

LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting April 14, 2021 at 1:30

Location of meeting: Microsoft Teams

https://teams.microsoft.com/l/meetup-

728b62cf32c5%22%2c%22Oid%22%3a%22463c8334-e408-4d1d-b4eb-52f4b934efe4%22%7d

Join by phone: +1 405-898-0717 United States, Oklahoma City

Conference ID: 602 694 488#

There is no physical meeting location. All Advisory Board Members are participating remotely via the Microsoft Teams platform shown above.

AGENDA

1.	Call to Order	
2.	Roll Call	LaShawn Lewis
3.	Review and Action to Approve/Amend the January 8, 2020 Regular Meeting minutes	Wendell Short, Chair
4.	Election for 2021 LTCFAB Officers	
5.	Long Term Care Service Update	Dr. LaTrina Frazier
6.	Program Area Reports Vicki Kirtley – NAR, Espa Bowen – Health Facility Service, Dia – National Background Check/OKScreen	
7.	Visitation Complaints, and Investigations	
8.	New Business: Meeting Dates for 2021	Wendell Short, Chair
9.	Public Comment	
10.	Adjournment	

^{*}If the audio is disconnected at any point during the meeting, Board Members will attempt to rejoin. The meeting will reconvene upon reconnection using the same platform and access codes. If unable to restore connections for a maximum of 15 minutes the meeting will be adjourned.



LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting
January 8, 2020 at 1:30
Oklahoma State Department of Health, 123 Robert S. Kerr Ave., OKC, OK 73102

MINUTES

January 8, 2020

1) Call to Order

Alan Mason called the meeting to order at 1:37 p.m.

2) Roll Call

LaShawn Lewis called roll with the following Long Term Care Facility Advisory Board (LTCFAB) members present: Joanne Alderman, Stephen Ross, Lori Morton, Dustin Cox, Modina Allen, Esther Houser, Adam Jordan, Joanna Martin, Alan Mason, Jim McWhirter, Kay Parsons, Charles Schwarz, Wendell Short, Diana Sturdevant, William Whited, and Denise Wilson.

The following LTCFAB members were absent: Paula Porter; Jonathan Bushman; Jacki Millspaugh and Dewey Sherbon.

The following guests were present: Natashia Mason, Care Providers OKLA; Lisa McAlister, OSDH; Beverly Clark, OSDH; Paula Terrel, OSDH; Diane Wood, OFMQ; Debbie Yellseagle, OFMQ; Barry Edwards, OSDH OKScreen; Lisa Conner, OSDH CMP Program; Luvetta Abdullah, OSDH CMP Program; James Joslin, OSDH

Currently, there are five vacancies on the LTCFAB, which consists of 27 members.

A quorum met with 16 members present.

Adam Jordan

3) Election for 2020 LTCFAB Officers

					Agenda Item #3 Vote 1
Motion: LTCFAB	Nominating O	fficers Wendel	1 Short Chair. Al	lan Mason	Vice Chair, Adam Jordan
Secretary		.,			
					
