August 26, 2026, 2:00 PM

LTC Provider Call

SNF/NF, ICF/IID, and Assisted Living/Continuum of Care Providers

***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

OKLAHOMA
State Department
of Health

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OKLAHOMA
State Department
of Health

Welcome

OKLAHOMA STATE DEPARTMENT OF HEALTH

Agenda

QIN-QIO Contact Information

EVS Blitz (Housekeeping In-service)

Risk Based Survey (RBS)

OK Senior Smiles

AL/CAL VTE Requirements Reminder

LTC Updates

Southcentral CMS QIN-QIO Region 5
TMF Health Quality Institute

Our consultants provide the following support to the CMS-identified eligible healthcare providers who participate in the QIN-QIO contract:

- Personalized one-on-one or group technical assistance
- Interventions tailored to care settings and providers, along with tools and resources
- Free quality improvement webinars and online learning and resources
- Data dashboards and customized reports from CMS to drive quality improvement efforts
- Last day for enrollment is 8/27!
  - Complete the Provider Service Agreement: https://bit.ly/PSAQINQIO
  - Email completed document to Mindy.Brown@tmf.org

EVS Blitz (Housekeeping In-service)

- Purpose: Assess your facility's readiness to maintain a clean and safe healthcare environment for your residents, staff, and visitors.
- In-service includes a one-hour onsite collaborative visit with a member of the HAI/AR Prevention team focusing on environmental cleaning and disinfecting processes.
- Target audience includes Infection Preventionist and Housekeeping Manager, but all are welcome to join.
- Participation is voluntary and nonpunitive.

https://redcap.link/soiooug1

Reminder:
Risk-Based Surveys

OKLAHOMA STATE DEPARTMENT OF HEALTH

Nursing Home Risk-Based Survey (RBS) National Implementation

Implementation date: 09/08/2026

RBS is a modified form of the LTCSP used for standard recertification surveys

- Permits higher quality facilities to undergo a more focused survey protocol requiring less onsite time and a small survey team.
- Continuing to ensure compliance with health and safety standards.
- Streamlined review of all the required areas and fewer activities.
- Conducted in roughly half the time with fewer total surveyors as the standard LTSCP.

RBS Qualifying Criteria

QSO-26-14-NH

LTC UPDATES

Appendix A

RBS Facility Qualifying Criteria

Candidates for the RBS Facility Quarterly Qualified List are based on the following criteria:

To qualify, a facility must **not** have any of the following:

1. Less than a 5-Star Overall Rating
2. Less than 3-star Staffing Rating
3. Any citation(s) for Actual Harm, or Immediate Jeopardy (IJ) or Substandard Quality of Care (SQC) in the last survey cycle
    - Last survey cycle = the last standard survey and any complaint investigations in the last year.
4. More than 18 months without a standard survey
5. Any staffing waivers in effect
    - Facilities may obtain a waiver of certain staffing requirements, per 42 CFR 483.35.
6. Failed Payroll-Based Journal (PBJ) staffing data audit
    - CMS conducts audits of staffing data submitted by facilities. If a facility's data cannot be verified for accuracy, the facility fails the audit.
7. Failed resident assessment Minimum Data Set audit (MDS)
    - CMS conducts audits of resident assessment data submitted by facilities. If a facility's data cannot be verified for accuracy, the facility fails the audit.
8. Health Inspection Score higher than the 50th percentile in the state (lower scores indicate better performance)
9. Two or more residents aged 65 or older that are coded with diagnosis of schizophrenia after being admitted without this diagnosis.
10. A change in ownership since the last standard survey
11. Special Focused Facility Candidate

State Agencies should conduct RBS based on the lists sent to them and the triggering of disqualification criteria, rather than what is displayed on the Nursing Home Care Compare website.

RBS Disqualifying Criteria

Disqualified if any of these occur **before** the RBS survey is started.

Appendix C

RBS Facility Disqualifying Criteria

A facility listed as qualifying for the RBS on the Quarterly Qualified List (see Appendix A) will be disqualified if any of the following occur **before** the RBS survey is started:

1. Citation(s) at Actual Harm, Immediate Jeopardy, abuse (at any level), or Substandard Quality of Care that occurred on an intake investigation while the facility was listed as qualified for the RBS
2. Pending Intake Investigations triaged at Immediate Jeopardy
3. More than three (3) pending non-IJ active intakes (Complaints/Facility Reported Incidents) triaged as non-IJ medium or higher
4. CMS-approved Nursing waivers
5. Change in ownership since the last standard survey

If the facility meets any of the above exclusions, the State Agency **MUST** convert the RBS to Long Term Care Survey Process standard survey.

Note: The Team Coordinator should follow their state practice to verify the above exclusions prior to RBS.

