

PROTECTIVE HEALTH SERVICES · 2016 ANNUAL REVIEW
OKLAHOMA STATE DEPARTMENT OF HEALTH



Oklahoma State Department of Health

VISION

Creating a State of Health

MISSION

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

VALUES

Leadership · To provide vision and purpose in public health through knowledge, inspiration and dedication and serve as the leading authority on prevention, preparedness and health policy.

Integrity · To steadfastly fulfill our obligations, maintain public trust, and exemplify excellence and ethical conduct in our work, services, processes, and operations.

Community · To respect the importance, diversity, and contribution of individuals and community partners.

Service · To demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents.

Accountability · To competently improve the public's health on the basis of sound scientific evidence and responsible research.

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.



Protective
Health Services

Oklahoma State
Department of Health

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, give us a call at 405•271•5288 or check our Web site at http://www.ok.gov/health/Protective_Health/index.html.

Terry Cline, Ph.D.

Commissioner of Health

Secretary of Health and Human Services

Protective Health Services Leadership Team

Henry F. Hartsell, Jr., Ph.D.
Deputy Commissioner
405 • 271 • 5288; Fax:
405 • 271 • 1402
hank@health.ok.gov

Crystal Rushing, Executive Assistant
405 • 271 • 5288; Fax: 405 • 271 • 1402
crystalr@health.ok.gov

Sean Tomlinson, PHS Administration
405 • 271 • 5288; Fax: 405 • 271 • 1402; tsean@health.ok.gov

Timothy Cathey, M.D., Medical Director
405 • 271 • 5288; Fax: 405 • 271 • 1402; timc@health.ok.gov

Lynnette Jordan, Consumer Health Service
405 • 271 • 5243; Fax: 405 • 271 • 3458; lynnette@health.ok.gov

Michael Cook, Long Term Care Service
405 • 271 • 6868; Fax: 405 • 271 • 2206; mikec@health.ok.gov

Lee D. Martin, Jr., Medical Facilities Service
405 • 271 • 6576; Fax: 405 • 271 • 1308; leem@health.ok.gov

James Joslin, Health Resources Development Service
405 • 271 • 6868; Fax: 405 • 271 • 7360; james@health.ok.gov

Nancy Atkinson, Quality Improvement & Evaluation Service
405 • 271 • 5278; Fax: 405 • 271 • 1402; nancyh@health.ok.gov

CONTENTS

CONSUMER HEALTH SERVICE	7
Animal Bite Reports and Enforcement	8
Bedding Industry	10
Consumer Product Safety Commission	12
Drugs, Cosmetics, Medical Devices, and Health Fraud	13
Hearing Aid Program.....	15
Hotels-Motels	17
Licensed Genetic Counselors	19
Medical Micropigmentation Program.....	21
Public Bathing Places	23
Retail Food Establishments	26
Sanitarian & Environmental Specialist Registration Program	28
Tattooing & Body Piercing Program	30
Wholesale Foods & Correctional Facilities	33
X-Ray Facilities	35
HEALTH RESOURCES DEVELOPMENT SERVICE	37
Adult Day Care Centers License Applications	38
Certified Workplace Medical Plans	40
Continuum of Care Facilities & Assisted Living	
Centers License Applications	42
Health Maintenance Organizations.....	44
Home Care Administrator Registry	46
Jail Inspection Division	48
Nurse Aide Registry	50
Nurse Aide Temporary Emergency Waiver	55
Nursing and Specialized Facilities Certificate of Need.....	57
Nursing and Specialized Facilities License Applications.....	59

Psychiatric & Chemical Dependency Treatment	
Facilities Certificate of Need	61
Residential Care Homes License Applications	63
LONG TERM CARE SERVICE	65
Adult Day Care Centers Inspections & Investigations.....	66
Assisted Living Centers Inspections & Investigations.....	69
Continuum of Care Facilities Inspections & Investigations	72
Intakes, Incidents & Enforcement	74
Intermediate Care Facilities for Individuals With	
Intellectual Disabilities Inspections & Investigations.....	77
Nursing Facilities Inspections & Investigations.....	82
Residential Care Homes Inspections & Investigations	88
Veteran's Centers Inspections & Investigations	91
MEDICAL FACILITIES SERVICE.....	95
Ambulatory Surgical Centers.....	96
Birthing Centers	100
Clinical Laboratory Improvement Amendments (CLIA)	101
Emergency Systems	
Emergency Medical Services	105
Trauma & Systems Development	111
Health Facilities Plan Review	114
Home Health Providers	117
Hospice Providers	122
Hospitals.....	127
Medicare Certification & State Permits	131
Quality, Enforcement & Review	135
Workplace Drug and Alcohol Testing Facilities.....	136

QUALITY IMPROVEMENT & EVALUATION SERVICE	139
Minimum Data Set (MDS)	140
National Practitioner Data Bank Reporting	143
Outcome and Assessment Information Set (OASIS)	145
Quality Assurance & Data Systems	147
ADVISORY COUNCILS TO PHS SERVICE AREAS	153
Consumer Health Service	
Consumer Protection Licensing Advisory Council	154
Infant and Children's Health Advisory Council	157
Oklahoma Food Service Advisory Council	161
Sanitarian & Environmental Specialist Registration Advisory Council	163
Long Term Care Service	
Long Term Care Facility Advisory Board	165
Medical Facilities Service	
Home Care, Hospice, and Palliative Care Advisory Council	167
Hospital Advisory Council	171
Trauma and Emergency Response Advisory Council	173
ISSUES, TRENDS, OPPORTUNITIES	177
Mandates Strategic Targeted Action Team	178
Revenue Collection Team Quality Improvement Project	183
Spatial Analysis of Opioid Mortality and EMS Administration of Naxolone in Oklahoma	190
STATE REGULATED INDIVIDUALS & ENTITIES	199
FEDERAL CERTIFICATIONS ISSUED	200
QUICK REFERENCE TELEPHONE DIRECTORY	203

CONSUMER HEALTH SERVICE

Lynnette Jordan
405 • 271 • 5243
Fax: 405 • 271 • 3458
lynnette@health.ok.gov

Phillip Jurina

Consumer Protection Division

405 • 271 • 5243; Fax: 405 • 271 • 3458

phillipj@health.ok.gov

Lynnette Jordan

Occupational Licensing Division

405 • 271 • 5779; Fax: 405 • 271 • 5286

lynnette@health.ok.gov

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
405 • 271 • 5243
Fax: 405 • 271 • 3458
phillipj@health.ok.gov

<http://cpd.health.ok.gov>

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 State Board of Health.

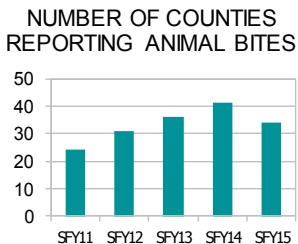
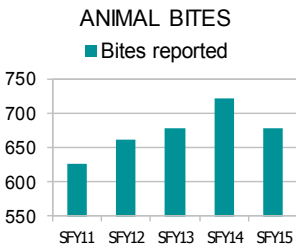
County health department public health specialists and environmental technicians serve as the “department designee” and handle all initial animal bite reports at the local level. They provide technical assistance, investigate bite

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.

	SFY11	SFY12	SFY13	SFY14	SFY15
ANIMAL BITES					
Counties reporting	24	31	36	41	34
Bites reported	627	661	678	721	677



BEDDING INDUSTRY

Clients Served

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

Contact

Lynnette Jordan
405•271•5779
Fax: 405•271•5286
lynnette@health.ok.gov

<http://cpd.health.ok.gov>

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 Protection Division (CPD) staff endeavor to assure the safe manufacture and processing of wholesale and retail bedding products, and for the germicidal treatment of used bedding products.

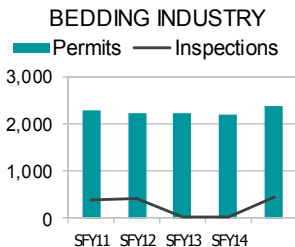
CPD staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry and consumers in bedding manufacturing practices, meet with consumer advisory committees, and provide technical assistance as necessary. On-site ins-

pections of the establishments are also performed by CPD 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

	SFY11	SFY12	SFY13	SFY14	SFY15
BEDDING INDUSTRY					
Permits	2,289	2,224	2,218	2,192	2,387
Inspections	393	420	20	27	461
Fees collected	\$109,277	\$127,672	\$162,067	\$147,383	\$136,766



CONSUMER PRODUCT SAFETY COMMISSION

Clients Served

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

Contact

Phillip Jurina

405•271•5243

Fax: 405•271•3458

phillipj@health.ok.gov

<http://cpd.health.ok.gov>

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 Regional Office in Dallas, Texas.

DRUGS, COSMETICS, MEDICAL DEVICES, AND HEALTH FRAUD

This program was created by statutory authority and regulations. Consumer Protection Division (CPD) 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.

CPD staff develop, write, implement and interpret rules; issue licenses to establishments for which there is statutory authority; track statistical data; provide for enforcement of establishments not in compliance; train industry and consumers in manufacturing practices; meet with consumer advisory committees; and provide technical assistance as necessary. On-site inspections of the establishments are also performed by CPD staff.

Clients Served

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

Contact

Phillip Jurina
405 • 271 • 5243
Fax: 405 • 271 • 3458
phillipj@health.ok.gov

<http://cpd.health.ok.gov>

Authority

63 O.S., §§ 1-1401 et seq.
OAC 310:240

Funding Source

Fees Collected

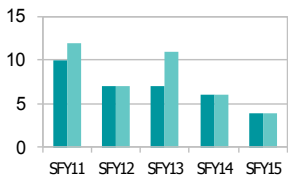
Program Fees

Initial license	\$350.00
Renewal license	\$250.00

	SFY11	SFY12	SFY13	SFY14	SFY15
DRUGS, COSMETICS, MEDICAL DEVICES					
Licensed entities	10	7	7	6	4
Inspections	12	7	11	6	4
Violations cited	1	0	3	0	0
Complaints	0	0	0	0	0

DRUGS, COSMETICS, etc.

■ Licensed entities ■ Inspections



HEARING AID PROGRAM

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 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.

Clients Served

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

Contact

Lynnette Jordan
405•271•5779

Fax: 405•271•5286
lynnette@health.ok.gov

<http://old.health.ok.gov>

Authority

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

Funding Source

Fees Collected

Program Fees

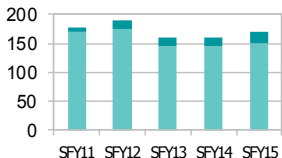
Initial Hearing Aid Dealers Test (\$95.00 exam fee; \$50.00

license fee)	\$145.00
Hearing Aid Dealer Retest Fee	\$95.00
Temporary Hearing Aid Dealer License	\$15.00
Hearing Aid Dealer Renewal Fee (through January 30)	\$50.00
Hearing Aid Dealer Late Renewal Fee (through February 28)	\$75.00
Hearing Aid Dealer Late Renewal Fee (after February 28)	\$100.00

	SFY11	SFY12	SFY13	SFY14	SFY15
HEARING AID PROGRAM					
Licensed dealers/fitters	169	175	145	145	151
Temporary licenses	9	14	15	15	18
Fees collected	\$11,290	\$11,980	\$10,390	\$11,236	\$9,536

HEARING AID FITTERS AND DEALERS

■ Temporary license ■ Licensed



HOTELS-MOTELS

This program serves to monitor the sanitary conditions existing in hotels-motels for compliance with regulatory standards established by the Department.

Consumer Protection Division staff endeavor to provide consumers reasonable assurance of sanitary conditions. Regulations address buildings and appurtenances thereto, including 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.

Clients Served

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

Contact

Phillip Jurina

405•271•5243

Fax: 405•271•3458

phillipj@health.ok.gov

<http://cpd.health.ok.gov>

Authority

63 O.S., § 1-1201

OAC 310:285

Funding Source

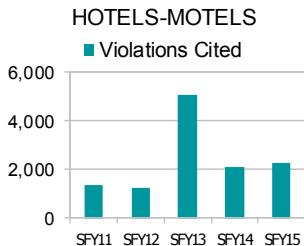
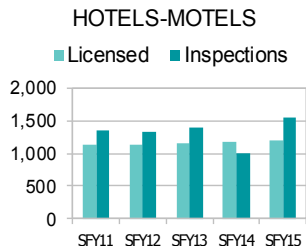
Fees Collected

Program Fees

\$150.00 to \$350.00 dollars depending on the class of the permit or renewal.

	SFY11	SFY12	SFY13	SFY14	SFY15
HOTELS-MOTELS					
Number licensed	1,126	1,131	1,159	1,185	1,202
Inspections	1,340	1,338	1,384	1,002	1,547
Violations cited	1,378	1,221	5,067	2,100	2,271
Fees collected	*	*	*	*	*

*Fee data is included in the Retail Foods program area



LICENSED GENETIC COUNSELORS

Licensed Genetic Counselors (LGC) staff regulate qualified persons rendering genetic counseling services to individuals and families by estimating 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.

Clients Served

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

Contact

Lynnette Jordan
405 • 271 • 5779

Fax: 405 • 271 • 5286
lynnette@health.ok.gov

<http://old.health.ok.gov>

Authority

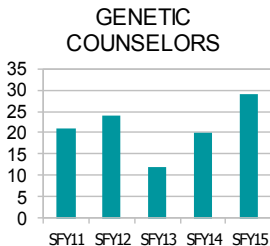
63 O.S., §§ 1-561 et seq.
OAC 310:406

Funding Source Fees Collected

Program Fees

Application	\$300.00
Renewal	\$200.00

	SFY11	SFY12	SFY13	SFY14	SFY15
GENETIC COUNSELORS					
Number licensed	21	24	12	20	29
Complaints	0	0	0	0	0
Disciplinary actions	0	0	0	0	0
Fees collected	\$2,700	\$3,200	\$2,600	\$3,300	\$4,100



MEDICAL MICROPIGMENTATION PROGRAM

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 the Department for certification if they wish to provide this procedure under the supervision of their employing dentist, medical physician, and/or osteopathic physician. Consumer Protection Division staff process certification applications, promulgate rules of practice for training requirements, 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.

Clients Served

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

Contact

Lynnette Jordan
405 • 271 • 5779

Fax: 405 • 271 • 5286
lynnette@health.ok.gov

<http://cpd.health.ok.gov>

Authority

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

Funding Source

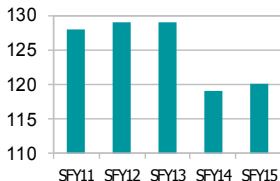
Fees Collected

Program Fees

New application for certification (includes subsequent cost of exams and re-exams).....	\$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

	SFY11	SFY12	SFY13	SFY14	SFY15
MICROPIGMENTOLOGISTS					
Number certified	128	129	129	119	120
Fees collected	\$18,315	\$19,680	\$16,450	\$16,865	\$19,275

MEDICAL MICROPIGMENTOLOGISTS



PUBLIC BATHING PLACES

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.

Consumer Protection Division staff develop, write and implement rules, provide for review of plans by the Department 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. Inspection of the facilities is performed by county sanitarians.

Clients Served

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

Contact

Lynnette Jordan
405 • 271 • 5779

Fax: 405 • 271 • 5286
lynnette@health.ok.gov

<http://cpd.health.ok.gov>

Authority

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

Funding Source

Fees Collected

Program Fees

Type 82 Class I “Indoor Facility”

Public Bathing Places License Fee	\$50.00
Public Bathing Places Re-inspection Fee	\$250.00

Type 82 Class O “Outdoor Facility”

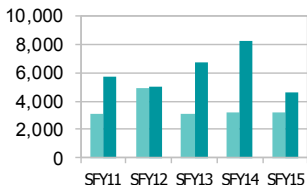
Public Bathing Places License Fee	\$50.00
Public Bathing Places Re-inspection Fee	\$250.00

Construction Permit Fees:

New Pools.....	\$100.00 per 5000 gallons (\$500.00 minimum)
Modification to Existing Pool	\$50.00 per 5000 gallons (\$250.00 minimum)
New Spas	\$50.00 per 100 gallons (\$250.00 minimum)
Modification to Existing Spa	\$25.00 per 100 gallons (\$125.00 minimum)

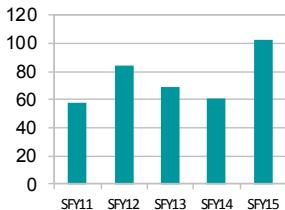
PUBLIC BATHING PLACES

■ Licensed ■ Inspections



	SFY11	SFY12	SFY13	SFY14	SFY15
PUBLIC BATHING PLACES					
Number licensed	3,114	4,882	3,066	3,175	3,204
New construction permits	58	84	69	61	103
Inspections	5,734	4,978	6,747	8,178	4,629
Violations cited	10,995	9,053	Not Available	19,489	15,905
Pool classes conducted	45	38	15	24	22
Pool class attendees	2,966	2,100	464	573	698
License fees collected	\$141,555	\$139,419	\$146,773	\$147,550	\$200,003
Construction fees collected	\$43,425	\$73,440	\$45,510	\$44,400	\$71,390

NEW CONSTRUCTION



RETAIL FOOD ESTABLISHMENTS

Clients Served

All segments of the retail food service industry, including restaurants, bars, retail food stores, mobile operators, temporary events, and the clients of those facilities/events.

Contact

Phillip Jurina
405 • 271 • 5243
Fax: 405 • 271 • 3458
phillipj@health.ok.gov

<http://cpd.health.ok.gov>

Authority

63 O. S., §§ 1-1101 et seq.
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 sold in the State. Consumer Protection Division (CPD) staff endeavor to reduce the incidence of food-borne illness and provide for a sanitary environment in food service establishments.

CPD staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, 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

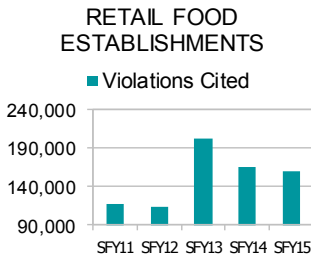
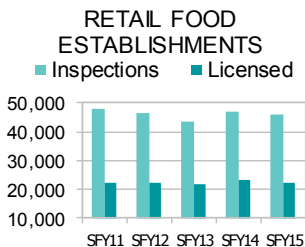
facilities through contract at the request of the Oklahoma Department of Human Services which is the Agency with jurisdiction and responsibility for regulation of child care facilities. On-site inspection of food service operations in both retail establishments and child care facilities are performed 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

Initial license fees are \$350.00 with a yearly renewal fee of \$250.00. Late renewal fees apply to any application received 30 days beyond expiration date. If a license is more than 90 days past expiration, it cannot be renewed. Instead, the applicant must re-apply. Licensing fees for schools, hospitals, and non-profit institutions are \$100.00 for the initial license with a yearly renewal fee of \$100.00. The contract amount for inspection of DHS child care facilities is \$100.00 per inspection.