Motion Made by: D	oustin Cox Seco	onded: William	Whited	Mo	otion Carried: Yes
Aye: 16 Abs	stain: <u>0</u>	Nay:	0 Abse	ent: <u>4</u>	_
Joanne Alderman	☑Ave □ Al	ostain 🗆 Nay	Alan Mason		☑Aye □ Abstain □ Nay
Paula Porter	<u></u>	stain 🗖 Nay	Jim McWhirt	er	✓ Aye □Abstain □ Nay
Stephen Ross		stain □ Nay	Jacki Millspa	ugh	□Aye □ Abstain □ Nay
Jonathan Bushman	<u></u>	ostain 🗖 Nay	Kay Parsons		✓ Aye □ Abstain □ Nay
Lori Morton		ostain □ Nay	Charles Schw	 varz	✓ Aye ☐ Abstain ☐ Nay
Dustin Cox	.	stain □ Nay	Dewey Sherb	on	□Aye □ Abstain □ Nay
Modina Allen	<u>.</u>	ostain □ Nay	Wendell Shor		✓ Aye ☐ Abstain ☐ Nay
Esther Houser	-	ostain □ Nay	Diana Sturdey		✓ Aye ☐ Abstain ☐ Nay
Joanna Martin	······································	stain 🗆 Nay	William Whit	ted	✓ Aye ☐ Abstain ☐ Nay
Adam Jordan	-	ostain □ Nay	Denise Wilso		✓ Aye ☐ Abstain ☐ Nay
	<u>.</u>	ostain □ Nay			□Aye □ Abstain □ Nay
	-	ostain □ Nay			□Aye □ Abstain □ Nay
		_ 1 (4)			Shading = Absent
4) Review and Ac	ction to Approv	ve/Amend Min	nutes:		Agenda Item #4 Vote 1
Motion: Vote to Ap	prove/Amend J	an 2020 meetii	ng minutes		voic 1
Motion Made by: D	enise Wilson	Seconded: J	Toanne Alderman	M	otion Carried: Yes
Aye: 15 Abstai	in: <u> 1 </u>	<u>0</u> Abs	ent: <u>4</u>		
			ii		
Joanne Alderman	<u>.</u>	ostain 🗆 Nay	Alan Mason		✓ Aye ☐ Abstain ☐ Nay
Paula Porter		stain 🗖 Nay	Jim McWhirt		✓ Aye □ Abstain □ Nay
Stephen Ross	-	stain 🗖 Nay	Jacki Millspa	<mark>ugh</mark>	□Aye □ Abstain □ Nay
Jonathan Bushman		ostain 🗖 Nay	Kay Parsons		✓ Aye □ Abstain □ Nay
Lori Morton	-	ostain 🗆 Nay	Charles Schw		✓ Aye ☐ Abstain ☐ Nay
Dustin Cox	<u>.</u>	stain 🗖 Nay	Dewey Sherb	······	□Aye □ Abstain □ Nay
Modina Allen		ostain 🗆 Nay	Wendell Shor		✓ Aye ☐ Abstain ☐ Nay
Esther Houser	······	ostain 🗆 Nay	Diana Sturdey		✓ Aye ☐ Abstain ☐ Nay
Joanna Martin	✓Aye □Ab	stain 🗖 Nay	William Whit	ted	☐Aye ☑ Abstain ☐ Nay

Meetings are posted at:

 \square Aye \square Abstain \square Nay

Denise Wilson

☑Aye ☐ Abstain ☐ Nay

http://www.health.ok.gov/calendar/mtngs/index.html http://www.sos.state.ok.us/meetings/agencymeets.asp?intAgency=316 Approved minutes are posted at http://www.health.ok.gov/calendar/mtngs/ltcab.html

LTC Facility Advisory	Board Regular Meeting
January 8, 2020 Minute	es

□Aye □ Abstain □ Nay	□Aye □ Abstain □ Nay
□Aye □ Abstain □ Nay	□Aye □ Abstain □ Nay
	Shading = Absent

Agenda Item #4 Vote 2

Motion: Recommend to amend the minutes to reflect Jacki Millspaugh being present

Motion Made by: Kay I	Parsons Second	led:	Motion Carried: Yes
Aye: 15 Abstain	: <u>1</u> Nay: <u>0</u>	Absent: 4	
Joanne Alderman	☑Aye □ Abstain □ Na	y Alan Mason	☑Aye □ Abstain □ Nay
Paula Porter	□Aye □Abstain □ Nay	Jim McWhirte	er
Stephen Ross	☑Aye □Abstain □ Nay	y <mark>Jacki Millspat</mark>	ıgh □Aye □ Abstain □ Nay
<mark>Jonathan Bushman</mark>	□Aye □ Abstain □ Na	Kay Parsons	✓Aye □Abstain □ Nay
Lori Morton	☑Aye □ Abstain □ Na	Charles Schw	arz
Dustin Cox	☑Aye □Abstain □ Nay	y Dewey Sherb	on □Aye □ Abstain □ Nay
Modina Allen	☑Aye □ Abstain □ Na	Wendell Shor	t
Esther Houser	☑Aye □ Abstain □ Na	Diana Sturdey	rant
Joanna Martin	☑Aye □Abstain □ Nay	y William Whit	ed □Aye ☑ Abstain □ Nay
Adam Jordan	☑Aye □ Abstain □ Na	Denise Wilson	n ☑Aye ☐ Abstain ☐ Nay
	□Aye □ Abstain □ Na	ıy	□Aye □ Abstain □ Nay
	□Aye □ Abstain □ Na	ıy	□Aye □ Abstain □ Nay
			Shading = Absent

5) Licensure, Resident Assessment, Nurse Aide Registry:

We have been talking about the Alzheimer's Dementia disclosure and the information made available to them. James Joslin has indicated that the new current disclosure forms were mailed out, but the website still had the old form. What is significant about the new form is it asks about actual staffing on the unit. If you have a special unit what is the staffing in that unit? We want that data, we talked about what is the key data to put on the website. Can we do a website that links to these forms and gives the amount of information in that key data? This is the webpage, as it exists today, with a mockup of what I anticipate the table to look like. You can see some of the tables and at the bottom are the key elements. From this disclosure document that we would capture the data to put in a table. The data from the will provide valuable information and help create focused questions. What is updated in there that you cannot really tell, is, there are links in the document to allow you to navigate through the document a little easier. James kind of reorganized the information and made clarification between what is a specialized facility. We have three licensed Specialized Facilities for residents with Alzheimer's and Dementia, the entire facility is dedicated to the service. We have other Facilities that are not licensed specialized facilities, they are licensed Nursing homes, and Assisted Living Centers and have a special program.

Memory Care is not a defined statutory or regulatory term. You have a Memory Care Unit in Assisted living you have a Memory Care Unit or Memory Care program in the Nursing Home. Therefore, it is

Meetings are posted at:

http://www.health.ok.gov/calendar/mtngs/index.html http://www.sos.state.ok.us/meetings/agencymeets.asp?intAgency=316 Approved minutes are posted at http://www.health.ok.gov/calendar/mtngs/ltcab.html an interchangeable term. The website is updated but not the form. There has also been clarification on the revised date from 6/24/2015 to 1/6/2020; the form number will remain the same.

James Joslin introduced Berry Edwards, new program Manager for OK-Screen. James wanted us to write down a couple of numbers, the first set of numbers was 52,978, which is the number of people hired through OK-Screen in 2019. NH (Nursing Homes), AL (Assisted Living), RC (Residential Care), Home Health and Hospices of those 17,067 had to be fingerprinted, the remaining 35,911 had already been fingerprinted. Only 32.2% had to be finger printed because of rapback. When somebody is hired, we pay the OSBI \$41.00 to process the national finger print check and we pay the Life Scan Vender Company called Idemia \$9.25. The provider is not charged the \$50.25. James informed us that the provider is charged \$19.00.

James Joslin stated nothing in particular jumps out about the Nurse Aide Registry Data. Just in terms of annual numbers, those numbers we see in terms of certification. The one's that renew every year are our medication aides and everyone else is on a two-year renewal cycle.

James also mentioned the biggest problems is the Developmental Disability Aide (DDCA) training programs are no longer available. What has been suggested to us is that DHS has a rehabilitation training specialist program that they use for the staff who work in group homes. It was suggested that we piggyback on the curriculum that DHS offers and allow that curriculum to be deemed. Deeming is the term used to say; because you have this training over here, we deemed it equivalent to what we require. James believes this does meet our standards, in fact, the DDCA curriculum is 75 hours and the HHA is 116 hours of training. If all are in agreement, we would go back to DHS and allow these individuals to come into their training program.

Of the Nurse Aides FY Quarter July 1, 2019 to September 30, 2019, there were 15 cases of Abuse Neglect and Misappropriation, 15 determinations and final determinations by the Administrative Order. James went on to say "no calls" are still a problem. Hearings processed eight out of fifteen within nine months. Notations are being posted; notations are posted when we get a substantial creditable allegation that someone has abused, neglected or misappropriated; a pending notation will then show on the registry. This notation will allow future employers to be aware the person has a pending investigation. Misappropriation continues to be far away the most predominate type, and of those is the misappropriation of cash.

Abuse/Neglect/Misappropriation (ANM) Findings is the data on cases we track on whether or not these applicants had criminal history. Out of the 15 cases, we had (ANM) findings only two had prior eligible criminal history. This is not a perfect system, but out of the remaining cases, we had 13 with no criminal history at all. Addressed also was Pending Allegations Prior to (ANM) findings. If the findings go against them, they will be notified by OK-Screen. The applicant's certification will be terminated on or after the findings. So 12 of the 15 received employment after the pending notations.

6) Discussion, Consideration, possible action, and vote Title 310 Chapter 2:

Title 310 Chapter 2 Subchapters 21-39, we are proposing a number of revisions for Chapter 2. Procedures of the State Department of Health. We are modifying the rules and procedures for our

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http://www.health.ok.gov/calendar/mtngs/ltcab.html

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hearing process to align with something we have done already with Nurse Aides. When we send them a legal notice to their address we have on file with their certification they're legally served whether they accept it or not. We are doing the same with our Individual proceedings as well. If it is a licensee we send it to the address on file for the license and they are considered legally served.