QSO-26-14-NH

Memorandum Summary

- **Risk Based Survey (RBS):** The RBS survey will be implemented nationwide beginning September 8, 2026.
- **State Agency (SA) Training:** CMS is providing SAs and CMS Locations information related to training and implementation to prepare for the RBS launch.
- **High Performing Facility Icon**  **:** CMS will place an icon on Nursing Home Care Compare website identifying facilities that qualify for the RBS which indicates a higher level of performance.

OK Senior Smiles

Nicole Reynolds, DDS

August 26, 2026

OKLAHOMA
State Department
of Health

How can aging affect oral health?

OKLAHOMA STATE DEPARTMENT OF HEALTH

Common Concerns:

-dry mouth

-medication side effects

-inability to perform oral care independently

-inability to access care (cost, location, disability, etc.)

-decreased taste

-social difficulties

Additional Concerns for those with Cognitive Decline:

-reluctance to perform or participate in daily oral care

-difficulty locating a provider

-reduced ability to communicate concerns to staff/caregivers

-challenges with dentures/partials

OK Senior Smiles

OKLAHOMA STATE DEPARTMENT OF HEALTH

OK Senior Smiles

-primary audience: clinical staff of long-term care facilities as well as patient caregivers

-training video

-toolkit

-posters

Training Video

-30 minutes long

-can be used as an in-service or new hire orientation

-excellent resource for in-home caregivers and families as well

Toolkit

-multiple resources, all in one place

-training modules, printables, access to care guide

-living document

Posters

-topics: brushing, flossing, denture care, effects on overall health, and cancer screening

-ideal for clinic areas, break rooms, etc.

-available for print from the website

-limited amount available from OSDH

Questions?

Nicole.Reynolds@health.ok.gov

405-549-7068

Reminder:
VTE Requirements (Assisted Living) – HB 3644

OKLAHOMA STATE DEPARTMENT OF HEALTH

Survey Process Reminders (VTE)

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.

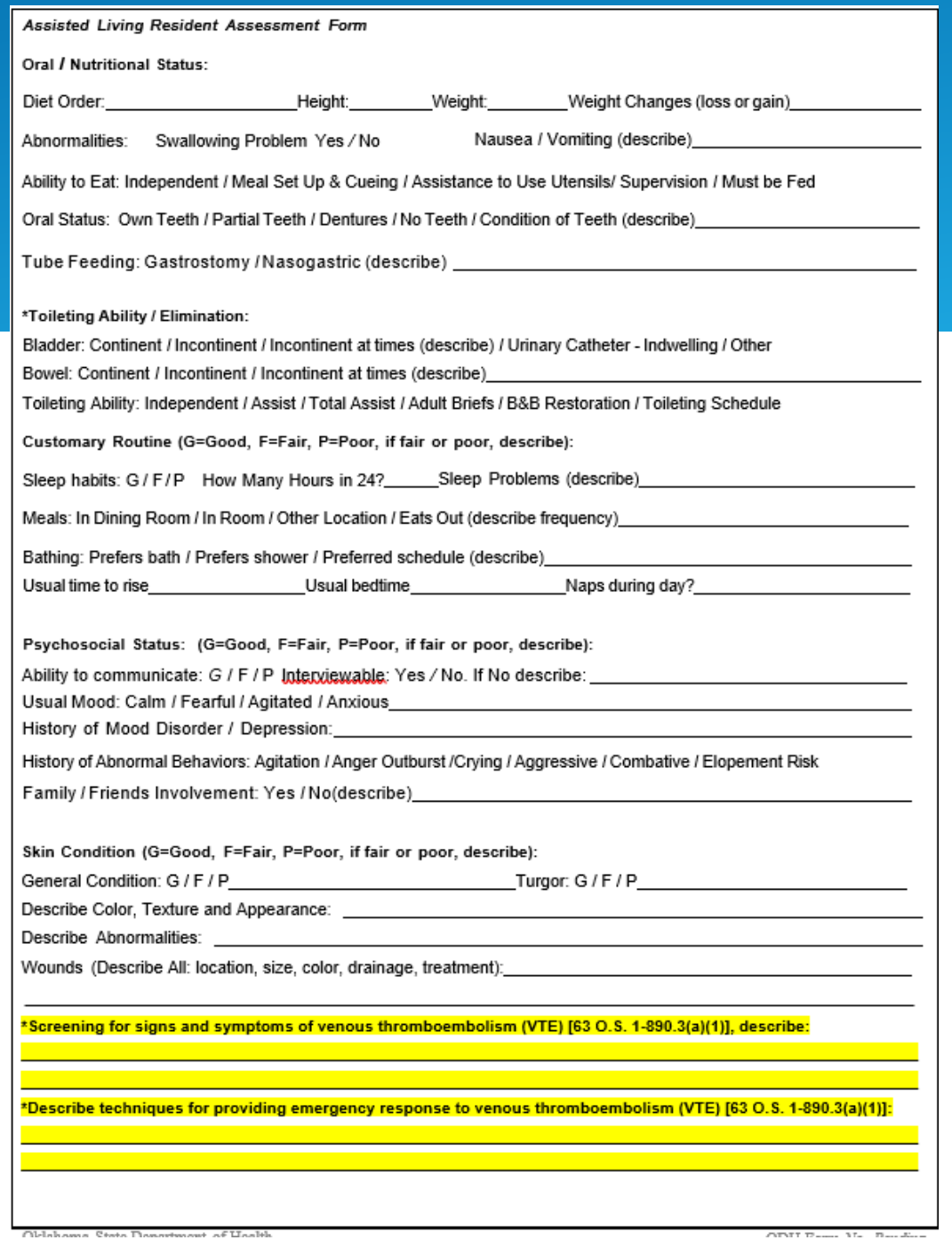
A link to a pamphlet developed by the National Blood Clot Alliance is on the OSDH website.