	SFY11	SFY12	SFY13	SFY14	SFY15
FOOD ESTABLISHMENTS					
Number licensed	22,127	22,276	22,008	23,276	22,197
Food establishment inspections	47,201	45,874	43,083	46,384	45,303
Child care facility inspections	653	788	588	437	660
Total inspections	47,854	46,662	43,671	46,821	45,963
Food service violations	115,629	112,913	198,039	160,973	156,145
Mobile service violations	1,590	1,785	4,493	3,994	4,355
Total violations	117,219	114,698	202,532	164,967	160,500
Food establishment fees	\$5,414,265	\$4,881,406	\$5,689,822	\$5,141,042	\$5,439,549
Child care facility fees	\$65,300	\$77,300	\$58,400	\$43,700	\$66,000
Total fees*	\$5,479,565	\$4,958,706	\$5,748,222	\$5,184,742	\$5,505,549

*This includes fees from the Hotels-Motels and Wholesale Foods programs



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

Lynnette Jordan
405•271•5779
Fax: 405•271•5286
lynnette@health.ok.gov

<http://old.health.ok.gov>

Authority

59 O.S., §§ 1150 et seq.
OAC 310:345
State registration required.

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. Examinations are offered six times per year to individuals wishing to be registered. The Department 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 Board 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

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 (through 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 (through 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
Examination Fee.....	\$30.00

	SFY11	SFY12	SFY13	SFY14	SFY15
SANITARIANS AND ENVIRONMENTAL SPECIALISTS					
Registered or in training	538	656	516	510	539
Fees collected	\$14,723	\$13,895	\$14,445	\$14,700	\$14,915

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

Lynnette Jordan
405 • 271 • 5243
Fax: 405 • 271 • 3458
lynnette@health.ok.gov

<http://cpd.health.ok.gov>

Authority

21 O.S., § 842.1
OAC 310:233
State license or permit
required with annual
renewal.

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 blood borne pathogens training session.

Consumer Protection Division (CPD) staff endeavor to establish procedures and standards to prevent infection and transmission of disease. CPD staff issue temporary and permanent licenses, regulate facility requirements, regulate equipment setup and requirements, recommend procedures for maintaining sanitary conditions, and evaluate and approve training sessions on blood borne pathogens.

The legislature did not establish an advisory council for this program.

Program Fees

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

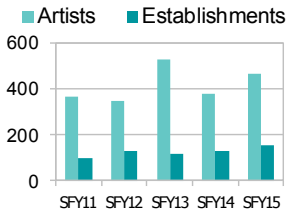
Initial license	\$1,000.00
Renewal license	\$500.00
Late renewal license (not renewed within 30 days after expiration)	\$750.00
Temporary event license (not to exceed 3 days)	\$500.00

Body Piercing Establishment Permit Fees

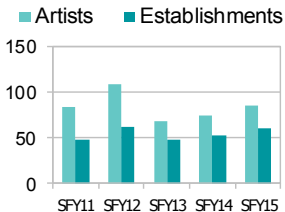
Initial license	\$500.00
Renewal license	\$250.00
Late renewal license (not renewed within 30 days after expiration)	\$350.00
Temporary event license (not to exceed 3 days)	\$250.00

	SFY11	SFY12	SFY13	SFY14	SFY15
VIOLATIONS					
Violations cited	77	85	209	107	126
Inspections	283	292	114	280	388
Violations per inspection	0.3	0.3	1.8	0.4	0.3

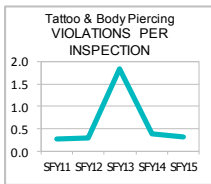
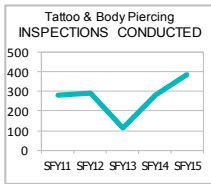
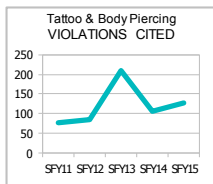
TATTOO PROGRAM



BODY PIERCING



	SFY11	SFY12	SFY13	SFY14	SFY15
TATTOO ARTISTS AND ESTABLISHMENTS					
Licensed individuals	237	249	262	305	389
Temporary artists	126	95	266	72	75
Total licensed artists	363	344	528	377	464
Establishments	97	130	120	128	152
BODY PIERCING ARTISTS AND ESTABLISHMENTS					
Licensed individuals	68	105	60	64	74
Temporary artists	16	3	8	10	10
Total licensed artists	84	108	68	74	85
Establishments	48	62	48	53	60
TOTAL FEES & FINES	\$269,250	\$257,604	\$187,057	\$200,594	\$241,386



WHOLESALE FOODS AND CORRECTIONAL FACILITIES

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. This program is part of a shared responsibility between the state and the Food and Drug Administration under the Federal Food, Drug, and Cosmetic Act.

Consumer Protection Division (CPD) staff endeavor to reduce the incidence of food-borne illness and to provide for a sanitary environment in food manufacturing, processing, and wholesale establishments. CPD 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 CPD staff sanitarians, except for Oklahoma City and Tulsa, where it is performed through contract.

Clients Served

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

Contact

Phillip Jurina
405 • 271 • 5243
Fax: 405 • 271 • 3458
phillipj@health.ok.gov

<http://cpd.health.ok.gov>

Authority

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

Funding Source

Fees Collected

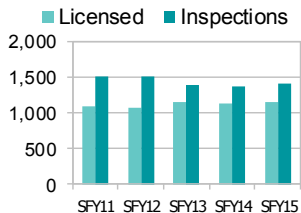
Program Fees

Initial licenses.....	\$350.00
Renewal licenses	\$250.00

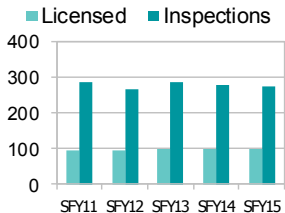
	SFY11	SFY12	SFY13	SFY14	SFY15
FOOD MANUFACTURERS					
Number licensed	1,093	1,064	1,147	1,132	1,165
Inspections	1,515	1,513	1,398	1,377	1,409
Violations cited	1,232	730	1,428	1,336	1,229
CORRECTIONAL FACILITIES					
Number licensed	95	96	101	100	100
Inspections	284	265	286	279	273
Fees collected	*	*	*	*	*

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

FOOD MANUFACTURERS



CORRECTIONAL FACILITIES



X-RAY FACILITIES

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

Consumer Protection Division (CPD) staff test diagnostic x-ray equipment for proper functioning, make practitioners and health care workers aware of 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.

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

Lynnette Jordan
405•271•5779

Fax: 405•271•5286
lynnette@health.ok.gov

<http://cpd.health.ok.gov>

Authority

63 O.S., §§ 1-1501.1 et seq.
OAC 310:281

Funding Source

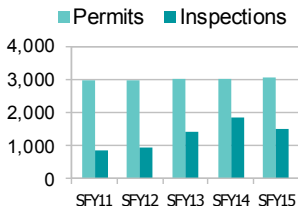
Fees Collected

Program Fees

The fee for this permit varies, depending upon the number of tubes in the facility, and the class of permit requested. Fees range from \$30.00 to \$100.00 for the initial tube, and \$20.00 to \$90.00 for each additional tube. \$500.00 is the maximum fee charged for annual renewal.

	SFY11	SFY12	SFY13	SFY14	SFY15
X-RAY FACILITIES					
Number of permits	2,980	2,985	3,030	3,008	3,059
Inspections	856	961	1,408	1,844	1,507
Fees collected	\$359,255	\$373,480	\$370,305	\$382,850	\$394,798

X-RAY FACILITIES



HEALTH RESOURCES DEVELOPMENT SERVICE

James Joslin
405 • 271 • 6868
Fax: 405 • 271 • 7360
james@health.ok.gov

Darlene Simmons
Health Facility Systems
405 • 271 • 6868; Fax: 405 • 271 • 7360
healthresources@health.ok.gov

Espa Bowen
Jail Inspection Division
405 • 271 • 3912; Fax: 405 • 271 • 5304
jails@health.ok.gov

Espa Bowen
Managed Care Systems
405 • 271 • 6868; Fax: 405 • 271 • 7360
healthresources@health.ok.gov

Vicki Kirtley
Nurse Aide Registry
405 • 271 • 4085; Fax: 405 • 271 • 1130
nar@health.ok.gov

ADULT DAY CARE CENTERS LICENSE APPLICATIONS

Clients Served

Adult day care centers and participants of the centers.

Contact

Darlene Simmons
405 • 271 • 6868

Fax: 405 • 271 • 7360
healthresources@health.ok.gov

<http://hfs.health.ok.gov>

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.

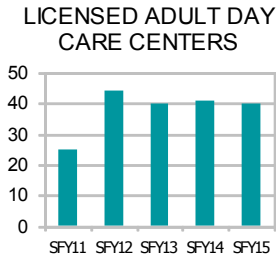
On-site activities are conducted by staff in Long Term Care.

Program Fees

Initial license and annual renewal\$75.00

	SFY11	SFY12	SFY13	SFY14	SFY15
LICENSE APPLICATIONS					
ADULT DAY CARE CENTERS					
Licensed centers	25	44	40	41	40
Licenses issued*	39	39	37	37	32
Fees collected	\$2,625	\$4,877	\$2,275	\$3,600	\$2,550

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



CERTIFIED WORKPLACE MEDICAL PLANS

Clients Served

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

Contact

Espa Bowen
405 • 271 • 9444, Ext. 57273
Fax: 405 • 271 • 7360
espab@health.ok.gov

<http://hrds.health.ok.gov>

Authority

85 O.S., §§ 1 et seq.
OAC 310:657

Funding Source

Fees Collected and State
Funds

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.

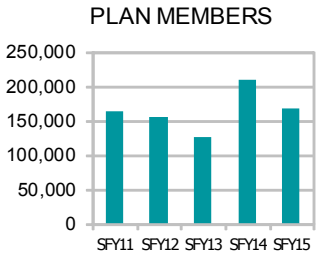
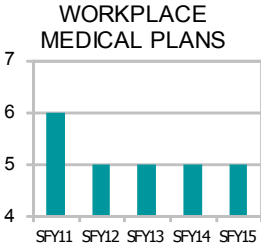
Applications for five-year certification are reviewed. Amended contracts and marketing materials are subject to desk reviews. Early calendar year 2006, Managed Care Systems (MCS) staff began site visits to ensure that medical

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

	SFY11	SFY12	SFY13	SFY14	SFY15
WORKPLACE MEDICAL PLANS					
Number of plans	6	5	5	5	5
Initial certifications	0	0	0	0	0
Five-year renewals	2	2	1	0	0
Changes of ownership	1	0	0	2	1
Annual inspections	4	5	5	5	5
Follow-up inspections	0	0	0	0	0
Complaints investigated	0	0	0	0	0
Requests for information	1	0	0	0	0
Plan members	163,195	155,712	126,452	208,932	168,566
Fees collected	\$10,500	\$10,500	\$9,000	\$10,500	\$9,000



CONTINUUM OF CARE FACILITIES & 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

Darlene Simmons
405 • 271 • 6868

Fax: 405 • 271 • 7360
healthresources@health.ok.gov

<http://hfs.health.ok.gov>

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.

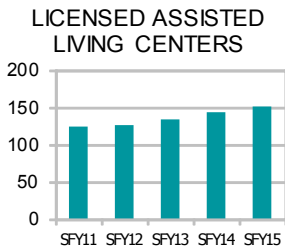
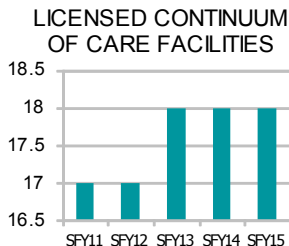
Program Fees

\$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.

	SFY11	SFY12	SFY13	SFY14	SFY15
LICENSE APPLICATIONS					
CONTINUUM OF CARE FACILITIES					
Licensed facilities	17	17	18	18	18
Nursing facilities with assisted living centers	17	17	18	18	18
Nursing facilities with adult day care centers	0	0	0	0	0
Licenses issued*	27	23	14	25	17
Fees collected	-----	\$22,720	\$28,555	\$36,647	\$28,685
LICENSE APPLICATIONS					
ASSISTED LIVING CENTERS					
Licensed centers	124	126	133	143	151
Licenses issued*	143	108	113	231	132
Fees collected	-----	\$98,106	\$90,149	\$100,781	\$101,340
Total continuum of care facilities and assisted living centers	141	143	151	161	169
Total licenses issued*	170	131	127	256	149
Total fees collected	\$71,172	\$120,826	\$118,734	\$137,428	\$130,025

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



HEALTH MAINTENANCE ORGANIZATIONS

Clients Served

Health maintenance organizations, prepaid health plans, provider service networks, and consumers who purchase services from or are members of health maintenance organizations, prepaid health plans, or provider service networks.

Contact

Espa Bowen
405•271•6868
Fax: 405•271•7360
espab@health.ok.gov

<http://hrds.health.ok.gov>

Authority

63 O.S., §§ 1-105e
36 O.S., §§ 6901 et seq.
OAC 310:659

Funding Source

Fees Collected and State
Funds

The Department's role as a regulator of health maintenance organizations is to certify to the Oklahoma Insurance Commissioner that each entity is in compliance with Section 6907 of the Health Maintenance Organization Act of 2003.

While the Office of the Insurance Commissioner focuses on financial and consumer protection issues, Managed Care Systems (MCS) staff focus on health and quality assurance. The certification review conducted by MCS staff includes quality of health care, internal quality assurance, patient record keeping and clinical records, provider credentialing, and emergency services. The quality review may be administered with on-site inspections to ensure compliance. Major on-site reviews to assess the effectiveness of the health maintenance organization's quality assurance processes are performed at least once every three years through contract with independent accrediting bodies.

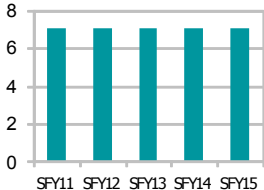
Program Fees

Certificate of Authority \$1,500.00

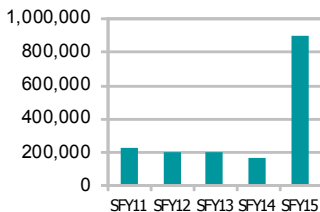
	SFY11	SFY12	SFY13	SFY14	SFY15
HEALTH MAINTENANCE ORGANIZATIONS					
Number licensed	7	7	7	7	7
HMO members	227,450	200,275	200,275	162,431	893,355*
Fees collected	\$0	\$0	\$0	\$0	\$0

*The increase in HMO members for SFY 2015 is a result of the new healthcare market place exchange.

HEALTH MAINTENANCE ORGANIZATIONS



HMO MEMBERS



HOME CARE ADMINISTRATOR REGISTRY

Clients Served

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

Contact

Espa Bowen
405•271•6868
Fax: 405•271•7360
hcar@health.ok.gov

<http://hcar.health.ok.gov>

Authority

63 O.S., § 1-1962
OAC 310:664

Funding Source

Fees Collected and State
Funds

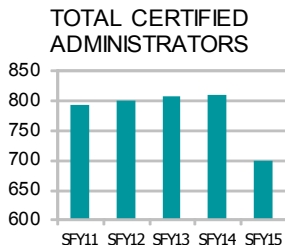
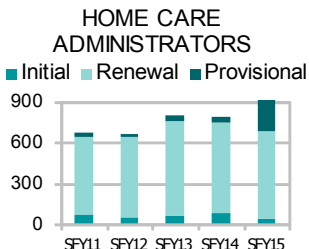
This program became effective on June 11, 1998. The purpose is to (1) establish the minimum criteria for the issuance, maintenance, and renewal of home care administrator certificates; (2) assure individuals meet minimum qualifications in order to be eligible to apply for, receive, maintain and re-new 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

	SFY11	SFY12	SFY13	SFY14	SFY15
HOME CARE ADMINISTRATORS					
Total certified administrators	791	799	805	809	697
Initial certificates	70	51	58	80	33
Renewal certificates	570	587	701	669	654
Provisional certificates	30	27	43	42	41
Complaints investigated	0	1	0	0	0
Tested for OHCAPA*	103	63	77	104	103
Testing sites	9	9	9	9	9
Preparedness programs	3	2	2	2	2
Preparedness program attendees	46	30	33	33	24
Fees collected	\$64,429	\$39,132	\$61,168	\$65,743	\$69,048

*Oklahoma Home Care Administrator Preparedness Assessment



JAIL INSPECTION DIVISION

Clients Served

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

Contact

Espa Bowen
405•271•3912
Fax: 405•271•5304
jails@health.ok.gov

<http://jails.health.ok.gov>

Authority

74 O.S., §192
OAC 310:670

Funding Source

State Funds

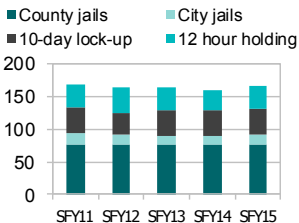
This program is designed to monitor compliance with minimum jail standards and to improve the facilities. Staff from Health Resources Development Service implement and interpret rules, provide jailer-training classes to jail employees, issue jailer training cards, conduct routine jail inspections, investigate complaints and jail deaths, and provide technical assistance as necessary.

The Department is required to inspect all city and county jails 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, jail staff training, safety and seg-

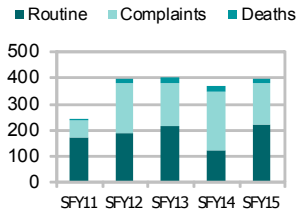
regation of women, the infirm, and minors, medical care, twenty-four hour supervision, emergency exits, inmate education of facility rules, and holding facilities for the incarceration of persons no longer than twelve hours. The results of the Department's inspections are provided in a written report to the Commissioner of Health and to the person immediately responsible for the administration of the facility.