Subchapter 21 is about Criminal History Background Checks. This allows someone to resubmit for a waiver after a hearing.

Subchapter 37 we are instructed based on a piece of legislation that relates to Nurse Aides, they must meet national requirements. We deem most of our Nurse Aides, if they have training in another state. The Federal law is 75 hours minimum in every state.

Subchapter 39 Military Reciprocity Licensure waiver process for people who have criminal history on their license. Not just for nurse aides, we also license MT's Genetic Counselors, so it applies to all of these individuals.

Matian: Title 3	10 Chapter 2 Subchapters 21-39 t	for Commissionar to move f	Agenda Item #6 Vote 1
Motion Made by	y: William Whited Seconded:		
Joanne Alderman	☑Aye ☐ Abstain ☐ Nay	Alan Mason	✓ Aye ☐ Abstain ☐ Nay
Paula Porter	□Aye □Abstain □ Nay	Jim McWhirter	✓Aye □Abstain □ Nay
Stephen Ross	☑Aye □Abstain □ Nay	Jacki Millspaugh	□Aye □ Abstain □ Nay
Jonathan Bushma	n □Aye □ Abstain □ Nay	Kay Parsons	✓Aye □Abstain □ Nay
Lori Morton	☑Aye □ Abstain □ Nay	Charles Schwarz	✓Aye ☐ Abstain ☐ Nay
Dustin Cox	☑Aye □Abstain □ Nay	Dewey Sherbon	□Aye □ Abstain □ Nay
Modina Allen	☑Aye □ Abstain □ Nay	Wendell Short	✓Aye □ Abstain □ Nay
Esther Houser	☑Aye □ Abstain □ Nay	Diana Sturdevant	✓Aye ☐ Abstain ☐ Nay
Joanna Martin	✓Aye □Abstain □ Nay	William Whited	✓Aye ☐ Abstain ☐ Nay
Adam Jordan	☑Aye □ Abstain □ Nay	Denise Wilson	☑Aye □ Abstain □ Nay
	□Aye □ Abstain □ Nay		□Aye □ Abstain □ Nay
	□Aye □ Abstain □ Nay		□Aye □ Abstain □ Nay
			Shading = Absent

7) <u>Discussion, Consideration, possible action, and vote Title 310 Chapter 663:</u>

Long Term Care in reference to 663, 675 and 605 as it pertains to SB 142 Antipsychotic measures and then 675 which also includes SB 280 gives the option of 24 hour based staffing requirements and the change to quality measure etc.

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http://www.health.ok.gov/calendar/mtngs/index.html
http://www.sos.state.ok.us/meetings/agencymeets.asp?intAgency=316
http://www.health.ok.gov/calendar/mtngs/ltcab.html
http://www.health.ok.gov/calendar/mtngs/ltcab.html

Beverly Clark Manager of Training has stepped up this year and is doing rules. Chapter 663 changes relate to SB 142 and has several changes to Antipsychotic drugs, Long-term care facility and prescribing clinician. There was a strike under Assisted Living. Per Beverly, legal explained we cannot have a definition that is not in the law so we are striking it. In subchapter 19 administration, records and policies medication administration we added the language <u>Antipsychotic drug administration shall</u> be consistent with 63 O.S. 1-881, to implement SB 142 that is where it will be implemented.