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.



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)]:**

Long Term Care Forms

QUALITY IMPROVEMENT RESOURCES >

All Facilities | Assisted Living Centers | Nursing Homes

All Facilities

- Informal Dispute Resolution (IDR) Request Forms
- Independent Informal Dispute Resolution (IIDR) Request Form
- LTC Incident Reporting and ODH Form 283

Assisted Living Centers

- Assisted Living Resident Assessment Form
- Venous Thromboembolism (VTE) Pamphlet
- Assisted Living Optional POC Form
- Assisted Living Optional POC Instructions
- Assisted Living Center Plan of Correction - How to Avoid Rejection
  - Lists the Common Reasons for Rejections
- Assisted Living Optional Plan of Correction Customer Feedback

Nursing Homes

HB 3644

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;

HB 3644

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;

LTC Updates

OKLAHOMA STATE DEPARTMENT OF HEALTH

Facility Counts

Facility Type	Sep 2025	Jan 2026	Apr 2026	Aug 2026
Nursing Homes (Federal)	286	286	286	288
Nursing Homes Other	8	8	8	8
Intermediate Care Facility/IID (ICF/IID)	102	102	100	103
Assisted Living Centers	189	188	189	190
Residential Care Homes	29	29	30	29
Adult Day Care	40	41	42	41
Total	654	654	655	659

NH Survey Citations – SFY2026

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J	K	L
Actual harm that is not immediate jeopardy	G	H	I
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D	E	F
No actual harm with potential for minimal harm	A	B	C

S/S	Deficiency Count
A	0
B	0
C	3
D	573
E	267
F	98
G	36
H	2
I	0
J	57
K	18
L	5

NH Immediate Jeopardy Citations – SFY2026

Rank	#	Tag	Description
1	22	F0689	Free of Accident Hazards/Supervision/Devices
2	12	F0600	Free from Abuse and Neglect
3	7	F0684	Quality of Care
4	6	F0656	Develop/Implement Comprehensive Care Plan
5	5	F0678	Cardio-Pulmonary Resuscitation (CPR)

Top 5 Citations – SFY2026

Nursing Homes – F Tags (Federal)

Rank	#	Tag	Description
1	74	F0880	Infection Prevention & Control
2	63	F0689	Free of Accident Hazards/Supervision/Devices
3	58	F0656	Develop/Implement Comprehensive Care Plan
4	47	F0812	Food Procurement, Store/Prepare/Serve-Sanitary
5	44	F0600	Free from Abuse and Neglect

Top 5 Citations – SFY2026

ICF/IID – W Tags (Federal)

Rank	#	Tag	Description
1	4	W0127	Protection of Clients Rights
2	4	W0325	Physician Services
3	3	W0153	Staff Treatment of Clients
4	3	W0285	Mgmt of Inappropriate Client Behavior
5	3	W0455	Infection Control

Top 5 Citations – SFY2026

Assisted Living/Continuum of Care – C Tags (State Licensure)

Rank	#	Tag	Description
1	28	C0391	Food Storage, Preparation and Service
2	9	C1505	Resident Rights – Medical Care
3	7	C0522	Assessment Timeframes
4	6	C0940	Dietary Consultant
5	6	C1972	Policies