	SFY11	SFY12	SFY13	SFY14	SFY15
JAILS					
County jails	77	77	77	77	77
City jails	16	14	13	13	15
Ten-day lock-up facilities	40	33	39	38	40
Twelve-hour holding facilities	34	40	34	32	33
Total Number of Jails	167	164	163	160	165
Mandated Inspections Completed	167	187	215	120	216
Complaints investigated	68	189	162	224	159
Deaths investigated	7	19	22	22	19
Serious suicide attempts investigated	0	7	45	28	29
Escapes recorded	9	6	14	18	8
Jailers tested	2,126	2,507	2,188	2,431	1,925
Facility Tests Administered	102	179	148	154	125
New jails under construction	5	1	1	1	0
New jails in planning stage	2	3	1	0	0

JAILS BY TYPE



JAIL INSPECTIONS



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

Vicki Kirtley
405•271•4085
1•800•695•2157
Fax: 405•271•1130
nar@health.ok.gov

<http://nar.health.ok.gov>

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

State and Federal 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 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 processing fee.....	\$10.00
Deeming application processing fee	\$15.00
Reciprocity application processing fee.....	\$15.00
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
Retesting application processing fee	\$15.00
Duplicate certification card processing fee	\$10.00
Feeding Assistants initial and renewal fee	\$10.00

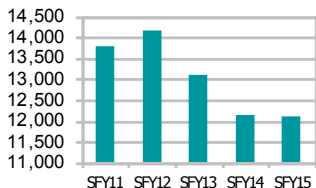
	SFY11	SFY12	SFY13	SFY14	SFY15
NURSE AIDE REGISTRY					
Certifications*, registrations, and advanced amendments added	13,786	14,144	13,088	12,136	12,394
Certified nurse aides	-----	71,329	70,913	67,678	67,254
Registered feeding assistants	-----	-----	-----	512	605
Approved training programs	424	376	357	321	257
Facilities ineligible to train due to substandard quality of care	80	64	67	74	58
Confirmed cases of abuse, neglect, or misappropriation of property	18	32	40	41	30
Fees collected	\$118,866	\$122,981	\$127,180	\$125,035	\$122,613

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

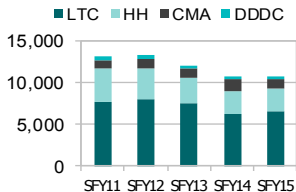
	SFY11	SFY12	SFY13	SFY14	SFY15
CERTIFICATIONS ADDED THIS YEAR					
Long Term Care (LTC)	7,685	8,004	7,549	6,179	6,554
Home Health (HH)	3,967	3,739	3,044	2,801	2,783
Certified Medication Aide* (CMA)	1,027	1,141	1,076	1,405	1,121
Developmentally Disabled Direct Care (DDDC)	407	429	443	296	325
Residential Care (RC)	7	15	11	7	0
Adult Day Care (ADC)	1	0	0	6	2
CMA Advanced Nasogastric-Gastrostomy (NA-GA)	201	234	279	484	468
CMA Advanced Respiratory (RESP)	221	247	292	501	460
CMA Advanced Glucose Monitoring (GLU-MON)	61	86	130	221	226
CMA Advanced Insulin Administration (IN-ADM)	51	67	99	155	153
Registered Feeding Assistants (FA)	158	182	165	221	302

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

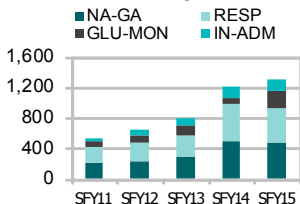
NURSE AIDES ADDED THIS YEAR



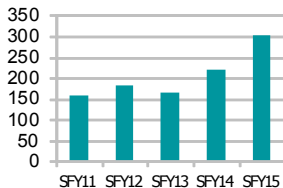
LEADING CERTIFICATION TYPES ADDED THIS YEAR



CMA ADVANCED TYPES ADDED THIS YEAR



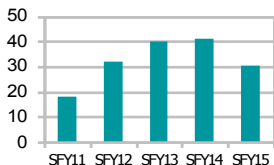
FEEDING ASSISTANTS ADDED THIS YEAR



	SFY11	SFY12	SFY13	SFY14	SFY15
ACTIVE TRAINING PROGRAMS					
Long Term Care	165	172	191	186	119
Home Health	8	0	0	0	0
Combination Long Term Care and Home Health	64	7	0	0	0
Developmentally Disabled Residential Care	22	23	16	10	12
Adult Day Care	3	11	8	2	2
Certified Medication Aide	2	2	1	2	1
CMA Continuing Education	54	55	51	44	47
CMA Diabetes Care and Insulin Administration	47	48	40	33	35
CMA Glucose Monitoring	26	27	20	15	15
CMA Respiratory	2	2	2	2	2
CMA Respiratory and Gastrostomy	1	1	1	1	1
Competency Evaluation Program	27	28	27	23	23
	3	3	3	3	3

	SFY11	SFY12	SFY13	SFY14	SFY15
PROGRAM ACTIVITIES					
Renewal forms mailed	26,987	33,760	28,138	29,689	27,905
Certification cards mailed	42,183	38,693	32,448	41,072	34,688
Training program inspections	-----	202	78	231	61
Certified Nurse Aide (CNA) Re-tester	378	402	394	377	323
Certified Medication Aide Re-tester	114	58	77	79	57
RN/LPN Student CNA/CMA training exceptions	111	80	88	52	67
RN/LPN Graduate CNA waivers	20	16	23	15	19
Foreign CNA training exceptions	4	9	2	11	1
Reciprocity CNA coming to Oklahoma	1,081	1,154	1,123	974	890
Reciprocity CNA leaving Oklahoma	583	571	531	478	375
LTC deemed to DDDC	91	58	79	90	34
HH deemed to LTC	0	2	1	1	2
DDDC deemed to RC	0	0	0	0	0
LTC deemed to RC	3	3	1	0	0

CONFIRMED CASES OF ABUSE, NEGLECT OR MISAPPROPRIATION



NURSE AIDE TEMPORARY EMERGENCY WAIVER

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.

The Department 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 are being 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 non-refundable fee was enacted on June 25, 2009 for each waiver application submitted.

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

Espa Bowen
405 • 271 • 6868
Fax: 405 • 271 • 7360
espab@health.ok.gov

<http://hrds.health.ok.gov>

Authority

63 O.S., § 1-1950
OAC 310:677-1-6

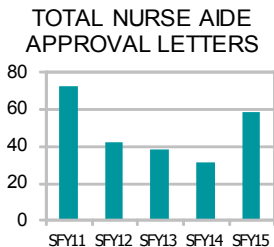
Funding Source

State Funds and Fees

Program Fees

Initial nurse aide temporary emergency waiver	\$100.00
Renewal nurse aide temporary emergency waiver	\$75.00

	SFY11	SFY12	SFY13	SFY14	SFY15
NURSE AIDE WAIVER					
Initial approval letters	3	5	0	1	2
Renewal approval letters	69	37	38	30	56
Total approval letters	72	42	38	31	58
Approval letters withdrawn	1	0	0	0	0
Denial letters issued	0	0	0	0	0
Initial fees collected	\$300	\$500	\$0	\$100	\$200
Renewal fees collected	\$5,125	\$4,925	\$3,875	\$3,350	\$4,200
Total fees collected	\$5,425	\$5,425	\$3,875	\$3,450	\$4,400



NURSING AND SPECIALIZED FACILITIES CERTIFICATE OF NEED

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.

Clients Served

Nursing and specialized facilities and prospective residents of each.

Contact

Darlene Simmons
405 • 271 • 6868

Fax: 405 • 271 • 7360
healthresources@health.ok.gov

<http://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

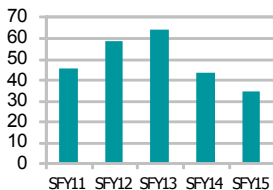
Program Fees

\$3000 for New Facility (standard review), minimum \$1000; \$3000 for acquisition; \$100 for exemption from Certificate of Need.

	SFY11	SFY12	SFY13	SFY14	SFY15
CERTIFICATE OF NEED FOR NURSING AND SPECIALIZED FACILITIES					
Applications received	41	54	58	40	53
Applications completed	45	58	64	43	34
Exemptions approved*	23	24	26	20	22
Exemptions denied	1	3	4	1	2
Exemptions withdrawn	4	0	0	0	2
Acquisitions approved	9	13	31	16	7
Acquisitions denied	-----	-----	0	4	2
Acquisitions dismissed	-----	-----	1	0	0
New construction approved	0	1	1	2	0
New construction denied	-----	-----	1	0	0
CONs withdrawn	4	2	0	0	1
Fees collected	\$58,100	\$58,290	\$107,600	\$104,000	\$71,800

*Effective January 27, 2015, fees and applications were no longer taken for ownership change or transfer according to 63 O.S., § 1-852(D).

CON APPLICATIONS COMPLETED



NURSING AND SPECIALIZED FACILITIES LICENSE APPLICATIONS

The Department, 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 the Department. 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.

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

Darlene Simmons
405 • 271 • 6868

Fax: 405 • 271 • 7360

healthresources@health.ok.gov

<http://hfs.health.ok.gov>

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

Program Fees

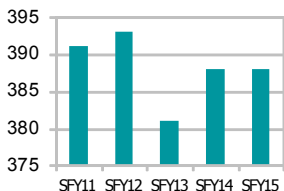
\$10.00 per licensed bed for initial license and renewal license.

	SFY11	SFY12	SFY13	SFY14	SFY15
LICENSE APPLICATIONS					
NURSING/SPECIALIZED FACILITIES					
Nursing facilities*	296	292	290	297	292
Specialized facilities for individuals with intellectual disabilities	86	88	88	88	86
Specialized alzheimer's facilities	2	2	3	3	3
Oklahoma Veteran's Centers	0	0	0	7	7
Total facilities*	391	393	381	388	388
Total licenses issued**	405	329	378	420	296
Facilities with suspended licenses	7	10	6	4	8
Facilities closed	4	1	2	1	2
Fees collected	\$332,628	\$364,036	\$277,853	\$312,427	\$259,673

*Does not include continuum of care nursing facilities

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

LICENSED NURSING AND SPECIALIZED FACILITIES



PSYCHIATRIC & CHEMICAL DEPENDENCY TREATMENT FACILITIES CERTIFICATE OF NEED

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 primarily through paper review with limited on-site inspection to ensure compliance.

Clients Served

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

Contact

Darlene Simmons
405 • 271 • 6868

Fax: 405 • 271 • 7360
healthresources@health.ok.gov

<http://hfs.health.ok.gov>

Authority

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

Funding Source

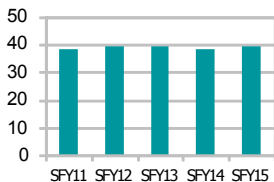
Fees Collected

Program Fees

.75% of capital cost of project, with a \$1,500 minimum and \$10,000 maximum.

	SFY11	SFY12	SFY13	SFY14	SFY15
CERTIFICATE OF NEED PSYCHIATRIC & CHEMICAL DEPENDENCY FACILITIES					
Facilities in operation	38	39	39	38	39
Applications completed	3	7	6	4	4
Acquisitions approved	1	2	0	2	0
Bed additions approved	1	1	5	2	4
Beds added to inventory	11	8	43	0	76
Beds approved by CON review	-----	-----	97	40	188
Conversion from adult beds to child beds	0	0	0	0	0
Relocations approved	-----	-----	1	0	0
Applications denied	-----	-----	0	0	0
Applications withdrawn	-----	-----	0	1	0
Fees collected	\$22,225	\$58,777	\$16,525	\$51,000	\$13,750

PSYCHIATRIC & CHEMICAL DEPENDENCY FACILITIES



RESIDENTIAL CARE HOMES LICENSE APPLICATIONS

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.

Clients Served

Residential care homes and residents of the homes.

Contact

Darlene Simmons
405 • 271 • 6868

Fax: 405 • 271 • 7360
healthresources@health.ok.gov

<http://hfs.health.ok.gov>

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

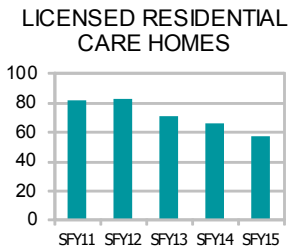
Fees Collected

Program Fees

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

	SFY11	SFY12	SFY13	SFY14	SFY15
LICENSE APPLICATIONS					
RESIDENTIAL CARE HOMES					
Licensed homes	81	82	71	66	57
Total licenses issued*	54	36	26	67	34
Fees collected	\$1,400	\$2,550	\$2,360	\$3,640	\$1,950

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



LONG TERM CARE SERVICE

Michael Cook

405 • 271 • 6868

Fax: 405 • 271 • 2206

mikec@health.ok.gov

Mary Fleming

Inspections & Investigations

405 • 271 • 6868; Fax: 405 • 271 • 2206

maryf@health.ok.gov

Debbie Zamarripa

Inspections & Investigations

405 • 271 • 6868; Fax: 405 • 271 • 2206

debrash@health.ok.gov

Patty Scott

Intakes, Incidents & Enforcement

405 • 271 • 6868; Fax: 405 • 271 • 2206

pattys@health.ok.gov

Karen Gray

Training

405 • 271 • 6868; Fax: 405 • 271 • 2206

karenag@health.ok.gov

ADULT DAY CARE CENTERS 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

Debbie Zamarripa
405•271•6868
Fax: 405•271•2206
debrash@health.ok.gov

<http://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.

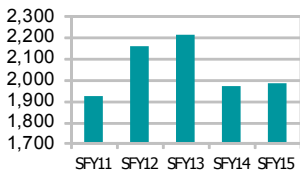
Long Term Care (LTC) staff develop minimum licensure requirements and monitor the center's compliance with the rules. Each center is required to submit an application for licensure.

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

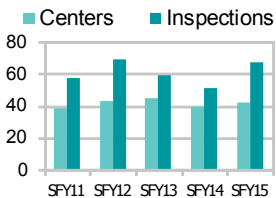
	SFY11	SFY12	SFY13	SFY14	SFY15
INSPECTIONS & INVESTIGATIONS					
ADULT DAY CARE CENTERS					
Number of centers	38	43	45	39	42
Capacity for participants	1,923	2,158	2,212	1,969	1,981
Average capacity per center	51	50	49	52	54
Participants served by largest center	150	150	150	150	150
Participants served by smallest center	12	12	12	16	5
Inspections conducted*	57	69	59	51	67
Centers closed	1	2	5	0	4
State enforcement actions	0	0	0	0	0

*Includes licensure surveys, follow-up visits and other inspections.

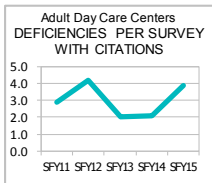
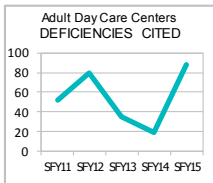
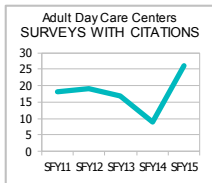
ADULT DAY CARE CENTERS
CAPACITY FOR
PARTICIPANTS



ADULT DAY
CARE CENTERS



	SFY11	SFY12	SFY13	SFY14	SFY15
CITATIONS					
Surveys with citations	18	19	17	9	26
Deficiencies cited	52	79	35	19	88
Deficiencies cited per survey with citations	2.9	4.2	2.1	2.1	3.9



Adult Day Care Centers Top Violations—State Licensure

- Staffing requirements.** Employment examination within 72 hours of employment.
- Admission.** Written plan of care developed within 10 days.
- Required services.** Food shall be stored, prepared, and served in accordance with the Rules and Regulations for Food Service Establishments adopted by the State Board of Health.
- Admission.** A current medical report and medical assessment by the participant's physician; within five days of participant's entry.
- Sanitation and housekeeping.** Waste, trash, and garbage shall be disposed of from the center's premises regularly in accordance to local and state regulations.
- Hours and days of operation.** The center shall establish policies and procedures covering the hours and days of operation which meet the needs of participants and caregivers served.
- Admission.** A signed application for participation and current medical information shall be obtained prior to or upon the applicant's first day of participation.
- Staffing requirements.** Adequate staffing in number and appropriately qualified and trained to provide essential services.
- Required services.** The menu shall be dated for the week of service and posted in a prominent area.
- Required services.** There shall be conducted regular drills for all staff in handling different kinds of emergencies.

ASSISTED LIVING CENTERS INSPECTIONS & INVESTIGATIONS

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.

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

Debbie Zamarripa
405 • 271 • 6868
Fax: 405 • 271 • 2206
debrash@health.ok.gov

<http://ltc.health.ok.gov>

Authority

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

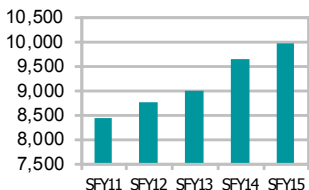
Funding Source

State Funds

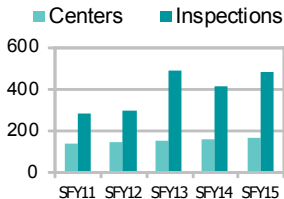
	SFY11	SFY12	SFY13	SFY14	SFY15
INSPECTIONS & INVESTIGATIONS					
ASSISTED LIVING CENTERS					
Number of centers	140	144	149	160	165
Licensed beds	8,439	8,764	8,985	9,633	9,969
Average bed capacity	60	61	60	61	60
Largest assisted living center	166	166	166	166	166
Smallest assisted living center	5	5	5	5	5
Inspections conducted*	281	291	489	409	481
Centers closed	3	3	0	1	0
State enforcement actions	28	40	48	31	36

*Includes licensure surveys, complaint investigations, follow-up visits and other inspections.

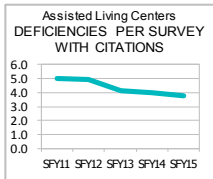
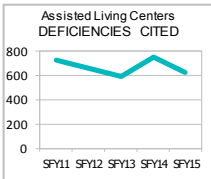
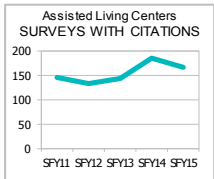
ASSISTED LIVING CENTERS LICENSED BEDS



ASSISTED LIVING CENTERS



	SFY11	SFY12	SFY13	SFY14	SFY15
CITATIONS					
Surveys with citations	146	133	144	186	166
Deficiencies cited	727	659	590	748	626
Deficiencies cited per survey with citations	5.0	5.0	4.1	4.0	3.8



Assisted Living Centers Top Violations—State Licensure

- Resident rights.** Residents shall be free from mental and physical abuse, neglect, involuntary seclusion, physical/chemical restraints.
- Resident rights.** Resident's rights to receive adequate and appropriate medical care; be fully informed; participate in planning of care and treatment; right to refuse medication and treatment.
- Use of assessment.** Results of the resident's assessment shall be used to develop a care plan for the resident, in consultation with the resident.
- Nurse.** Nurse staffing shall be provided or arranged.
- Food storage preparation and service.** Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments).
- Incident report timelines.** Incident report timelines are met.
- Assessment timeframes.** The assisted living center shall complete the comprehensive assessment within established timelines.
- Medication administration.** An accurate written record of medications administered shall be maintained.
- Conduct of assessment.** Each comprehensive assessment includes a personal interview between the resident and the person completing the form.
- Medication staffing.** Residents may receive home care services through a home care agency or hospice services through a licensed hospice provider.