Agenda Item #7 Vote 1

Motion: Title 310 Chapter 663 Subchapter 1 and 19 to accept proposed changes					
Motion Made by: <u>Dustin Cox Seconded: Denise Wilson Motion Carried: Yes</u> Aye: <u>15</u> Abstain: <u>0</u> Nay: <u>0</u> Absent: <u>4</u>					
Joanne Alderman	✓Aye ☐ Abstain ☐ Nay	Alan Mason	✓ Aye ☐ Abstain ☐ Nay		
Paula Porter	□Aye □Abstain □ Nay	Jim McWhirter	☑Aye □Abstain □ Nay		
Stephen Ross	☑Aye □Abstain □ Nay	Jacki Millspaugh	☐Aye ☐ Abstain ☐ Nay		
Jonathan Bushman	□Aye □ Abstain □ Nay	Kay Parsons	☑Aye □Abstain □ Nay		
Lori Morton	☑Aye □ Abstain □ Nay	Charles Schwarz	☑Aye ☐ Abstain ☐ Nay		
Dustin Cox	☑Aye □Abstain □ Nay	Dewey Sherbon	☐Aye ☐ Abstain ☐ Nay		
Modina Allen	☑Aye □ Abstain □ Nay	Wendell Short	☑Aye ☐ Abstain ☐ Nay		
Esther Houser	☑Aye □ Abstain □ Nay	Diana Sturdevant	☑Aye ☐ Abstain ☐ Nay		
Joanna Martin	☑Aye □Abstain □ Nay	William Whited	☑Aye ☐ Abstain ☐ Nay		
Adam Jordan	☑Aye □ Abstain □ Nay	Denise Wilson	✓ Aye ☐ Abstain ☐ Nay		
	□Aye □ Abstain □ Nay		□Aye □ Abstain □ Nay		
	☐Aye ☐ Abstain ☐ Nay		□Aye □ Abstain □ Nay		
			Shading = Absent		

8) <u>Discussion, Consideration, possible action, and vote Title 310 Chapter 675 Subchapter 1, 7 and 13</u>

Chapter 675 there are two bills SB 142 and SB 280 and changes made regarding Tuberculosis. SB 142 under the area of definitions there were several definitions added, Antipsychotic drug was added, Long-term care facility was added, Prescribing Clinician was added, Representative of a resident, and Resident.

Under Chapter 7 Administration, this language was put together in regards to the resident admission or continued residency as it relates to Antipsychotic medications. If there was a grievance from the facility, resident or resident's representative, this outlines the process they need to follow to file that grievance. We looked at the discharge transfer, and pulled similar language over and changed the language to be specific to the resident admission and continued residency of antipsychotic.

Subchapter 9. Resident Care Services under restraints has both physical and chemical restraints. Under letter (e) <u>Antipsychotic drug administration shall be consistent with 63 O.S. 1-881.</u>, referring back to the law

 SB 280 Subchapter 13. Staff requirements, we updated this area related to SB 280 we removed any of the language regarding flexible staffing and some of the language that was behind that and added the twenty-four-hour based staff scheduling and eligibility requirements. Starting Jan 1, 2020 the facility can implement twenty-four-hour based staffing scheduling. They no longer have to seek permission from the Health Department. We also updated the language for Loss of twenty-four-hour based staffing privileges. Providers are allowed to use twenty-four-hour based staffing unless they have deficiencies, or something that occurs in that facility to make them loose the twenty-four-hour based staffing. Providers would have to meet certain eligibility requirements for any deficient practice in order to get the twenty-four-hour based staffing back. Providers do have the right to appeal. These are the changes to implement the twenty-four-hour based staffing.

Infection Control update related to (TB) Tuberculosis, adjust policy to screening. The language we updated to match the National Tuberculosis Controller Association and CDC for 2019. Those are the proposals for Chapter 675.

Agenda Item #8 Vote 1

Motion: Title 310 Chapter 675 Subchapter 1, 7 and 13 to proceed with rulemaking for amendments

Motion Made by: A	lan Mason Seconded: Je	oanne Alderman Motion	Carried: Yes
Aye: 14	Abstain: 2 Nay: 0	Absent: 4	
Joanne Alderman	☑Aye □ Abstain □ Nay	Alan Mason	☑Aye □ Abstain □ Nay
Paula Porter	□Aye □Abstain □ Nay	Jim McWhirter	☑Aye □Abstain □ Nay
Stephen Ross	☑Aye □Abstain □ Nay	Jacki Millspaugh	□Aye □ Abstain □ Nay
Jonathan Bushman	□Aye □ Abstain □ Nay	Kay Parsons	☑Aye □Abstain □ Nay
Lori Morton	☑Aye □ Abstain □ Nay	Charles Schwarz	☑Aye □ Abstain □ Nay
Dustin Cox	☑Aye □Abstain □ Nay	Dewey Sherbon	□Aye □ Abstain □ Nay
Modina Allen	☑Aye □ Abstain □ Nay	Wendell Short	☑Aye □ Abstain □ Nay
Esther Houser	☐Aye ☑ Abstain ☐ Nay	Diana Sturdevant	☑Aye □ Abstain □ Nay
Joanna Martin	☑Aye □Abstain □ Nay	William Whited	☐Aye ☑ Abstain ☐ Nay
Adam Jordan	☑Aye □ Abstain □ Nay	Denise Wilson	☑Aye □ Abstain □ Nay
	□Aye □ Abstain □ Nay		□Aye □ Abstain □ Nay
	□Aye □ Abstain □ Nay		□Aye □ Abstain □ Nay
			Shading = Absent

9) Discussion, Consideration, possible action, and vote Title 310 Chapter 605

Chapter 605. Adult Day Care the changes are under Personnel records and staffing requirements, which have to do with (TB) Tuberculosis. Same things that were talked about for 675.