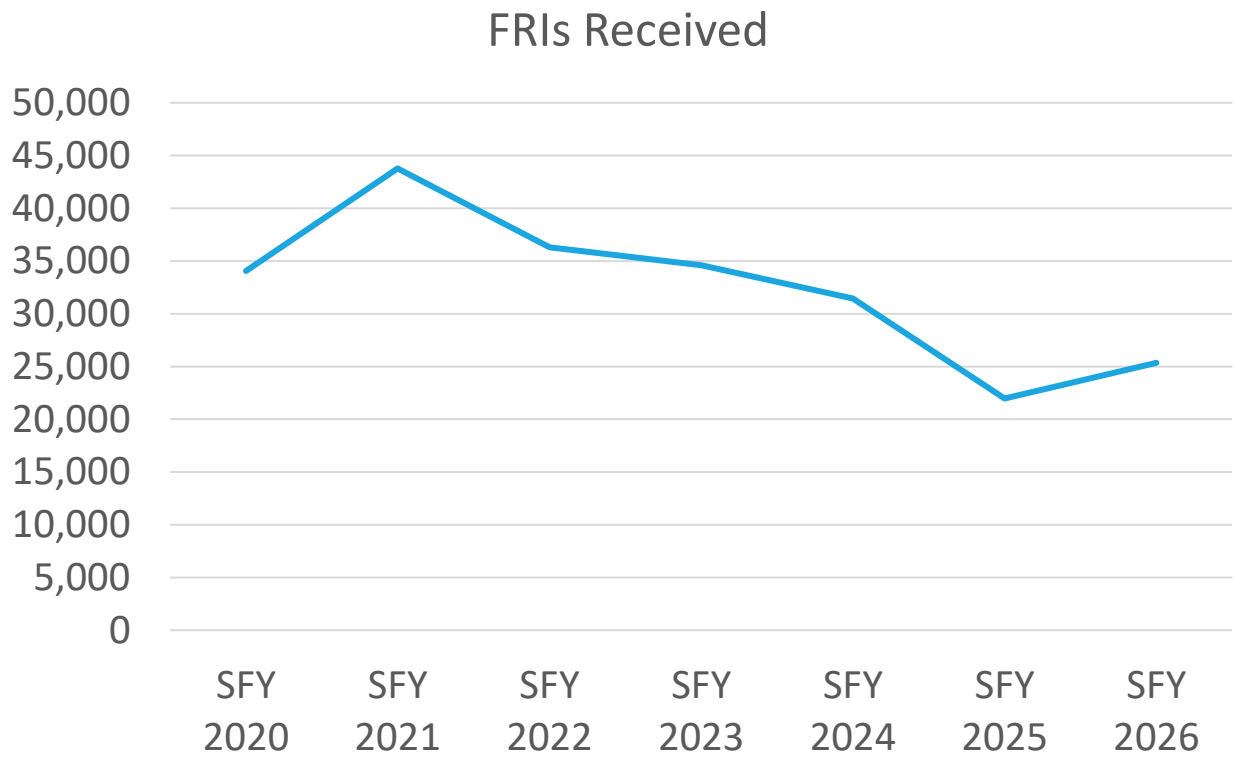
Top 5 NH Deficiencies Trend

Rank	SFY 2026	SFY 2025	SFY 2024	SFY 2023	SFY 2022	SFY 2021
1	F880	F880	F884	F884	F884	F884
2	F689	F689	F880	F684	F880	F880
3	F656	F812	F812	F880	F677	F684
4	F812	F600	F755	F812	F684	F580
5	F600	F641	F689	F755	F812	F689

Tag	Description
F580	Notify of Changes (Injury/Decline/Room, etc.)
F585	Grievances
F600	Free from Abuse and Neglect
F605	Right to be Free from Chemical Restraints
F641	Accuracy of Assessments
F656	Develop/Implement Comprehensive Care Plan
F677	ADL Care Provided for Dependent Residents
F678	Cardio-Pulmonary Resuscitation (CPR)
F684	Quality of Care
F689	Free of Accident Hazards/Supervision/Devices
F755	Pharmacy Srvcs/Procedures/Pharmacist/Records
F812	Food Procurement, Store/Prep/Serve-Sanitary
F880	Infection Prevention & Control
F884	Reporting – National Health Safety Network

Facility Reported Incident (FRI) Volume

	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	SFY 2026
Total FRIs	34,058	43,776	36,303	34,597	31,447	21,968	25,349



NH Triage Priority – SFY 2026

SFY26	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	**Ttl**
IJ	31	29	25	25	19	22	21	24	26	18	18	25	**283**
NIJ-H	56	57	56	49	46	45	37	43	58	43	55	62	**607**
NIJ-M	58	51	54	67	50	56	49	64	49	68	51	94	**711**
Total	**145**	**137**	**135**	**141**	**115**	**123**	**107**	**131**	**133**	**129**	**124**	**181**	**1,601**

The Q&A Session has begun

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

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Closing Comments

OKLAHOMA
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