CONTINUUM OF CARE FACILITIES INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

Debbie Zamarrapa
405 • 271 • 6868
Fax: 405 • 271 • 2206
debrash@health.ok.gov

<http://ltc.health.ok.gov>

Authority

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

Funding Source

State and Federal Funds

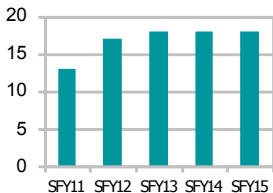
This program was created in 1997 to establish a system of licensure of continuum of care facilities. Continuum of care facilities provides a range of long term care services. A continuum of care facility may provide nursing facility services, assisted living services, and adult day care services under 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

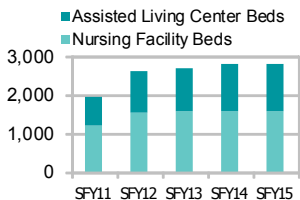
compliance with State and Federal regulations, provide technical assistance as necessary, participate in provider training programs, and take enforcement action against facilities when appropriate.

	SFY11	SFY12	SFY13	SFY14	SFY15
INSPECTIONS & INVESTIGATIONS					
CONTINUUM OF CARE FACILITIES					
Number of facilities	13	17	18	18	18
Number of facilities with nursing facility services	13	17	18	18	18
Nursing facility beds	1,201	1,560	1,606	1,606	1,606
Number of facilities with assisted living services	13	17	18	18	18
Assisted living beds	764	1,077	1109	1,189	1189
Facilities closed	0	0	0	0	0
State enforcement actions	5	4	1	2	0

CONTINUUM OF CARE FACILITIES



CONTINUUM OF CARE FACILITIES LICENSED BEDS



INTAKES , INCIDENTS & ENFORCEMENT

Clients Served

Individuals who reside in long term care facilities, family members, friends, and advocates. Long term care facilities consist of nursing facilities and specialized nursing facilities including intermediate care facilities for the mentally retarded, assisted living centers, residential care homes, and adult day care centers.

Contact

Patty Scott
405•271•6868
Fax: 405•271•2206
pattys@health.ok.gov

<http://ltc.health.ok.gov>

Authority

63 O.S., §§ 1-821, 1-830, 1-875, 1-1909, 1-1939, 1-1940, and 1-1941
OAC 310:663-25-2
OAC 310:675-7-6.1
OAC 310:680-3-9

Funding Source

State and Federal Funds

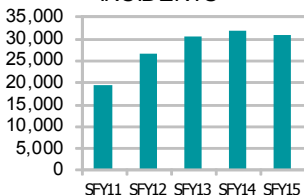
The purpose of this program is to receive complaints alleging violations of Federal and/or State rules and laws. In addition, qualified staff review facility reported incidents that are mandated by federal and state rules and laws.

Long Term Care staff strive to ensure practices that protect residents and clients and promote quality of care and quality of life for long term care residents/clients. To this end, expressed concerns by interested parties are investigated by qualified survey staff. Any individual with personal knowledge or substantial specific information who believes that state or federal laws or regulations have been violated may request an investigation.

Intakes and incidents are prioritized based on the Centers for Medicare and Medicaid Services' triage guidelines and/or state statutes that take into consideration the seriousness of the allegation. Investigation findings may provide a basis for imposing remedies against providers. In some cases, the results of investigations have led to closing poorly operated facilities.

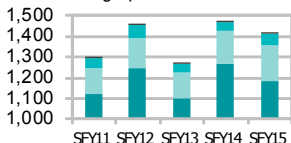
	SFY11	SFY12	SFY13	SFY14	SFY15
INTAKES AND INCIDENTS					
Complaint intakes investigated in nursing/specialized facilities	1,119	1,245	1,095	1,261	1,183
Complaint intakes investigated in assisted living centers	126	147	128	165	172
Complaint intakes investigated in residential care homes	49	60	44	42	55
Complaint intakes investigated in adult day care centers	1	3	1	3	2
Total investigated	1,295	1,455	1,268	1,471	1,412
Facility reported incidents received	19,264	26,455	30,299	31,512	30,628

FACILITY REPORTED INCIDENTS



COMPLAINTS INVESTIGATED

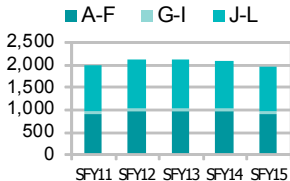
- Adult Day Care Centers
- Residential Care Homes
- Assisted Living Centers
- Nursing/Specialized Facilities



Federal deficiencies cited in nursing facilities are assigned a scope and severity ranking to quantify the seriousness of a violation found when conducting Medicare and Medicaid surveys. Deficiencies are assigned an alphabetical ranking from A through L based on the level of harm found and the number of residents potentially or actually affected by the deficiency. Deficiencies assigned a ranking of A are less serious than deficiencies assigned a ranking of L.

	SFY11	SFY12	SFY13	SFY14	SFY15
DEFICIENCIES CITED ON FEDERAL NURSING FACILITY COMPLAINTS					
Scope/Severity A - F	900	951	968	956	899
Scope/Severity G - I	60	75	50	59	51
Scope/Severity J - L	42	48	45	50	47
Total deficiencies cited	1,002	1,074	1,063	1,065	997

SCOPE/SEVERITY CITED ON FEDERAL NURSING HOME COMPLAINTS



INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES INSPECTIONS & INVESTIGATIONS

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.

Clients Served

Residents with intellectual disabilities, their families, friends and advocates, facility staff and operators.

Contact

Mary Fleming
405 • 271 • 6868
Fax: 405 • 271 • 2206
maryf@health.ok.gov

<http://ltc.health.ok.gov>

Authority

63 O.S., §§ 1-1901 et seq.
Title 42, US Code, §1396- 1396v,
Subchapter XIX, Chapter 7
42 CFR 440.150
42 CFR 483.400 through
483.480
OAC 310:675

Funding Source

State and Federal Funds

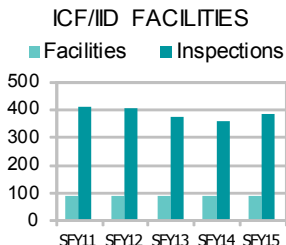
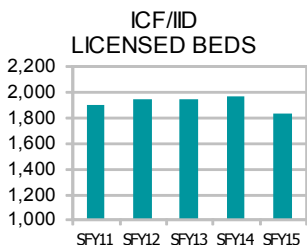
Long Term Care (LTC) staff endeavor to promote and evaluate compliance of ICF/IID facilities with the regulations by assuring individual needs are

aggressively met to insure 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.

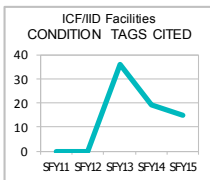
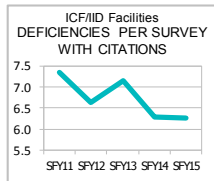
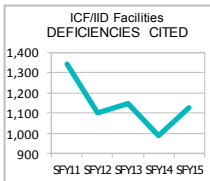
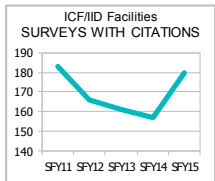
	SFY11	SFY12	SFY13	SFY14	SFY15
INSPECTIONS & INVESTIGATIONS					
ICF/IID FACILITIES					
Number of facilities	86	88	88	88	88
Licensed beds	1,900	1,944	1,944	1,963	1,825
Average bed capacity	22	22	22	22	21
Largest ICF/IID facility	160	160	160	160	160
Smallest ICF/IID facility	3	3	3	4	4
Inspections conducted*	409	405	370	354	380
Facilities closed	0	0	1	0	2
State enforcement actions	1	0	0	2	2

*Includes surveys for licensure/recertification, life safety code, complaints, follow-up visits and other 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.

	SFY11	SFY12	SFY13	SFY14	SFY15
CITATIONS					
Surveys with citations	183	166	161	157	180
Deficiencies cited	1,344	1,101	1,149	989	1,129
Condition tags cited	0	0	36	19	15
Deficiencies cited per survey with citations	7.3	6.6	7.1	6.3	6.3



ICF/IID Facilities
Top Violations—Federal Certification

01. **Governing body.** Exercise general policy, budget, and operating direction over the facility.
02. **Meal services.** Food must be served in a form consistent with the developmental level of the client.
03. **Physician services.** Provide or obtain preventive and general medical care.
04. **Client records.** The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.
05. **Physician services.** Provide or obtain an annual physical examination of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.
06. **Drug administration.** The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.
07. **Food and nutrition services.** Client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.
08. **Dining areas and service.** Equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.
09. **Dining areas and service.** The facility must assure that each client eats in a manner consistent with his or her development level.
10. **Program monitoring and change.** The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.

ICF/IID Facilities
Top Violations—State Licensure

01. **Facility maintenance.** Have a maintenance program that ensures continuing maintenance of the facility and equipment; promotes good housekeeping and sanitary practices throughout the facility.
02. **Active treatment.** Requires the individual's regular participation, in accordance with an individual plan of care, in professionally developed and supervised activities, experience or therapies.
03. **Food storage, supply and sanitation.** Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments).
04. **Diet-Meals.** Provide a nourishing, palatable, well-balanced diet that meets the resident's daily nutritional and special dietary needs.
05. **Resident's clinical record.** Each resident must have an organized, accurate, clinical and personal record documenting all nursing services provided.
06. **Clinical laboratory.** Provide or obtain clinical laboratory services to meet the resident's needs.
07. **Personnel records, health examination on hire.** Record of health examination conducted within thirty days of employment.
08. **Resident pain assessment.** Residents are screened for the presence of pain at least once every 30 days and whenever vital signs are taken.
09. **Assist resident in securing services.** Assist each resident desiring or needing medical related services.
10. **Infection control.** The facility shall maintain a sanitary environment and prevent the development and transmission of infection.

NURSING FACILITIES INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

Mary Fleming
405 • 271 • 6868
Fax: 405 • 271 • 2206
maryf@health.ok.gov

<http://ltc.health.ok.gov>

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 1950's 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.

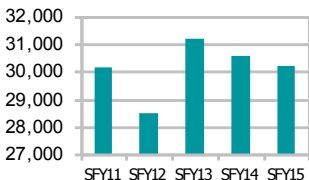
Long Term Care (LTC) staff evaluate compliance with the regulations to assure individual needs of the residents are met, and to promote a care delivery system to enhance the quality of life for each resident. LTC staff investigate complaints, perform annual licensure and certification surveys, and conduct 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.

	SFY11	SFY12	SFY13	SFY14	SFY15
INSPECTIONS & INVESTIGATIONS					
NURSING FACILITIES					
Number of facilities	327	324	328	322	319
Hospital-based skilled nursing units	7	7	7	6	6
Private-pay only facilities	5	5	2	1	0
Number of residents	18,512	18,813	19,304	19,006	18,987
Licensed beds	30,167	28,470	31,195	30,553	30,175
Average number of beds	93	93	95	95	95
Largest nursing facility	375	375	375	375	375
Smallest nursing facility	8	8	8	8	8
Inspections conducted*	1,998	1,982	2,226	2,492	2,280
Facilities closed	7	7	5	4	2

*Includes surveys for licensure/recertification, life safety code, complaints, follow-up visits and other inspections.

NURSING FACILITY LICENSED BEDS



NURSING FACILITIES

■ Facilities ■ Inspections

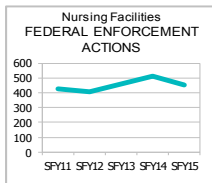
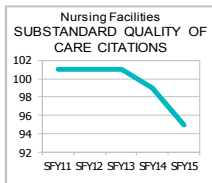
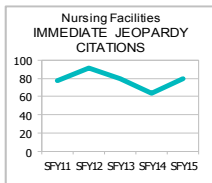
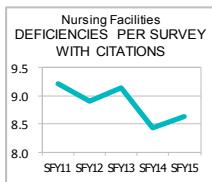
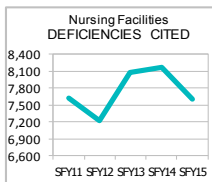
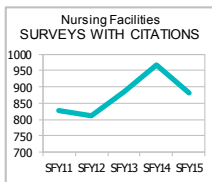


Immediate jeopardy in a nursing facility is defined as a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death to a resident. An immediate jeopardy tag is a deficiency that has been ranked 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.

CITATIONS					
Surveys with citations	827	810	883	967	880
Deficiencies cited	7,623	7,221	8,074	8,160	7,599
Immediate jeopardy tags	77	91	79	64	80
Substandard quality of care tags	101	101	101	99	95
Deficiencies cited per survey with citations	9.2	8.9	9.1	8.4	8.6



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.

FEDERAL ENFORCEMENT ACTIONS					
Opportunity to correct	360	344	401	439	401
No opportunity to correct	62	60	54	68	49
Past non-compliance	6	2	2	4	2
Total federal enforcement cases	428	406	457	511	452

Nursing Facilities
FEDERAL ENFORCEMENT ACTIONS



Nursing Facilities
Top Violations—Federal Certification

01. **Infection control.** Establish and maintain an infection control program designed to provide a safe, sanitary, comfortable environment and to help prevent development and transmission of disease and infection.
02. **Provide care/services for highest well being.** Resident must receive and facility must provide necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with comprehensive assessment and care plan.
03. **Free of accident hazards/supervision/devices.** Resident environment remains as free of accident hazards as possible; each resident receives adequate supervision and assistance devices to prevent accidents.
04. **Resident records.** Maintain clinical records on each resident in accordance with accepted professional standards; complete; accurately documented; readily accessible; systematically organized.
05. **Develop comprehensive care plans.** Facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.
06. **Food—procure/store/prepare/serve-sanitary.** Procure food from approved sources; store, prepare, distribute, and serve under sanitary conditions.
07. **Right to participate in care planning.** Resident has the right to participate in planning care and treatment or changes in care and treatment; care plan developed within 7 days after comprehensive assessment.
08. **Drug regimen is free from unnecessary drugs.** Resident's drug regimen must be free from unnecessary drugs.
09. **Notify of changes—injury/decline/room.** Notify resident's physician, legal representative or family member when there is an accident involving the resident which results in injury; significant change in resident's status, change in room or roommate assignment.
10. **Assessment—accuracy/coordination/certified.** Assessment accurately reflects the resident's status; registered nurse must conduct or coordinate; RN must sign and certify; individuals certify accuracy of portion.

Nursing Facilities
Top Violations—State Licensure

01. **Basic nursing and personal care.** Basic nursing and personal care shall be provided for residents as needed.
02. **Infection control.** Policy that addresses prevention and transmission of disease and infection; practice universal precautions identified by the CDC; personnel must demonstrate knowledge of universal precautions.
03. **Resident's clinical record.** Organized; accurate; typewritten or legibly written with pen and ink; document all nursing services provided.
04. **Assessment and care plans.** A resident assessment and an individual care plan shall be completed and implemented for each resident.
05. **Food storage, supply and sanitation.** Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments).
06. **Written resident assessment.** Assessment and care plan reviewed and updated, at least quarterly, and as needed when the resident's condition indicates.
07. **Resident assessment.** Conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment for each resident's function and capacity.
08. **Medication accountability.** Medications shall be administered only on a physician's order; person administering shall prepare, observe and record; medications prepared within one hour of administration; accurate written record; adverse reactions or results; medication error incident reports; report adverse reactions to resident's attending physician.
09. **Nursing and personal care services.** The facility shall ensure that resident rights are respected in the provision of care.
10. **Housekeeping.** Each facility shall have housekeeping services that are planned, operated, and maintained to provide a pleasant, safe and sanitary environment.

RESIDENTIAL CARE HOMES INSPECTIONS & INVESTIGATIONS

Clients Served

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

Contact

Debbie Zamarripa
405•271•6868
Fax: 405•271•2206
debrash@health.ok.gov
<http://ltc.health.ok.gov>

Authority

63 O.S., §§ 1-819 et seq.
OAC 310:680

Funding Source

State Funds

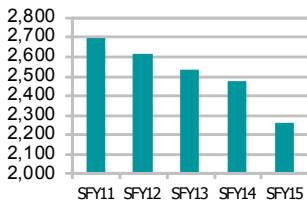
This program was created in 1991 to establish standards for licensure of Residential Care Homes. Long Term Care (LTC) staff evaluate compliance with the regulations to assure individual needs of the residents are met to optimize the quality of life in the homes.

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.

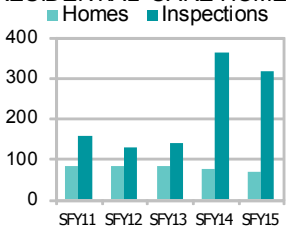
	SFY11	SFY12	SFY13	SFY14	SFY15
INSPECTIONS & INVESTIGATIONS					
RESIDENTIAL CARE HOMES					
Number of homes	83	81	80	75	68
Licensed beds	2,694	2,608	2,528	2,471	2,257
Average number of licensed beds	32	32	32	33	33
Largest residential care home	100	98	98	98	78
Smallest residential care home	4	4	4	4	4
Inspections conducted*	157	128	138	362	317
Homes closed	4	2	6	10	12
State enforcement actions	13	8	2	20	24

*Includes licensure surveys, complaint investigations, follow-up visits and other inspections.

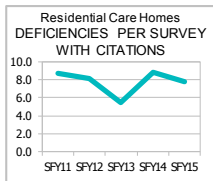
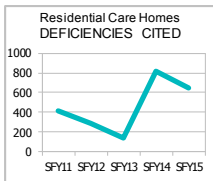
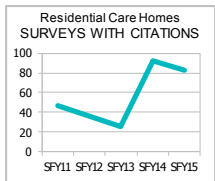
RESIDENTIAL CARE HOMES LICENSED BEDS



RESIDENTIAL CARE HOMES



	SFY11	SFY12	SFY13	SFY14	SFY15
CITATIONS					
Surveys with citations	47	36	26	92	83
Deficiencies cited	409	291	143	814	645
Deficiencies cited per survey with citations	8.7	8.1	5.5	8.9	7.8



Residential Care Homes
Top Violations—State Licensure

01. **Food service.** Comply with Chapter 257 of this Title regarding storage, preparation and serving of food; may use residential equipment provided the equipment maintains hot and cold temperatures as required.
02. **Staff training-first aid/CPR.** All employees are currently certified in first aid and cardiopulmonary resuscitation; certification kept current in file; First-Aid and CPR certificates renewed annually or as required.
03. **Administration of medications.** Person administering the medication shall maintain an accurate written record of medications administered.
04. **Appropriate occupancy.** Shall not admit or provide services to a resident who is not ambulatory and essentially capable of participating in their own activities of daily living; residents shall not routinely require nursing services.
05. **Building elements-water temperature.** Hot water temperatures accessible to residents shall be maintained within a range of 100 to 120 degrees F.
06. **Food service.** Menus shall be planned, dated, and posted at least one week in advance. Menus are to be retained in the home for one year.
07. **Insect and rodent control.** Methods shall be employed to prevent the entrance and harborage of insects, spiders, and rodents. Homes shall be kept free of insects and rodents.
08. **Statement provisions.** Residents receive adequate and appropriate medical care; fully informed of medical condition and proposed treatment; right to refuse medication and treatment after being fully informed of consequences.
09. **Long Term Care Security Act.** The facility shall abide by the provisions set forth in the Long Term Care Security Act.
10. **Medications.** Correct medication and pharmacy techniques and principles used when medications are administered; storage and maintenance; self-administration.