Agenda Item #9

Meetings are posted at:

http://www.health.ok.gov/calendar/mtngs/index.html
http://www.sos.state.ok.us/meetings/agencymeets.asp?intAgency=316
http://www.health.ok.gov/calendar/mtngs/ltcab.html
http://www.health.ok.gov/calendar/mtngs/ltcab.html

Vote 1

Motion: Title 310 Chapter 605 Subchapter 7 and Subchapter 11 to proceed with rulemaking for amendments

Motion Made by: Ste	ephen Ross Seconded: Mo	odina Allen Motion	Carried: Yes
Aye: 16 Absta	<u>uin: 0 Nay: 0 Absen</u>	<u>ıt: 4</u>	
		ii	
Joanne Alderman	☑Aye □ Abstain □ Nay	Alan Mason	☑Aye □ Abstain □ Nay
Paula Porter	□Aye □Abstain □ Nay	Jim McWhirter	✓Aye □Abstain □ Nay
Stephen Ross	☑Aye □Abstain □ Nay	Jacki Millspaugh	□Aye □ Abstain □ Nay
<mark>Jonathan Bushman</mark>	□Aye □ Abstain □ Nay	Kay Parsons	✓ Aye □ Abstain □ Nay
Lori Morton	☑Aye □ Abstain □ Nay	Charles Schwarz	☑Aye □ Abstain □ Nay
Dustin Cox	☑Aye □Abstain □ Nay	Dewey Sherbon	□Aye □ Abstain □ Nay
Modina Allen	☑Aye □ Abstain □ Nay	Wendell Short	☑Aye □ Abstain □ Nay
Esther Houser	□Aye ☑ Abstain □ Nay	Diana Sturdevant	☑Aye □ Abstain □ Nay
Joanna Martin	☑Aye □Abstain □ Nay	William Whited	✓Aye □ Abstain □ Nay
Adam Jordan	☑Aye □ Abstain □ Nay	Denise Wilson	☑Aye □ Abstain □ Nay
	□Aye □ Abstain □ Nay		□Aye □ Abstain □ Nay
	□Aye □ Abstain □ Nay		□Aye □ Abstain □ Nay
			Shading = Absent

10) Long Term Care Service Update:

Long Term care service updates: we passed out the 2019 Annual Review handbooks to the board members.

Looking at the Assisted Living Centers for the last 3 years, they have been relatively the same. For SFY 2017 and 2018, we had 183 for the number of facilities and 184 for SFY 2019. The facilities are counted once they are licensed and we start to survey. This will be a little different due to the investigations that were actually worked. As far as inspections go we have been relatively stable for SFY 2017 and 2018, we took a drop in SFY 2019. Complaints have gone down. Complaints are pretty much everybody but the facility administrator. Why? Because anybody can come up with a complaint. Complaints have declined in 2019 we had 357 inspections in Assisted Living Centers last year.

Residential Care Homes the last three years, we see similar numbers, residential care, back in 2014 had about 75 licensed, that has gone down considerably. Probably because Assisted Living has gone up. We received fewer complaints last year with 105 inspections done.

Adult Day Care Center numbers have stayed stable for the last 6 years. We don't receive a lot of complaints in Adult Day Care Centers. We did 59 inspections last year.

Nursing Homes (Medicare/Medicaid) are federal numbers, L tags are not included in State Licensure tags versus Federal tags which are F tags. As far as the equivalency of investigations, they are about the same. Nursing Home break down as far as Medicare and Medicaid for those facilities that are federally certified and receive funds from CMS. We did 2,217 inspections for SFY 2019, of that we looked at complaints and they have risen slightly from SFY 2017 it seems to be up 100 complaints.

