / F / P _____ Turgor: G / F / P _____
 Describe Color, Texture and Appearance: _____
 Describe Abnormalities: _____
 Wounds (Describe All: location, size, color, drainage, treatment): _____

***Screening for signs and symptoms of venous thromboembolism (VTE) [63 O.S. 1-890.3(a)(1)], describe:**

***Describe techniques for providing emergency response to venous thromboembolism (VTE) [63 O.S. 1-890.3(a)(1)]:**

HB 3644

New, effective July 1, 2026 per 63 O.S 1-890.3 [House Bill 3644]

Section 1-890.3. A. 11. Provisions requiring assisted living centers to make available to residents upon admission a consumer information pamphlet that contains information about venous thromboembolism (VTE) including, but not limited to, risk factors and recognition of the signs and symptoms of VTE;

OSDH Long Term Care Service will provide a link to a pamphlet developed by the National Blood Clot Alliance that facilities can use.

Survey Process Updates

Survey process will include verification that the assisted living center is compliant with:

1. Screening for the signs and symptoms of VTE, within the comprehensive assessment.
2. Listing techniques for providing an emergency response to VTE, within the comprehensive assessment.
3. Making available to residents upon admission a pamphlet that contains risk factors and recognition of signs and symptoms of VTE.

The Q&A Session has begun

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Closing Comments



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