VETERAN'S CENTERS INSPECTIONS & INVESTIGATIONS

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.

Clients Served

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

Contact

Mary Fleming
405 • 271 • 6868
Fax: 405 • 271 • 2206
maryf@health.ok.gov

<http://ltc.health.ok.gov>

Authority

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

Funding Source

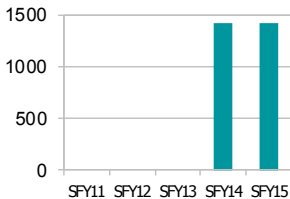
State Funds

	SFY11	SFY12	SFY13	SFY14	SFY15
CITATIONS					
Surveys with citations	-----	-----	-----	14	16
Deficiencies cited	-----	-----	-----	65	65
Deficiencies cited per survey with citations	-----	-----	-----	4.6	4.0

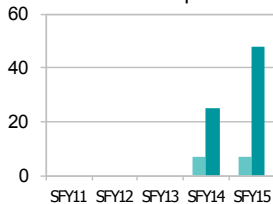
	SFY11	SFY12	SFY13	SFY14	SFY15
VETERAN'S CENTERS					
Number of centers	-----	-----	-----	7	7
Licensed beds	-----	-----	-----	1423	1423
Average number of licensed beds	-----	-----	-----	203	203
Largest veteran's center	-----	-----	-----	302	302
Smallest veteran's center	-----	-----	-----	122	122
Inspections conducted*	-----	-----	-----	25	48
Centers closed	-----	-----	-----	0	0

*Includes licensure surveys, complaint investigations, follow-up visits and other inspections

VETERAN'S CENTERS LICENSED BEDS



VETERAN'S CENTERS Inspections



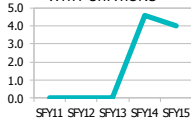
Veteran's Centers SURVEYS WITH CITATIONS



Veteran's Centers DEFICIENCIES CITED



Veteran's Centers DEFICIENCIES PER SURVEY WITH CITATIONS



Veteran's Centers
Top Violations—State Licensure

01. **Basic nursing and personal care.** Basic nursing and personal care shall be provided for residents as needed.
02. **Resident assessment.** Conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment for each resident's function and capacity.
03. **Assessment and care plans.** A resident assessment and an individual care plan shall be completed and implemented for each resident.
04. **Infection control.** The facility has an infection control policy that addresses prevention and transmission of disease and infection; practice universal precautions identified by the CDC; personnel must demonstrate knowledge of universal precautions.
05. **Written resident assessment.** Assessment and care plan reviewed and updated, at least quarterly, and as needed when the resident's condition indicates.
06. **Rights and responsibilities.** Residents shall be free from mental and physical abuse and neglect, corporal punishment, involuntary seclusion, and from any physical and chemical restraints imposed for purposes of discipline or convenience.
07. **Food storage, supply, and sanitation.** Food shall be stored, prepared, and served in accordance with Chapter 257 of this Title (relating to food service establishments).
08. **Written and administrative policies and procedures.** Residents shall have accommodations that are as close to their normal living arrangements as possible.
09. **Medication accountability.** Medications shall be administered only on a physician's order; person administering shall prepare, observe and record; medications prepared within one hour of administration; accurate written record; adverse reactions or results; medication error incident reports; report adverse reactions to resident's attending physician.
10. **Resident's clinical record.** Organized; accurate, typewritten or legibly written with pen and ink; document all nursing services provided.

MEDICAL FACILITIES SERVICE

Lee Martin, Jr.

405 • 271 • 6576

Fax: 405 • 271 • 1141

leem@health.ok.gov

Brandon Bowen

405 • 271 • 4027; Fax: 405 • 271 • 4240

brandonb@health.ok.gov

Dale Adkerson, Emergency Medical Services

405 • 271 • 4027; Fax: 405 • 271 • 4240; dalea@health.ok.gov

John Larson, Health Facilities Plan Review

405 • 271 • 6785; Fax: 405 • 271 • 1738; johntl@health.ok.gov

Terri Cook, Facility Services

405 • 271 • 6576; Fax: 405 • 271 • 1141; terrid@health.ok.gov

LaTrina Frazier, Home Services

405 • 271 • 6576; Fax: 405 • 271 • 1141; latrinaf@health.ok.gov

Harriet Cooper, Quality, Enforcement, & Review

405 • 271 • 6576; Fax: 405 • 271 • 1141; harrietc@health.ok.gov

Grace Pelley, Trauma and Systems Development

405 • 271 • 4027; Fax: 405 • 271 • 4240; gracep@health.ok.gov

Nena West, Survey and Compliance

405 • 271 • 6576; Fax: 405 • 271 • 1141; nenaw@health.ok.gov

AMBULATORY SURGICAL CENTERS

Clients Served

Ambulatory surgery patients and facilities.

Contact

Terri Cook
405 • 271 • 6576
Fax: 405 • 271 • 1141
terrid@health.ok.gov

<http://mfs.health.ok.gov>

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 the State of Oklahoma.

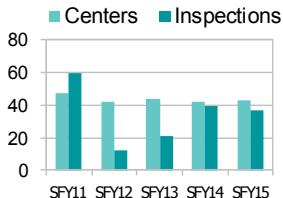
Facility Services Division (FSD) staff strive to ensure compliance with minimum standards and the provision of quality care. FSD staff review initial and final construction, perform on-site surveys to assure compliance with standards, issue licenses, monitor compliance, and investigate complaints.

Program Fees

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

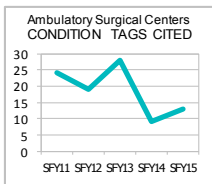
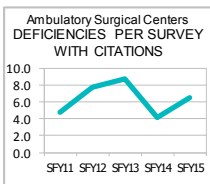
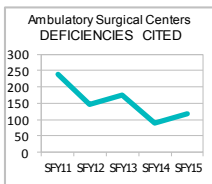
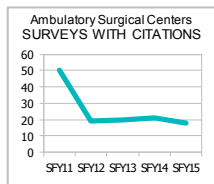
	SFY11	SFY12	SFY13	SFY14	SFY15
AMBULATORY SURGICAL CENTERS					
Number of centers	47	42	44	42	43
Centers surveyed	19	6	10	17	10
Licensure surveys & follow-ups	14	0	2	13	11
Recertification surveys & follow-ups	27	7	11	14	8
Life safety code surveys & follow-ups	18	5	8	11	8
Total inspections	59	12	21	39	37
Complaint investigations	1	0	0	1	0
Fees collected	\$22,500	\$20,150	\$20,300	\$28,000	\$20,190

AMBULATORY SURGICAL CENTERS



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.

	SFY11	SFY12	SFY13	SFY14	SFY15
CITATIONS					
Surveys with citations	50	19	20	21	18
Deficiencies cited	240	146	174	89	117
Condition tags cited	24	19	28	9	13
Deficiencies cited per survey with citations	4.8	7.7	8.7	4.2	6.5



Ambulatory Surgical Centers Top Violations—Federal Certification

01. **Life safety code standard.** Heating, ventilating, and air-conditioning comply with the manufacturer's specifications and section 9.2.20.5.2.1, 21.5.2.1.
02. **Infection control program.** Provide a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.
03. **Infection control program.** Maintain an ongoing program to prevent, control, and investigate infections and communicable diseases. Must include documentation that ASC has considered, selected, and implemented nationally recognized infection control guidelines.
04. **Life safety code standard.** Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1.
05. **Sanitary environment.** Provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.
06. **Life safety code standard.** Other life safety code deficiencies not on 2786.
07. **Life safety code standard.** Anesthetizing locations are protected in accordance with NFPA 99 and 101. Shutoff valves are located outside each anesthetizing location. Relative humidity is maintained equal to or greater than 35%.
08. **Form and content of record.** Maintain a medical record for each patient that is accurate, legible, promptly completed. Required content includes patient identification, significant medical history, physical examination, pre-operative diagnostic studies, findings and techniques of the operation, pathologists report, allergies, abnormal drug reactions, entries related to anesthesia administration, informed patient consent documentation, and discharge diagnosis.
09. **Life safety code standard.** Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99.3.4.4.1, NFPA 110.9.4.2
10. **Life safety code standard.** Manual fire alarm system is provided to automatically warn the building occupants. Fire alarm system has initiation notification and control function. Automatically transmits an alarm to summon fire department.

BIRTHING CENTERS

Clients Served

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

Contact

Terri Cook
405 • 271 • 6576
Fax: 405 • 271 • 1141
terrid@health.ok.gov

<http://mfs.health.ok.gov>

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

	SFY11	SFY12	SFY13	SFY14	SFY15
BIRTHING CENTERS					
Number of centers	0	0	0	0	0
Licensure surveys & follow-ups	0	0	0	0	0
Complaint investigations	0	0	0	0	0
Fees collected	\$0	\$0	\$0	\$0	\$0

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)

Federal law (CLIA-67) was amended in 1998 to regulate all clinical laboratory testing regardless of location. The Department 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.

Clients Served

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

Contact

Terri Cook
405 • 271 • 6576
Fax: 405 • 271 • 1141
terrid@health.ok.gov

<http://mfs.health.ok.gov>

Authority

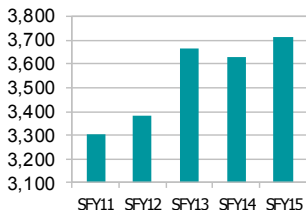
Public Law 100-578 (CLIA-88)
42 CFR Part 493

Funding Source

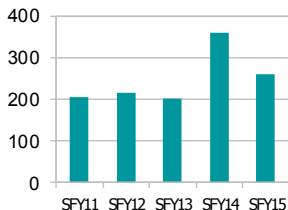
Federal Contract Allocation

	SFY11	SFY12	SFY13	SFY14	SFY15
CLINICAL LABORATORIES					
Certificate of Compliance Labs	306	297	326	271	274
Certificate of Waiver Labs	2,236	2,330	2,544	2,568	2,655
Certificate of Provider Performed Microscopy Procedures Labs	533	513	523	495	484
Certificate of Accreditation Labs	230	245	273	293	298
Total Clinical Laboratories	3,305	3,385	3,666	3,627	3,711
INSPECTIONS					
Initial surveys for new labs	13	19	3	16	13
Recertification surveys for Certificate of Compliance Labs	123	132	64	180	106
Validation surveys of Certificate of Accreditation Labs	6	5	3	0	4
Recertification surveys for Certificate of Waiver Labs	43	34	47	2	2
Follow-up surveys	18	19	80	163	134
Complaint investigations	2	7	5	0	2
Total inspections conducted	205	216	202	361	261

CLINICAL LABORATORIES

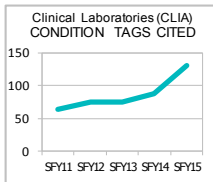
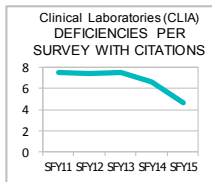
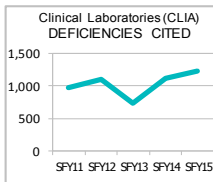
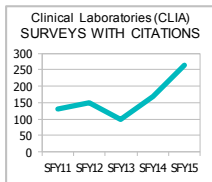


CLIA INSPECTIONS



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.

	SFY11	SFY12	SFY13	SFY14	SFY15
CITATIONS					
Surveys with citations	130	148	98	170	265
Deficiencies cited	978	1,094	734	1,114	1220
Condition tags cited	63	75	75	88	131
Deficiencies cited per survey with citations	7.5	7.4	7.5	6.6	4.6



Clinical Laboratory (CLIA)
Top Violations—Federal Certification

01. **Test systems, equipment, instruments, reagent.** Laboratory must define criteria for conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting; consistent with manufacturers instructions.
02. **Maintenance and function checks.** Must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by manufacturer.
03. **Test systems, equipment, instruments, reagent.** Test systems must be selected by the laboratory. Testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system.
04. **Certificate of waiver tests.** Follow manufacturer's instructions for performing the test; and meet the requirements in Subpart B, Certificate of Waiver.
05. **Evaluation of proficiency testing performance.** The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.
06. **Establishment and verification of performance.** Each laboratory that introduces an unmodified, FDA-cleared or approved test system must demonstrate that it can obtain performance specifications comparable to those established by the manufacturer for accuracy, precision, reportable range of test results for the test system; verify the manufacturer's reference intervals (normal values) are appropriate for the laboratory's patient population.
07. **Control procedures.** Control procedures for reagent, media, and supply checks must follow manufacturer's specifications for using reagents, media, and supplies and be responsible for results; document all control procedures performed.
08. **Procedure Manual.** A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by laboratory personnel.
09. **Analytic systems quality assessment.** The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and correct problems identified in the post analytic system specified in §493.1291.
10. **Technical consultant-moderate complexity.** The laboratory must have a technical consultant who meets the qualification requirements of §493.1411 of this subpart and provides technical oversight in accordance with §493.1413 of this subpart.

EMERGENCY SYSTEMS EMERGENCY MEDICAL SERVICES

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.

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

405 • 271 • 4027

Fax: 405 • 271 • 4240

dalea@health.ok.gov

<http://ems.health.ok.gov>

Authority

63 O.S., §§ 1-2501 et seq.

OAC 310:641

Funding Source

State Licensure Fees and
State Appropriated Funds

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 jurisdic-

tion 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*

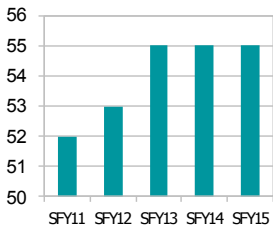
Skills re-testing fees (Intermediate and Paramedic only):

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

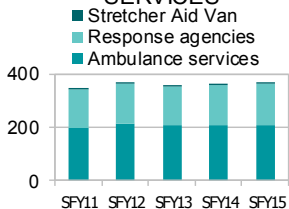
*Death Benefit Assessment

	SFY11	SFY12	SFY13	SFY14	SFY15
EMERGENCY MEDICAL SERVICES					
EMS Districts	52	53	55	55	55
Ambulance Services	198	212	209	207	209
Emergency Medical Response Agencies	142	150	142	149	152
Stretcher Aid Van Services	5	7	7	6	6

EMS DISTRICTS



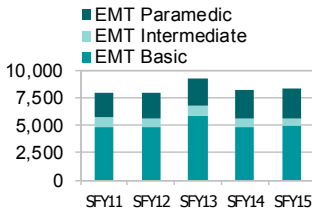
EMERGENCY MEDICAL SERVICES



	SFY11	SFY12	SFY13	SFY14	SFY15
TRAINING					
EMS training institutions	40	41	45	41	40
EMT training courses	795	908	1004	856	801
Advanced Life Support exams administered	12	12	13	15	13
Candidates tested	283	310	313	5	302

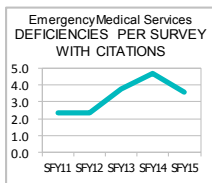
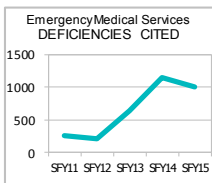
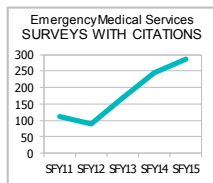
	SFY11	SFY12	SFY13	SFY14	SFY15
EMERGENCY MEDICAL TECHNICIANS					
EMT Basic	4,884	4,796	5,904	4,883	4,929
EMT Intermediate	856	853	875	753	724
EMT Paramedic	2,305	2,336	2,593	2,631	2,735
Total EMTs	8,045	7,985	9,372	8,267	8,388

EMERGENCY MEDICAL TECHNICIANS



	SFY11	SFY12	SFY13	SFY14	SFY15
PROGRAM ACTIVITIES					
Ambulance service surveys	116	141	270	260	236
Complaints investigated	56	56	53	73	76
Training program site visits	14	15	4	36	36
EMT new licenses	803	1,182	1,273	1,018	958
EMT renewal licenses	3,130	2,651	3,134	3,226	2,839
EMS new licenses	8	5	10	3	10
EMS renewal licenses	138	128	127	108	69
Total licenses issued	4,079	3,966	4,544	4,355	3,876
Fees collected	\$222,869	\$252,537	\$213,112	\$275,180	\$233,716

	SFY11	SFY12	SFY13	SFY14	SFY15
CITATIONS					
Surveys with citations	110	88	170	244	285
Deficiencies cited	258	204	640	1,147	1000
Deficiencies cited per survey with citations	2.4	2.3	3.8	4.7	3.6



Emergency Medical Services Providers Top Violations—State Licensure

01. **Equipment for ground transport vehicles.** Equipment shall be clean, in good working condition, and appropriately secured.
02. **Sanitation requirements.** Implements inserted into patient's nose or mouth are single service wrapped, properly stored and handled.
03. **Medical control requirements.** Be knowledgeable and actively involved in quality assurance and the educational activities of the emergency medical technician, and supervise a quality assurance (QA) program by either direct involvement or appropriate designation and surveillance of designee.
04. **Sanitation requirements.** All medications and equipment with expiration dates shall be current. Expired medications and equipment shall be discarded appropriately.
05. **Ambulance service, emergency medical response agency and stretcher aid van files.** All licensed and certified providers shall maintain copies of licenses, certificates or other qualifications of staffing or personnel employed by or associated with the service or agency.
06. **Sanitation requirements.** The interior of the vehicle and the equipment within the vehicle shall be sanitary and maintained in good working order at all times.
07. **Ground ambulance service-personnel staffing.** In addition to licensed emergency medical technicians, each ground ambulance service shall have drivers who are certified as Emergency Medical Responder; shall successfully complete an emergency vehicle operator course within 120 days of employment; refresher course every two years.
08. **Correction orders.** If no acceptable plan of correction is received within 30 days and/or if deficiency is not corrected within 120 days, action for remedy against the service may be undertaken by administrative procedure.
09. **General provisions for ground transport vehicles.** Authorized emergency vehicles used for provision of patient care shall be equipped with communication equipment (radio and encoder) which shall provide voice contact with the emergency department of the area and other hospitals outside of the area.
10. **New vehicles.** A used vehicle which has new ownership, or a new vehicle which is of first registration, either leased, contracted for, or purchased on or after July 18, 1991, shall conform to the General Service Administration (GSA) specifications KKK-A-1822, as amended and as in effect at the time of manufacture.