Meetings are posted at:

http://www.health.ok.gov/calendar/mtngs/index.html http://www.sos.state.ok.us/meetings/agencymeets.asp?intAgency=316 Approved minutes are posted at http://www.health.ok.gov/calendar/mtngs/ltcab.html LTC Facility Advisory Board Regular Meeting January 8, 2020 Minutes

With 300 facilities, one of every three nursing homes received a complaint. There is currently one Private pay only nursing home in the State of Oklahoma. It is believed that they are filing for Federal certification so we may be down to zero Private pay next year. The Oklahoma Health Care Authority number of licensed beds for SFY is 28,675, number of residents 18,059 and that gives us an occupancy rate of 63% relatively similar for the last six years.

VA Centers have seven centers that were licensed as nursing homes and we only evaluated them in accordance with state rule and regulations. All enforcement actions went to the governor. Any type of inspections for a VA center will be submitted to the governor, speaker of the house, senate pro tempor and commissioner of health. VA centers are approved to file for Medicare and Medicaid Certifications. They will be evaluated the same as any nursing home certified for Medicare/Medicaid. IFC/IID is the same 87, 89, and 91, which might be going up. We had 382 inspections.

11) New Business:

12) Public Comment:

Public comment made throughout the meeting.

13) Adjournment

The meeting adjourned at 3:27 p.m.



Long Term Care Facility Advisory Board Meeting LTC Report 04/14/2021

Top 5 cited deficiencies between 3/1/2020 – 2/28/2021 are as follows:

	Times Cited	Tag	Description	
1.	147	F880	nfection Control	
2.	27	F886	COVID-Testing – Residents & Staff	
3.	25	F684	Quality of Care	
4.	16	F885	Reporting – Residents, Representatives & Families	
5.	12	F609	Reporting of Alleged Violations	

Top 5 cited deficiencies for L tags

	Times Cited	Tag	Description
1.	198	L810	Infection Control
2.	41	L816	Basic Nursing and Personal Care
3.	16	L242	Resident Rights
4.	13	L812	Infection Control
5.	10	L811	Infection Control

Complaints 03/01/20 - 02/28/2021

1 , , , ,			
Complaint Priority	Number of Allegations	Number of Facilities	
Immediate Jeopardy (IJ)	15	13	
Non-IJ-High	123	87	
Non-IJ-Medium	610	226	
Non-IJ-Low	99	64	

CMP Imposition

Date Range	Amount
04/01/20 - 06/30/20	\$0
07/01/20 - 09/30/20	\$212,455.00
10/01/20 - 12/31/20	\$229,535.00
01/01/21 - 03/31/21	
Total	\$441,990.00

Nurse Aide Registry Report Long Term Care Facility Advisory Board Meeting for April 14, 2021



AGENDA ITEM # 6 Vicki Kirtley

CURRENT CERTIFICATIONS

TYPES OF CERTIFICATIONS	FY2020	FY21 Qtr-1	FY21 Qtr-2
Adult Day Care (ADC)	31	30	31
Long Term Care (LTC)	36,129	35,677	35,576
Certified Medication Aide (CMA)	5,136	5,232	5,142
Advanced CMA Gastrology (CMA/G)	2,703	2,734	2,728
Advanced CMA Glucose Monitoring (CMA/GM)	1,208	1,240	1,237
Advanced CMA Insulin			
Administration (CMA/IA)	835	870	865
Advanced CMA Respiratory (CMA/R)	2,749	2,788	2,772
Feeding Assistant (FA)	307	284	259
Home Health Aide (HHA)	11,642	11,329	11,158
Developmentally Disabled Direct			
Care Aides (DDDCA)	1,135	1,051	1,036
Residential Care Aide (RCA)	31	31	31
TOTALS	61,906	61,266	60,835

NEW CERTIFICATIONS	FY2020	FY21 Qtr-1	FY21 Qtr-2	
INBOUND RECIPROCITY CERTIFICATION	S			
LTC	1,521	500	612	
ННА	33	5	0	
NEW CERTIFICATIONS FROM TRAINING				
	FY2020	FY21 Qtr-1	FY21 Qtr-2	
LTC	4,320	954	1,012	
ННА	2,021	477	496	
DDDCA	218	16	57	
RCA	0	0	0	
ADCA	0 0		0	
CMA	866	100	249	
FA	72	2	6	
TOTALS	7,497	1,549	1,820	
NEW ADVANCED CMA	FY2020	FY21 Qtr-1	FY21 Qtr-2	
CMA-R	589	44	76	
CMA-G	554	24	75	
CMA-GM	289	14	40	
CMA-IA	198	9	23	
TOTALS	1,630	71	214	
RETEST	FY2020	FY21 Qtr-1	FY21 Qtr-2	
Retest - CMA	57	14	7	
Retest - HHA	32	15	0	