First Response Agencies Top Violations—State Licensure

01. **Medical control requirement.** Be knowledgeable and actively involved in quality assurance and the educational activities of the emergency medical technician, and supervise a quality assurance (QA) program by either direct involvement or appropriate designation and surveillance of designee.
02. **Ambulance service, emergency medical response agency and stretcher aid van files.** All licensed and certified providers shall maintain copies of licenses, certificates or other qualifications of staffing or personnel employed by or associated with the service or agency.
03. **Ambulance service, emergency medical response.** Maintain files including copies of all Occupational, Safety and Health Agency requirements.
04. **Ambulance service, emergency medical response.** Maintain files including copies of ambulance service operational and medical protocols.
05. **Ambulance service, emergency medical response.** Maintain files on maintenance and regular inspections of each vehicle; Each vehicle inspected and checklist completed after each call or on a daily basis.
06. **Sanitation requirements.** Implements inserted into patient's nose or mouth are single service wrapped, properly stored and handled. Local health care facilities consulted for instructions on sanitation and handling when multi-use items are used.
07. **Sanitation requirements.** All medications and equipment with expiration dates shall be current. Expired medications and equipment shall be discarded appropriately.
08. **Certified emergency medical response agencies.** Organizations desiring to become certified as an emergency medical response agency shall first secure a written agreement with a sponsoring licensed ambulance service, and an endorsement from the governmental authority in which the agency is located.
09. **License requirements.** Proof of participation in worker's compensation insurance program for employees who are subject to pertinent labor laws.
10. **Ambulance service, emergency medical response agency and stretcher aid van files.** A log of each call received and/or initiated, to include the number of the run report, date, all required times, location of the incident, where the ambulance originated and nature of the call.

EMERGENCY SYSTEMS TRAUMA & SYSTEMS DEVELOPMENT

The charge of the Trauma Service is to create a statewide system of optimal care for all trauma patients to ensure the right patient goes to the right facility and receives the right treatment in the right amount of time.

Trauma Service initiatives in FY 2015 included development, planning and implementation of Regional Trauma Plans in each of the eight geographic Trauma Regions, disbursement of the Trauma Care Assistance Revolving Fund to qualified entities for reimbursement for uncompensated major trauma care, quality improvement activities, oversight of the Trauma Referral Centers (TReC), administration and management of EMRe-source.

The Oklahoma Trauma and Emergency Response Advisory Council (OTERAC) initial meetings consisted of transition work from predecessor Councils to aligning activities for a strategic direction forward. As the result of an expanded area of responsibility, workgroups were established to focus on Funding and Legislation, Medical Direction, Rules, Regional Trauma Advisory Boards, Rural EMS and Hospital, Stroke and STEMI, and EMS Training and Licensure. For more information see the “Advisory Councils” section of this booklet.

Clients Served

All Oklahomans and the public requiring trauma care.

Contact

Grace Pelley
405 • 271 • 4027
Fax: 405 • 271 • 4240
gracep@health.ok.gov

<http://td.health.ok.gov>

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

During this time period, Systems Development:

- Provided 196 development consultations to assist providers to perform at a higher level to meet their licensure requirements while providing best practices for operational improvements. An area of focus this year was to improve quality of patient care provided by Emergency Medical Response Agencies through certification;
- Conducted 56 Oklahoma Trauma Education Programs developed through a collaborative effort with the University of Oklahoma Institute of Disaster and Emergency Medicine focused on the correct method for triaging and transfer of the critically injured patient;
- Co-sponsored two Rural Trauma Team Development Courses conducted by the Level I and II Trauma Centers; and
- Facilitated 47 Regional Trauma Advisory Board and subcommittee meetings to improve regional collaboration and coalition.

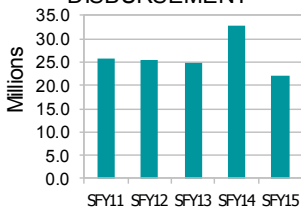
The five Regional Continuous Quality Improvement Committees conducted 16 meetings to review 243 cases, while providing feedback to providers for exemplary behavior, areas of improvement, and recommendations. Providers were introduced to the “vertical timeline” for trauma patient care at the Regional Trauma Advisory Boards to identify areas for improved efficiency for the patient.

The Trauma Care Assistance Revolving Fund moved from bi-annual payout to monthly disbursements for hospital and EMS providers to reduce significant accumulation of funds pending disbursement. Physicians continue to receive the eligible reimbursement every six months. The table below reflects changes as a result of this transition.

	SFY11	SFY12	SFY13	SFY14	SFY15
TRAUMA FUND					
Distributed to physicians, hospitals and EMS agencies for reimbursement of eligible uncompensated major trauma care claims	\$25,680,067	\$25,307,779	\$24,697,176	\$32,689,054	\$22,187,229

The SFY 2014 figure includes a special disbursement of \$8,351,675 made to mitigate the impacts of anticipated reductions in trauma disbursements in SFY 2015 due to a cash transfer of \$5 million from the Trauma Fund into the Special Cash Fund of the State Treasury as authorized by Senate Bill 2127 (2014).

TRAUMA FUND ANNUAL DISBURSEMENT



The web-based communication tool, EMResource™ continues to support the Trauma System and Emergency Preparedness and Response System by providing real-time information on hospital and EMS availability statewide and its neighboring states, supporting regional-statewide exercises, and simultaneous dissemination of pertinent information.

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

John Larson

405 • 271 • 6785

Fax: 405 • 271 • 1738

johnl@health.ok.gov

<http://mfs.health.ok.gov>

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 minimum 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.

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

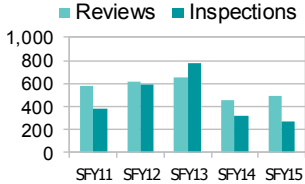
Program Fees

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

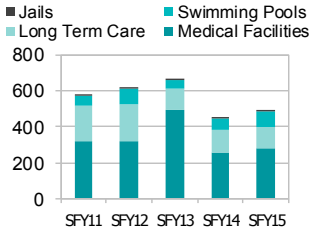
Fees are assessed for plan reviews of Long Term Care Nursing and ICF/IID Facilities construction plans showing an increase in beds in an amount not more than two one-hundredths percent (0.02%) or one thousand dollars (\$1,000.00), whichever is least, per project of total construction.

	SFY11	SFY12	SFY13	SFY14	SFY15
PLAN REVIEWS					
Ambulatory Surgical Centers	16	22	79	25	13
Hospitals	306	298	416	233	269
Inpatient Hospice Facilities	1	0	0	0	0
Total Medical Facilities	323	320	495	258	282
Jails	5	2	1	7	1
Long Term Care Facilities	196	204	120	123	114
Swimming Pools	56	89	41	66	93
Total plan reviews	580	615	657	454	490
PLAN REVIEW INSPECTIONS					
ESRD Life Safety Code	0	0	7	0	0
Other Life Safety Code	18	24	81	50	35
Total Life Safety Code	18	24	88	50	35
Inpatient Hospice	2	0	0	0	0
Long Term Care	102	136	181	66	64
Medical Facilities	261	421	496	201	170
Swimming Pools	0	14	16	0	0
Total inspections	383	595	781	317	269
Fees collected	\$179,000	\$182,750	\$173,440	\$169,766	\$117,597

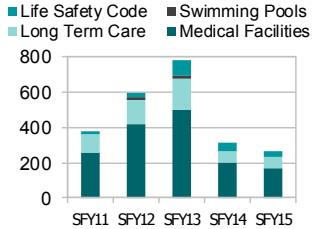
HEALTH FACILITIES PLAN REVIEW



REVIEWS BY TYPE



INSPECTIONS BY TYPE



HOME HEALTH PROVIDERS

Clients Served

Home health agencies and individuals that utilize the services of home health agencies.

Contact

LaTrina Frazier
405 • 271 • 6576
Fax: 405 • 271 • 1141
latrinaf@health.ok.gov

<http://mfs.health.ok.gov>

Complaint Hotline

1 • 800 • 234 • 7258

Authority

63 O.S., §§ 1-1960 et seq.
OAC 310:662
The Social Security Act, Sections
1861(o) and 1891(a)
42 CFR Part 484

Funding Source

Federal Contract Allocation
and State Licensure Fees

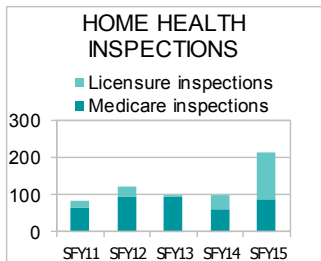
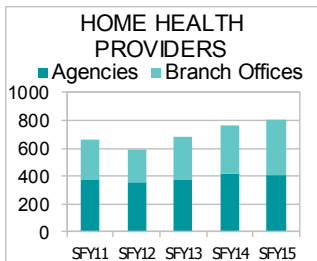
Home Services Division (HSD) staff strive to ensure compliance with minimum standards and the provision of quality care. HSD staff perform on-site surveys to ensure compliance with standards, issue licenses, monitor compliance, conduct home visits to clients receiving services, and investigate complaints. 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 the Department in such form and accompanied by such information as the State Commissioner of Health prescribes.

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

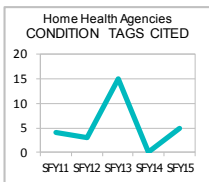
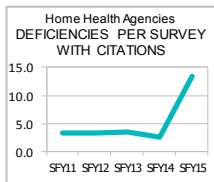
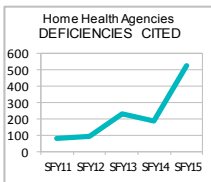
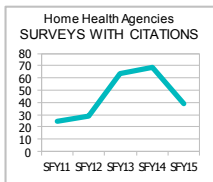
Initial license fee.....	\$1,000.00
Annual renewal fee.....	\$500.00

	SFY11	SFY12	SFY13	SFY14	SFY15
HOME HEALTH AGENCIES					
Licensed only HHAs	135	135	131	141	144
Licensed & medicare HHAs	243	222	251	274	265
Total licensed HHAs	378	357	382	415	409
Additional branch offices	280	235	299	345	397
Medicare surveys	48	88	71	51	70
Medicare follow-up visits	5	1	7	0	2
Medicare complaints	11	7	16	11	15
Total Medicare inspections	64	96	94	62	87
Licensure surveys	17	25	1	35	122
Licensure follow-up visits	0	0	0	0	0
Licensure complaints	3	1	2	2	5
Total licensure inspections	20	26	3	37	127
Fees collected	\$165,788	\$265,831	\$242,868	\$229,968	\$266,352



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.

	SFY11	SFY12	SFY13	SFY14	SFY15
CITATIONS					
Surveys with citations	25	29	64	69	39
Deficiencies cited	82	95	229	187	523
Condition tags cited	4	3	15	0	5
Deficiencies cited per survey with citations	3.3	3.3	3.6	2.7	13.4



Home Health Providers

Top Violations—State Licensure

01. **Personnel policies.** Policies include employment procedures, orientation to agency policies and objectives, job descriptions, periodic evaluations, provision for disciplinary actions, and health screening requirements, influenza vaccination information.
02. **Federal, state and local laws.** The agency and its staff shall operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations.
03. **Personnel records.** Include qualifications, employment history, records of orientation and in-service, verification of health screening, performance evaluations, disciplinary actions, verification of current licensure/certification.
04. **Services provided.** Personnel furnishing services shall maintain liaison to ensure their efforts are coordinated effectively, documented and support the objectives in the plan of care.
05. **Plan of care.** Orders for therapy services shall include the specific procedures and modalities to be used. Services delivered shall be consistent with the plan of care.
06. **Skilled nursing.** The agency shall furnish skilled nursing services by, or under the supervision of, a registered nurse and in accordance with the physician's orders.
07. **Clinical records.** The agency shall establish and maintain a clinical record for each client receiving care and services. The record shall be complete, timely, accurately documented and readily accessible.
08. **Quality assessment and improvement.** Home care agency shall have an ongoing program which assesses all services provided and requires quality improvements when indicated.
09. **Supervision of services.** When only home health aide or personal care services are furnished to a client, a physician or a license nurse shall make a supervisory visit to the client's residence at least once every six (6) months. The frequency of supervisory visits shall be increased if the acuity of the client's illness requires more frequent visits.
10. **Licensure.** Any home care agency providing home care services in Oklahoma shall operate from a place of business which is accessible to the public and physically located in Oklahoma. Staff providing services from each agency shall be supervised by personnel at that location.

Home Health Providers Top Violations—Federal Certification

01. **Compliance with federal, state, local laws.** HHA and staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations.
02. **Drug regimen review.** The comprehensive assessment must include a review of all medications the patient is currently using to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.
03. **Skilled nursing services.** HHA furnishes skilled nursing services in accordance with the plan of care.
04. **Coordination of patient services.** All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.
05. **Initial assessment visit.** The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date.
06. **Plan of care.** The plan of care covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.
07. **Group of professional personnel.** A group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision, and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.
08. **Advisory and evaluation function.** The group of professional personnel's meetings are documented by dated minutes.
09. **Supervision.** The registered nurse must make an on site visit to the patient's home no less frequently than every 2 weeks.
10. **Clinical record review.** At least quarterly, appropriate health professionals review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services.

HOSPICE PROVIDERS

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.

Clients Served

Terminally ill patients and hospice programs.

Contact

LaTrina Frazier
405 • 271 • 6576

Fax: 405 • 271 • 1141
latrinaf@health.ok.gov

<http://mfs.health.ok.gov>

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

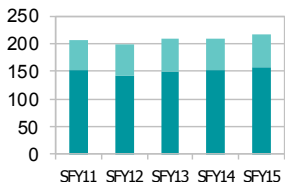
Program Fees

Initial application fee	\$500.00
Initial license fee	\$1500.00
Permanent license fee	\$2000.00
Renewal fee (annual renewal)	\$2000.00
Alternate Administrative Office	\$500.00

	SFY11	SFY12	SFY13	SFY14	SFY15
HOSPICE					
Licensed hospice programs	152	141	150	152	158
Alternate administrative offices	55	57	58	58	58
Medicare surveys	0	6	39	34	49
Medicare follow-ups	0	0	4	11	13
Medicare complaints	0	2	21	8	6
Total Medicare inspections	0	8	64	83	68
Licensure surveys	5	6	36	45	43
Licensure follow-ups	0	0	0	0	0
Licensure complaints	3	0	3	0	4
Total Licensure inspections	8	6	39	45	47
Fees collected	\$273,000	\$288,075	\$288,529	\$286,000	\$304,000

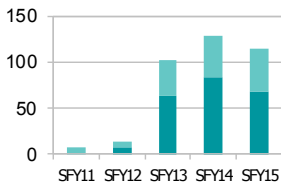
HOSPICE PROVIDERS

■ Licensed ■ Alternate Offices



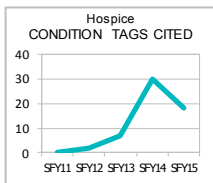
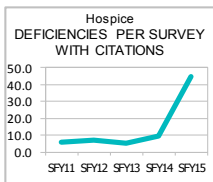
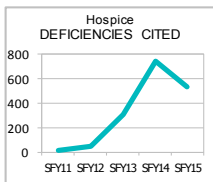
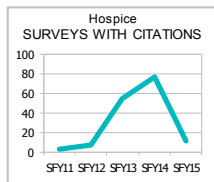
HOSPICE INSPECTIONS

■ Medicare ■ Licensure



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.

	SFY11	SFY12	SFY13	SFY14	SFY15
CITATIONS					
Surveys with citations	3	7	55	77	12
Deficiencies cited	17	52	305	742	534
Condition tags cited	0	2	7	30	18
Deficiencies cited per survey with citations	5.7	7.4	5.6	9.6	44.5



Hospice Providers

Top Violations— Federal Certification

01. **Patient outcome measures.** The data elements must be an integral part of the comprehensive assessment and must be documented in a systematic and retrievable way for each patient; data elements for each patient must be used in individual patient care planning and in the coordination of services, and must be used in the aggregate for the hospice's quality assessment and performance improvement program.
02. **Content of comprehensive assessment.** The comprehensive assessment must take into consideration the imminence of death.
03. **Patient outcome measures.** The comprehensive assessment must include data elements that allow for measurement of outcomes; must measure and document data in the same way for all patients; data elements must take into consideration aspects of care related to hospice and palliation.
04. **Program data.** The hospice must use the data collected to monitor the effectiveness and safety of services and quality of care; and identify opportunities and priorities for improvement.
05. **Level of activity.** Volunteers must provide day to day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff; maintain records on the use of volunteers.
06. **Program activities.** The hospice's performance improvement activities must focus on high risk, high volume, or problem-prone areas.
07. **Update of comprehensive assessment.** The comprehensive assessment update must be accomplished by the hospice interdisciplinary group and must consider changes that have taken place since the initial assessment. The update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days. Must include patient's progress toward desired outcomes and patient's response to care.
08. **Quality assessment & performance improvement.** The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance program. The number and scope of distinct performance improvement projects conducted annually must reflect the scope, complexity, and past performance of services and operations.
09. **Program data.** The program must use quality indicator data, including patient care, and other relevant data, in the design of its program.
10. **Program activities.** The hospice's performance improvement activities must affect palliative outcomes, patient safety, and quality of care.

HOSPITALS

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%.

Clients Served

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

Contact

Terri Cook
405 • 271 • 6576
Fax: 405 • 271 • 1141
terrid@health.ok.gov

<http://mfs.health.ok.gov>

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

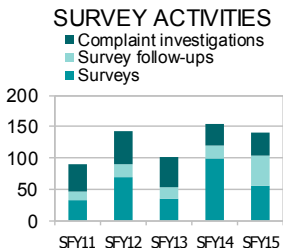
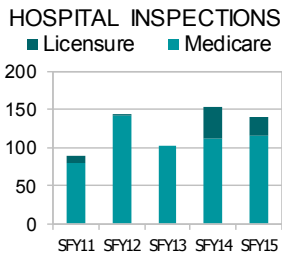
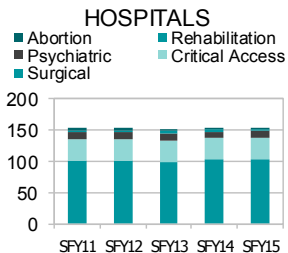
Federal Contract Allocation
and State Licensure Fees

Program Fees

Initial and renewal fees \$10. 00 per bed per year

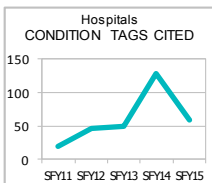
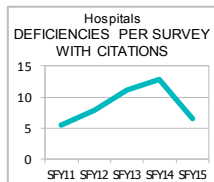
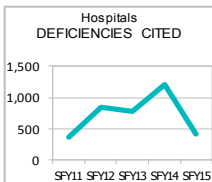
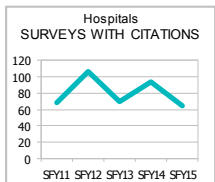
	SFY11	SFY12	SFY13	SFY14	SFY15
HOSPITALS					
General medical surgical	101	101	99	104	104
Critical access	34	34	34	34	34
Specialized, psychiatric	11	11	11	10	11
Specialized, rehabilitation	4	4	5	3	3
Specialized, abortion	3	3	3	3	3
Total licensed hospitals	153	153	152	154	155
Fees collected	\$191,480	\$186,515	\$175,171	\$165,530	\$176,690

	SFY11	SFY12	SFY13	SFY14	SFY15
MEDICARE SURVEYS					
Initial surveys	0	0	0	0	0
Recertification surveys	9	33	12	30	18
Validation surveys	2	2	4	2	2
Life Safety Code surveys	13	33	18	30	18
Survey follow-ups	12	21	19	17	42
Complaint investigations	43	53	49	33	35
Total Medicare inspections	79	142	102	112	115
LICENSURE SURVEYS					
Initial surveys	0	1	0	0	0
Re-licensure surveys	9	0	0	37	18
Survey follow-ups	2	0	0	3	5
Complaint investigations	0	0	0	2	3
Total Licensure inspections	11	1	0	42	26
TOTAL SURVEYS					
Surveys	33	69	34	99	56
Survey follow-ups	14	21	19	20	47
Complaint investigations	43	53	49	35	38
Total inspections	90	143	102	154	141



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.

	SFY11	SFY12	SFY13	SFY14	SFY15
CITATIONS					
Surveys with citations	68	106	70	94	64
Deficiencies cited	376	842	778	1,210	421
Condition tags cited	19	46	50	127	59
Deficiencies cited per survey with citations	5.5	7.9	11.1	12.9	6.6



Hospitals

Top Violations—Federal Certification

01. **Life safety code standard.** Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2.
02. **Miscellaneous.** Miscellaneous.
03. **Life safety code standard.** Heating, ventilation, air conditioning comply with section 9.2 and are installed in accordance with manufacturer's specifications.
04. **Life safety code standard.** A fire alarm system required for safety is installed, tested, and maintained according to NFPA 70, National Electrical Code, and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72.9.6.1.4
05. **Life safety code standard.** Anesthetizing locations are protected in accordance with NFPA 99, Standard for Health Care Facilities.
06. **Life safety code standard.** Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99.
07. **Life safety code standard.** Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinkled buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Roller latches are prohibited by CMS regulations in all health care facilities.
08. **Patient rights: restraint or seclusion.** The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.
09. **RN Supervision of nursing care.** A registered nurse must supervise and evaluate the nursing care for each patient.
10. **Infection control program.** The infection control officer must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

MEDICARE CERTIFICATION & STATE PERMITS

Clients Served

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

Contact

Terri Cook
405•271•6576
Fax: 405•271•1141
terrid@health.ok.gov

<http://mfs.health.ok.gov>

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

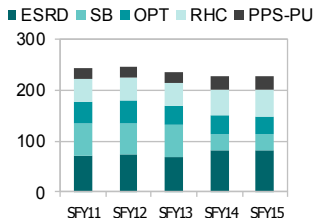
Funding Source

Federal Contract Allocation
and State Licensure Fees

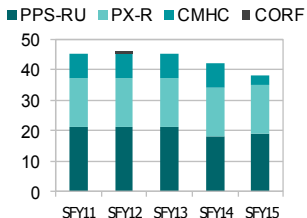
These Medicare-certified programs were implemented to assure quality care for beneficiaries. Medical Facilities Service staff strive to ensure that services provided by these facilities meet the minimum standards for certification. These programs do not have statutory requirements for annual surveys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

	SFY11	SFY12	SFY13	SFY14	SFY15
MEDICARE CERTIFICATION					
End Stage Renal Disease Centers (ESRD)	71	73	70	81	82
Swing Bed Hospital Units (SB)	63	63	63	33	33
Outpatient Physical Therapy (OPT)	43	45	36	36	32
Rural Health Clinics (RHC)	46	45	46	52	54
PPS Excluded Psychiatric Units (PPS-PU)	21	21	21	26	27
PPS Excluded Rehabilitation Units (PPS-RU)	21	21	21	18	19
Portable X-Ray Units (PX-R)	16	16	16	16	16
Community Mental Health Centers (CMHC)	8	8	8	8	3
Comprehensive Outpatient Rehabilitation Facilities (CORF)	3	3	2	2	2
CORF recertifications	0	1	0	0	0
RA recertifications	2	3	3	7	11
PX-R recertifications	0	1	0	0	0
RHC recertifications	7	4	3	13	14
Tissue Banks (TB)	3	3	3	3	5
Eye Banks (EB)	1	1	1	1	1

MEDICARE CERTIFICATION

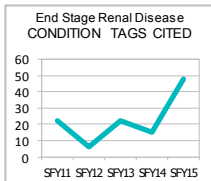
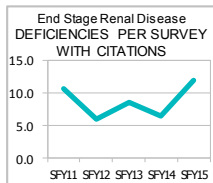
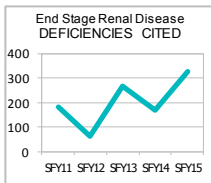
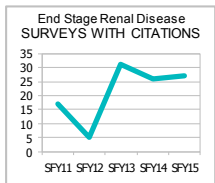


MEDICARE CERTIFICATION



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.

	SFY11	SFY12	SFY13	SFY14	SFY15
END STAGE RENAL DISEASE					
Surveys with citations	17	5	31	26	27
Deficiencies cited	181	64	268	170	324
Condition tags cited	22	6	22	15	48
Deficiencies cited per survey with citations	10.7	6.0	8.7	6.5	12.0



End Stage Renal Disease Centers Top Violations—Federal Certification

01. **QAPI-measure/analyze/tract qual indicators.** The facility must measure, analyze, and track quality indicators or other aspects of performance that the facility adopts or develops that reflect processes of care and facility operations. These performance components must influence or relate to the desired outcomes or be the outcomes themselves.
02. **IC-Sanitary environment.** The facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas.
03. **IC-Wear gloves/hand hygiene.** Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station; staff remove gloves and wash hands between each patient or station.
04. **PE-equipment maintenance—Manufacturer's DFU.** Facility must implement and maintain program to ensure equipment (emergency equipment, dialysis machines and equipment, and the water treatment system) are maintained and operated in accordance with the manufacturer's recommendations.
05. **IC-Disinfect surfaces/equip/written protocols.** Facility must demonstrate standard infection control precautions by implementing and maintaining procedures for the cleaning and disinfection of contaminated surfaces, medical devices, and equipment.
06. **CFC-QAPI.** Facilities are required to have facility-based assessments and improvement of care, while the Plan of care Condition expects patient-based improvement of care.
07. **IC-Clean/dirty; med prep are; no common carts.** Clean areas clearly designated for preparation handling and storage of medications and unused supplies and equipment; clean areas separated; individual patient medication doses; no common medication carts.
08. **PA-appropriateness of dialysis RX.** The patient's comprehensive assessment must include, but is not limited to, evaluation of the appropriateness of the dialysis prescription.
09. **CFC-Responsibilities of the medical director.** The facility must have a medical director who meets the qualifications of §494.140(a) to be responsible for the delivery of patient care and outcomes in the facility.
10. **CFC-Water & Dialysate quality.** Specifications for various water treatment components.

QUALITY, ENFORCEMENT & REVIEW

Clients Served

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

Contact

Harriet Cooper
405 • 271 • 6576
Fax: 405 • 271 • 1141
harrieta@health.ok.gov

http://www.ok.gov/health/Protective_Health/Medical_Facilities_Service/Quality_Initiatives/index.html

Authority

63 O.S., § 1-707

Funding Source

State Appropriation

The Quality Initiatives Unit has a broad directive to identify opportunities to improve the quality and effectiveness of acute health care services provided by licensed and certified entities in Oklahoma and to implement strategies to address those opportunities.

In addition to improving the care provided by licensed and certified entities, this unit is also charged with generating quality and performance data related to acute health care organizations and providing this information to consumers and the public to help guide them in choosing a health care provider. Ongoing activities of this Unit build on systems created and validated by both the Agency for Healthcare Research and Quality (AHRQ) through the Patient Safety Indicator data analysis tools, and the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network

designed to collect and analyze data related to a broad range of Healthcare Associated Infections (HAI). This quality and performance data is designed to promote the implementation of best practices known to improve outcomes and to drive the quality of care associated with certain clinical events. The Quality Initiatives group is also responsible for compiling and publishing the Hospital Annual Report.

WORKPLACE DRUG AND ALCOHOL TESTING FACILITIES

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.

Clients Served

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

Contact

Terri Cook
405 • 271 • 6576
Fax: 405 • 271 • 1141
terrid@health.ok.gov

<http://mfs.health.ok.gov>

Authority

40 O.S., §§ 551 et seq.
OAC 310:638

Funding Source

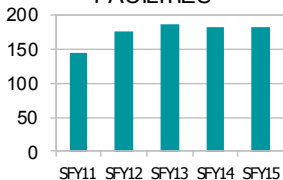
Fees Collected

Program Fees

Initial	\$150.00
Annual renewal.....	\$150.00

	SFY11	SFY12	SFY13	SFY14	SFY15
WORKPLACE DRUG AND ALCOHOL TESTING					
Number of facilities	145	175	187	182	182
Surveys conducted	0	0	0	0	0
Follow-ups conducted	0	0	0	0	0
Complaint investigations	0	0	0	0	0
Fees collected	\$19,650	\$22,800	\$24,000	\$26,975	\$26,250

WORKPLACE DRUG & ALCOHOL TESTING FACILITIES



QUALITY IMPROVEMENT & EVALUATION SERVICE

Nancy Atkinson
405 • 271 • 5278
Fax: 405 • 271 • 1402
nancyh@health.ok.gov

Diane Henry
MDS-OASIS Program
405 • 271 • 5278; Fax: 405 • 271 • 1402
dianeh@health.ok.gov

Alexandria Hart-Smith
Quality Assurance and Data Systems
405 • 271 • 5278; Fax: 405 • 271 • 1402
alexandh@health.ok.gov

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
405 • 271 • 5278
Fax: 405 • 271 • 1402
dianeh@health.ok.gov

<http://mds.health.ok.gov>

QIES Help Desk

405 • 271 • 5278

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

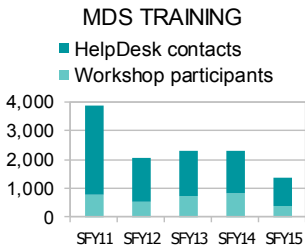
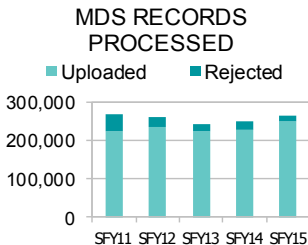
Funding Source

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's/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 State Agency 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.



	SFY11	SFY12	SFY13	SFY14	SFY15
MDS ASSESSMENTS FOR NURSING FACILITIES (NF)					
NFs transmitting MDS data	343	316	319	312	311
NF software vendors	28	21	21	23	22
NF resident count	Not Available	19,338	19,340	18,989	19,032
NF batches submitted	36,569	32,498	31,105	33,977	33,476
NF records processed	265,553	255,738	239,889	245,342	261,394
NF records rejected	43,217	22,430	20,831	20,638	14,372
NF-MDS records uploaded to the National Repository	222,336	233,308	219,058	224,704	247,022
MDS ASSESSMENTS FOR SWING BED HOSPITALS (SB)					
SBs transmitting MDS data	24	26	28	27	27
SB software vendors	2	3	3	3	4
SB batches submitted	1,160	1,328	1,560	1,786	1,583
SB records processed	2,002	3,207	3,907	4,288	3,755
SB records rejected	558	688	653	652	468
SB-MDS records uploaded to the National Repository	1,444	2,519	3,254	3,636	3,287
TOTALS FOR NFs AND SBs					
Transmitting MDS data	367	342	347	339	338
Software vendors	30	24	24	26	26
Batches submitted	37,729	33,826	32,665	35,763	35,059
Records processed	267,555	258,945	243,796	249,630	265,149
Records rejected	43,775	23,118	21,484	21,290	14,840
Records uploaded to the National Repository	223,780	235,827	222,312	228,340	250,309
MDS training sessions	2	4	7	16	8
Facilities/Hospitals with staff attending workshops	309	282	348	411	186
Workshop participants	760	541	709	804	390
HelpDesk Contacts	3,113	1,531	1,604	1,513	959

NATIONAL PRACTITIONER DATA BANK REPORTING

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.

Clients Served

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

Contact

Nancy Atkinson
405 • 271 • 5278
Fax: 405 • 271 • 1402
nancyh@health.ok.gov

<http://www.npdb.hrsa.gov>

Authority

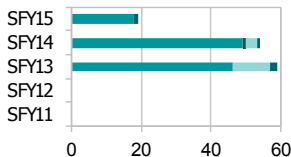
45 CFR Part 60

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.

	SFY11	SFY12	SFY13	SFY14	SFY15
DATA BANK REPORTING					
Nurse Aides (NA)	-----	-----	46	49	18
Non-Technical Service Workers (NTSW)			0	1	0
Licensed Counselors (LC)	-----	-----	11	3	0
Emergency Medical Technicians (EMT)	-----	-----	2	1	1
Emergency Medical Services (EMS)	-----	-----	1	0	1
Assisted Living Centers (ALC)	-----	-----	0	6	11
Residential Care Homes (RCH)	-----	-----	0	3	0
Continuum of Care Facilities (CCF)	-----	-----	0	1	0
Nursing Facilities (NF)	-----	-----	-----	-----	7
Total reports submitted	-----	-----	60	64	38

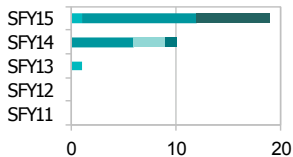
REPORTS SUBMITTED ON INDIVIDUALS

■ NA ■ NTSW ■ LC ■ EMT



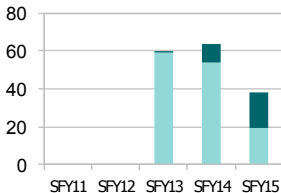
REPORTS SUBMITTED ON ENTITIES

■ EMS ■ ALC ■ RCH ■ CCF ■ NF



TOTAL NPDB REPORTS

■ Individuals ■ Entities



OUTCOME ASSESSMENT AND INFORMATION SET (OASIS)

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 the State Agency 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

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
405 • 271 • 5278
Fax: 405 • 271 • 1402
dianeh@health.ok.gov

<http://oasis.health.ok.gov>

QIES Help Desk

405 • 271 • 5278

Authority

42 CFR 484.20
42 CFR 484.55
42 CFR 488.68

Funding Source

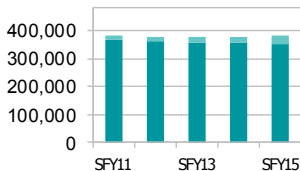
Federal Funds

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.

	SFY11	SFY12	SFY13	SFY14	SFY15
OASIS ASSESSMENTS FOR HOME HEALTH AGENCIES					
HHAs transmitting OASIS data	244	250	276	262	265
Software vendors	33	34	35	28	37
HHA client count	86,226	85,563	85,852	86,789	86,826
Batches submitted	18,234	19,558	20,647	21,675	23,666
Records processed	383,837	379,209	376,256	375,488	380,234
Records rejected	17,895	18,431	17,967	19,855	28,567
OASIS records uploaded to the National Repository	365,942	360,778	358,289	355,633	351,667
OASIS training sessions	1	2	4	2	2
Number of agencies with staff attending workshops	28	80	128	60	74
Workshop participants	61	174	285	133	165
HelpDesk contacts	794	580	585	490	498

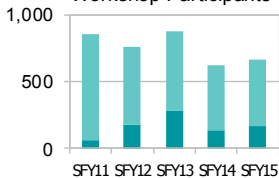
OASIS RECORDS PROCESSED

■ Uploaded ■ Rejected



OASIS TRAINING

■ HelpDesk Contacts ■ Workshop Participants



QUALITY ASSURANCE & DATA SYSTEMS

The Quality Assurance area is responsible for coordinating and facilitating quality assessment and improvement programs for service areas within Protective Health Services. Tasks include assisting Protective Health Services' Divisions to increase the quality and consistency of services provided to the Divisions' 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

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

Alexandria Hart-Smith
405 • 271 • 5278
Fax: 405 • 271 • 1402
alexandh@health.ok.gov

<http://qies.health.ok.gov>

QIES Help Desk

405 • 271 • 5278

Authority

OAC 310:675-17-1

Funding Source

State and Federal Funds

coordinate the business and system aspects of CMSNet and the QIES data system between the CMS, the four Protective Health service 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.

	SFY11	SFY12	SFY13	SFY14	SFY15
QUALITY ASSURANCE & DATA SYSTEMS					
QA/QI Projects	2	2	3	3	6
Trainings conducted	6	15	6	0	0
HelpDesk contacts	426	Not Available	Not Available	Not Available	84

QI/QA Projects

- Facilitate the Attract, Retain, and Motivate (ARM) Steering Committee working to reduce the time required to create a new position or re-fill an existing position by assisting service areas within Protective Health Services (PHS) to comply with requirements established by Human Resources and/or Human Capital Management related to the process of filling or re-filling a position in the Agency. This project is ongoing.
- Participate on the Long Term Care Facility ad hoc committee on Standards, Practices and Procedures of the Oklahoma State Department of Health Relating to Nurse Aides. This project is ongoing.
- Facilitated the internal OSDH Healthy Aging Task Force to promote healthy aging , education, and prevention strategies among OSDH service areas. This project is ongoing.

- Facilitate the Healthy Aging: Living Longer Better collaborative to promote healthy aging, education, and prevention strategies among state agencies who work with older adults. This project is ongoing.
- Facilitate the Process Frequency Mandates (PFM) team working to identify process frequency mandates, establish baseline data, and assess PFMs for compliance with laws, rules and standards.

CMSNet & QIES Data System Upgrades

- September 20, 2014. ASPEN 10.1.7. This upgrade contains extensive enhancements and support for new or changed CMS policy in many business areas across all ASPEN applications including ACO/RO, ACTS/RO, AEM, AST, ASE-Q, QIS, STAR and ePOC. The major items in this release include:
 - Automatic upload of certification kits and investigations for kits created on or after July 1, 2014 and investigations with a survey exit date on or after July 1, 2014.
 - An email address is now mandatory for all personnel listed in ACO.
 - The ACO and ASE-Q MDS viewers were changed to support MDS 3.0 changes implemented in October 2014.
 - ASPEN Regulation Manager and the Regulatory Tag Properties dialog were updated to include Waiverable and FSSES (Fire Safety Evaluation System) indicators.
 - Implementation of ePOC.
- October 3, 2014. The QIES Server was physically moved from the Oklahoma State Department of Health and placed at the Office of Management and Enterprise Services.