Nurse Aide Registry Report Long Term Care Facility Advisory Board Meeting for April 14, 2021

RETEST	FY2020	FY21 Qtr-1	FY21 Qtr-2
Retest - LTC	151	47	9
Retest - DDCA	1	0	0
TOTALS	241	76	16

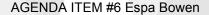
OUTBOUND RECIPROCITY	FY2020	FY21 Qtr-1	FY21 Qtr-2
Reciprocity - LTC	450	88	79
COMPLETED RENEWAL APPLICATIONS	FY2020	FY21 Qtr-1	FY21 Qtr-2
	19,354	4,959	4,620

TRAINING PROGRAMS

FY2020	FY21 Qtr-1	FY21 Qtr-2
147	149	150
0	0	0
11	11	11
0	0	0
0	0	0
46	47	47
38	38	39
26	27	27
4	4	4
2	2	2
29	31	31
1	1	1
304	310	312
FY2020	FY21 Qtr-1	FY21 Qtr-2
82	0	0
0	0	0
9	0	0
0	0	0
0	0	0
19	0	0
15	0	0
8	0	0
1	0	0
3	0	0
9	0	0
9		
	147 0 111 0 0 46 38 26 4 2 29 1 304 FY2020 82 0 9 0 0 19 15 8 1	147 149 0 0 0 111 111 0 0 0 0 0 46 47 38 38 26 27 4 4 4 2 2 2 29 31 1 1 1 304 310 FY2020 FY21 Qtr-1 82 0 0 0 9 0 0 0 0 0 19 0 15 0 8 0 1 0 3 0

CURRENT TEMPORARY EMERGENCY		Now presumptively approved with waiver.
WAIVERS	"	

Exception Applications for The Emergency Waiver Training	1,967 received
	1,198 processed
	766 pending





Health Facility Systems Report Prepared for

Wednesday, April 14, 2021 Espaniola Bowen, MCJA, M.Ed. Administrative Program Manager

For questions regarding LTC Licensure: call (405) 426-8175

Health Facility Systems

Health Facility Systems continues to renewal LTC licensure applications.

From July 1, 2020 through March 31, 2021. We have processed over (56) Standard CNs and (3) Psychiatric CNs. For the Past (5) years we have averaged around 60 CNs a year.

We currently have (2) pending CNs in the pipeline. (1) Standard (1) Psychiatric.

There are a couple of things, I would like to request of the facilities, which would make the application process go smoother:

- 1.) To make sure the application and the payment together, also make sure the facility Name and Facility Number are on the check and application.
- 2.) We cannot stress enough that all facilities submit a notice of change when have has been a change in the following: Administrator, DON, Fax, Email, Phone and physical address.
- 3.) The administrator <u>cannot</u> sign the application, unless you have sent in an authorization/documentation show she can sign the application.

Lance Frye, MD Commissioner of Health State of Oklahoma



ONBCP (OK-SCREEN)

Health Resources Development Service Protective Health

Oklahoma National Background Check program (OK-SCREEN) Data comparison for the last six (6) years.

	SFY15	SFY16	SFY17	SFY18	SFY19	SFY20
Eligible Background Checks Completed	36,241	33,060	23,345	30,302	26,453	25,367
IneligibleBackground Checks Completed	303	439	319	300	420	388
Connected Applications*	28,799	30,328	36,236	40,618	42,096	42,885
Appeals Completed	44	92	136	149	163	162
Appeals Granted	24	62	86	73	79	100
Appeals Denied	21	30	50	55	84	64
Appeals Withdrawn	1	14	21	21	28	21
Applicants with In State	3,668	3,788	3,812	3,485	3,353	2,909
Charges Applicants with Out of State Charges	1,634	1,814	2,313	2,079	1,955	1,825
Rap Backs** Rap	1,190	3,013	521	433	608	524
Backs Disqualifying Applicant	5	16	42	42	86	58

Barry Edwards | Program Manager

Protective Health | ONBC Program (OK-Screen)
Oklahoma State Department of Health
p. 405-426-8145 | f. 405-900-3611
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