- November 7, 2014—ASPEN 10.1.7.1 was released which updated ASPEN regulation sets. Regulation set patches included ACH (Acute Care Hospital) Version 22.01—Reg Set ID FF09, CAH (Critical Access Hospital) Version 05.01 -Reg Set ID FQ08 and CLIA (CLIA Laboratories) Version 07.03 -Reg Set ID FQ08. An update to the QIS software was also included in the release. This resolved the issues with saving Stage 2 investigative documentation.
- November 16, 2014—ASPEN 10.1.7.4 was released. This release implemented Phase 7, the final phase of the CLIA conversion to QIES/ASPEN architecture. With the deployment of Phase 7, the OSCAR legacy system will be decommissioned.
- December 8, 2014—QIES server was taken down to replace the firewall. The server was down for 2 hours.
- January 1, 2015—OASIS assessment data will be submitted to CMS via the national OASIS ASAP system. The submission format for OASIS assessment data changed from a fixed-format to Extensible Markup Language (XML).
- January 23, 2015 - A new Process Measures Tally report, will be available in the OASIS-C Quality Improvement category.
- February 9, 2015—An issue has been identified with the weekly MDS 3.0 Quality Measure (QM) data calculations, which prevented the calculations from completing. The “Data was calculated on” date on the CASPER Report Submit pages reflects a date of 02/02/2015. (The calculations ran 02/09/2015 and the QM

data was available the next morning.)

- March 10, 2015—Version 1.2 of TLS setting is not available/supported by the latest version of IE on Windows Vista computers. Due to that limitation, Windows Vista users will not be able to access QIES applications after the TLS 1.2 setting is put in place on the QIES server side.

ADVISORY COUNCILS TO PHS SERVICE AREAS

Consumer Health Service

Consumer Protection Licensing Advisory Council
Infant and Children's Health Advisory Council
Oklahoma Food Service Advisory Council
Sanitarian & Environmental Specialist Registration 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

Craig Myers, Chair
Bryan Alexander, Vice-Chair
Michael Grim, Secretary
Bradley Lamprich
Erin Meier
Vacant—Licensed
Radiologist Asst.
Vacant—Hearing Impaired
Public Member

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 Consumer Protection Licensing Advisory 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 Consumer Protection Licensing Advisory 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 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 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 Consumer Protection Licensing Advisory 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 State Board of Health shall appoint:

- One member representing a diagnostic x-ray facility.

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 Consumer Protection Licensing 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.

INFANT AND CHILDREN'S HEALTH ADVISORY COUNCIL

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

Effective November 1, 2013, House Bill 1467 repealed language relating to the Oklahoma Genetic Counseling Licensing Advisory Board and created a new section of law known as the Oklahoma Public Health Advisory Council Modernization Act which includes the Infant and Children's Health Advisory Council.

The jurisdictional areas of the Infant and Children's Health Advisory Council includes all issues that arise in the area of health care for infants and children, and such other areas as designated by the State Board of Health.

The Infant and Children's Health Advisory 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 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

Infant and Children's Health Advisory Council Members

Amanda L. Bogie, M.D.

Jeff Elliott, O.D.

Stanley Grogg, D.O.

Jacqueline Shipp, M.S.W.

Vacant—Licensed Pediatrician

Vacant—Licensed

Genetic Counselor

Vacant—Licensed

Ophthalmologist

Vacant—Member knowledgeable
about newborn screening

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 Infant and Children's Health Advisory Council must be knowledgeable of issues that arise in the area of infant and children's health care. The Infant and Children's Health Advisory Council is composed as follows.

The Governor shall appoint:

- One member who works for the state or for a political subdivision on child abuse issues, and
- One member who is knowledgeable about childhood immunizations.

The President Pro Tempore of the Senate shall appoint:

- One member who is knowledgeable about newborn screening issues, and
- One member licensed by the state as an optometrist who has knowledge of vision screening for children.

The Speaker of the House of Representatives shall appoint:

- One member who is licensed by the state as a physician and works as a pediatrician, and

- One member who is licensed by the state as a genetic counselor.

The State Board of Health shall appoint:

- One member who is a physician licensed by the state who specializes in the diagnosis and treatment of childhood injuries in a trauma setting.

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 Infant and Children's Health 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.

OKLAHOMA FOOD SERVICE ADVISORY COUNCIL

63 O.S. Section 1-106.3

The purpose of the Council is to advise the State Board of Health, the Commissioner of Health, and the Department regarding food service establishments and recommend actions to improve sanitation and consumer protection. Meetings of the Council are held on a quarterly basis.

The Advisory 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 Department inspection activities; and (3) Recommend and approve quality indicators and data submission requirements for food service establishments which shall be used by the Department to monitor compliance with licensure requirements and to publish an annual report of food service establishment performance.

The Advisory Board consists of thirteen (13) members. Eight (8) members are appointed by the Commissioner of Health with the advice and consent of the State Board 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 eight appointments to the

Oklahoma Food Service Advisory Council Members

John Kelly
Michael Echelle
Jim Hopper
Harold Kelly
Park Ribble
Bill Ryan, Ed.D., RD,LD
Phil Maytubby
J. Roy Escoubas, Ph.D.
Elizabeth Nutt
Bill Ricks
Stan Stromberg
Brenda Potts
(1 Vacancy)

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 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 City-County 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 Advisory Council serve three year terms.

SANITARIAN & ENVIRONMENTAL SPECIALIST REGISTRATION ADVISORY COUNCIL

59 O.S. Section 1150.5

This Council is mandated by statute to assist and advise the State Board 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 City-County 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 the State of Oklahoma).

Sanitarian & Environmental Specialist Registration Advisory Council Members

Chad Newton, Chair

Alisa Mankins, Vice-Chair

John Vaught, Secretary

Gary Collins

Jimmy Echelle

Patty Nelson

Troy Skow

Danny Walters

OSDH Representative (Vacant)

With the exception of the Administrator of the Office of Personnel Management or his 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.

LONG TERM CARE FACILITY ADVISORY BOARD

63 O.S. Section 1-1923

The Long-Term Care Facility Advisory Board is mandated to serve as an advisory body to the Commissioner of Health. The Board consists of twenty-seven 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 the Department of Human Services, designated by the Director of Human Services;
- One member who is a li-

Long Term Care Advisory Board Members

Wendell Short, Chair
Andrew Dentino, Vice-Chair
Joanna Martin, Sec-Treas.
Christean Bolding
Donna Bowers
Linda Brannon
Willie Burkhart
Joyce Clark
James Colgan
Dustin Cox
Theo Crawley
Carrie DuRoy
Ivoria Holt
Pamela Humphreys
Kenneth Jones
Adam Jordan
Alan Mason
Randy McKinney
Jimmy McWhirter
Kay Parsons
Robert Quatro
Dewey Sherbon
Diana Sturdevant
William Whited
Eileen Wilson
Monica Woodall

- censed 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 Department of 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.

The Department provides clerical support to perform designated duties of the Advisory Board. The Department 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

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.

Home Care, Hospice, and Palliative Care Advisory Council Members

Rayetta Dominguez
Michelle Fox
David Gibson
Greg McCortney
Karen Vahlberg
(4 Vacancies)

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 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 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

The Hospital Advisory Council is authorized by statute to serve as an advisory body to the Board, the Commissioner, and the Department 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.

Hospital Advisory Council Members

Dale Bratzler, DO
Darin Smith, PharmD, BCPS, FASHP
Dave Wallace, FACHE
Heather Bell, DO, BS, RTCT
Tricia Horn
Jay Gregory, MD, FACS
Susan Dragoo, RN
Stanley Alexander, CLU
(1 Vacancy)

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 Department licensure activities, provided however, the Advisory Council shall not make recommendations regarding scope of practice for any health care providers or practi-

tioners 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 the Department 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

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 & 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.

Trauma and Emergency Response Advisory Council Members

David Teague, M.D., Chair
Eddie Sims, NREMT-P, Vice-Chair
Greg Reid, Secretary
Angela Selmon, M.D.
Michael Thomas, M.D.
Bob Swietek, RN
Susan Watkins, RN

The jurisdictional areas of the Trauma and Emergency Response Advisory Council 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 Trauma and Emergency Response Advisory 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 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 Trauma and Emergency Response 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.

ISSUES, TRENDS, OPPORTUNITIES

“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.”

- Will A. Foster

(In his address to the Twenty-Fourth Annual Convention of the International Association of Milk Dealers, held in 1930 or 1931.)

Protective Health Services is committed to increasing the quality and consistency of services provided to citizens of Oklahoma. Projects highlighted this year include:

- Mandates Strategic Targeted Action Team
- The Revenue Collection Team
Quality Improvement Project
- Spatial Analysis of Opioid Mortality and EMS
Administration of Naloxone in Oklahoma

MANDATES STRATEGIC TARGETED ACTION TEAM

*Ensuring Compliance with Inspection Frequency Mandates (IFMs)
Population Served: All Oklahoma Citizens and Visitors*

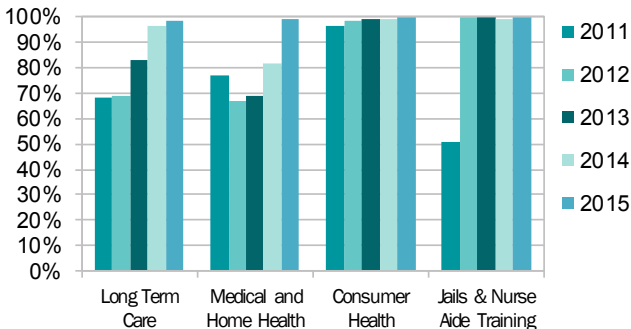
OF NOTE: This quality improvement project earned the Employee Empowerment Award at *Quality Oklahoma* Team Day, May 2015. The Employee Empowerment Award is presented to the project that most clearly showed the agency allowed employees the authority to problem solve and resolve an issue with the most independence.

The Mandates Strategic Targeted Action Team implemented a Plan-Do-Check-Act quality improvement process to achieve and maintain compliance with deadlines regarding laws and rules for inspections and investigations performed by Protective Health Services, Oklahoma State Department of Health. The Mandates team focused on the timeliness of 28,000 inspections performed each year in health care and consumer service settings, including nursing facilities and restaurants. When the project started in 2010, 56 percent of 52 mandated inspection frequencies were met, and overall only 93 percent of total inspections were done on time. The project worked to improve data collection, inspection scheduling and the hiring and retention process for nurse surveyors. Outcomes included a 30 percent increase in surveyor staffing, and overall compliance of 100 percent with inspection mandates in state fiscal year FY 2015.

The Mandates team continues to work on standardizing the improvements by focusing on continuous recruitment and hiring and developing staff surge capacity through alternative methods. Staff continue to

conduct quality improvement activities related to staff retention in order to reduce turnover. Future plans include incorporating inspection scheduling and tracking functions in a new licensure information system, and the development and implementation of audit protocols. Inspection frequency mandates are monitored regularly and reported formally on a quarterly basis.

INSPECTIONS AND INVESTIGATIONS COMPLETED IN COMPLIANCE WITH FREQUENCY MANDATES BY PROGRAM AREAS, 2011-2015

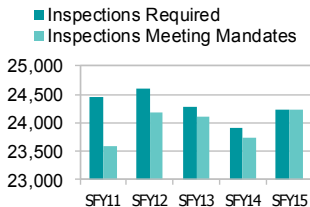


INSPECTION FREQUENCY MANDATES (IFMs)

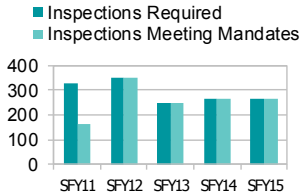
	SFY11	SFY12	SFY13	SFY14	SFY15
CONSUMER HEALTH SERVICE IFMs					
Number of inspection mandates	8	8	8	8	8
Inspections required	24,444	24,596	24,277	23,914	24,240
Inspections meeting mandates	23,603	24,179	24,100	23,744	24,239
Percent of inspections met	96.6%	98.3%	99.3%	99.3%	100.0%
HEALTH RESOURCE DEVELOPMENT SERVICE IFMs					
Number of inspection mandates	3	3	3	3	3
Inspections required	325	353	247	267	264
Inspections meeting mandates	165	352	247	266	264
Percent of inspections met	50.8%	99.7%	100.0%	99.6%	100.0%
LONG TERM CARE SERVICE IFMs					
Number of inspection mandates	24	24	24	24	24
Inspections required	3,270	3,414	3,273	3,126	2,830
Inspections meeting mandates	2,231	2,348	2,728	3,025	2,785
Percent of inspections met	68.2%	68.8%	83.3%	96.8%	98.4%
MEDICAL FACILITIES SERVICE IFMs					
Number of inspection mandates	14	14	14	14	14
Inspections required	465	472	342	422	287
Inspections meeting mandates	360	317	236	344	285
Percent of inspections met	77.4%	67.2%	69.0%	81.5%	99.3%
ALL PROTECTIVE HEALTH SERVICES IFMs					
Number of inspection mandates	49	49	49	49	49
Inspections required	28,504	28,835	28,139	27,729	27,621
Inspections meeting mandates	26,359	27,196	27,311	27,379	27,573
Percent of inspections met	92.5%	94.3%	97.1%	98.7%	99.8%

	SFY11	SFY12	SFY13	SFY14	SFY15
COMPLAINT IFMs					
Number of complaint IFMs	-----	-----	-----	17	17
Complaint IFMs met	-----	-----	-----	10	16
Complaint IFMs not met	-----	-----	-----	7	1
Inspections required				1,463	1,251
Inspections meeting mandates				1,362	1,206
Percent of inspections met	-----	-----	-----	93.0%	96.4%
NON-COMPLAINT IFMs					
Number of non-complaint IFMs	-----	-----	-----	32	32
Non-complaint IFMs met				28	32
Non-complaint IFMs not met				4	0
Inspections required	-----	-----	-----	26,266	26,370
Inspections meeting mandates	-----	-----	-----	26,017	26,367
Percent of inspections met	-----	-----	-----	99.0%	100.0%

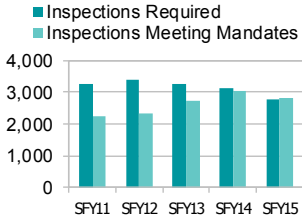
CONSUMER HEALTH SERVICE



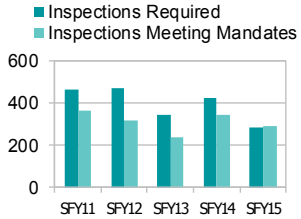
HEALTH RESOURCE DEVELOPMENT SERVICE



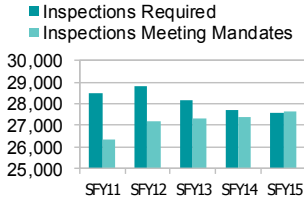
LONG TERM CARE SERVICE



MEDICAL FACILITIES SERVICE



ALL MANDATES FOR PROTECTIVE HEALTH SERVICES



REVENUE COLLECTION TEAM

QUALITY IMPROVEMENT PROJECT

Streamlining the Certification/Licensure Application Process
Population Served: All Oklahoma Citizens

OF NOTE: This quality improvement project earned the Governor's Commendation Award at *Quality Oklahoma* Team Day, May 2015.

The Revenue Collection Team (RCT) was created in an effort to eliminate barriers and streamline the certification/licensure application process. Oklahoma State Department of Health recognized the need to better meet our customers' needs and establish a sustainable timeline by reducing the time of the licensure application process. By identifying, implementing and improving workflow efficiencies, along with other process improvements, the RCT could establish standards for timelines, as well as customer wait times. This project outlines the process undertaken to develop and implement new standard protocols and procedures to accurately track and measure the certification/licensure process. With quantifiable indicators, the RCT has been able to achieve critical department goals and align priorities to provide efficient and timely quality customer service to the citizens of Oklahoma.

PLAN

Problem: The Team determined that in order to better meet our customer needs, we would have to reduce the processing time for the certification/licensure application process by implementing the following standards:

- Need to track data to determine the reason for the delay in processing customer applications to reduce the customer wait time.
- Accurately track the percent of incoming mail that contributed to the delay in application process.
- No standardized protocols or procedures were in place prior to RCT QI project.

The Revenue Collection Team is organized from the following departments:

- Accounting
- Building Management
- Consumer Protection Division
- Health Resources Development Service
- Internal Services
- Medical Facilities Service
- Nurse Aide Registry Services
- Protective Health Services

Examine the Current Approach

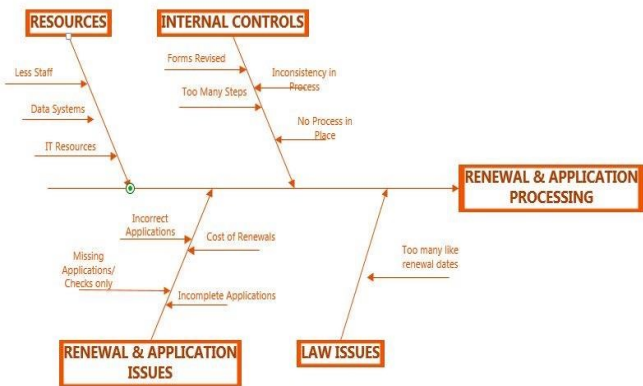
- Before this quality improvement project, there was not any established method of tracking incoming mail.
- No tracking system for the average certification application turnaround process.
- No communication protocols in place to educate the customer on the current application process.
- Unable to provide customer with an estimated wait time for certifi-

cation/licensure to begin work.

- Websites not accurate with correct mailing address information for all divisions of the Revenue Collection Team.

Potential Solutions

- Utilize Galt (temporary service employees) to reduce certification / licensure wait time.
- Utilization of dual monitors to facilitate the application process.
- Redesign applications for easier use by clients.
- Educate clients via mail, e-mail, and telephone on addressing their mail to the right department.
- Date stamp incoming mail to determine application process time.
- Providing customers with same day certification services for specific divisions.



Improvement Theory

By improving the tracking, accuracy, and process cycle time from the receipt to the delivery of a client's licensure application, we will be able to better serve our customers' needs and work more effectively to create a state of health.

AIM STATEMENT

By December 31, 2014, reduce overall process cycle by 2 days from 7.4 business days to 5.4 business days, and assure an increase in tracking and process cycle accuracy from 67% to 98% of licensure renewals accurately tracked and monitored from beginning to end of the process.

DO

Test the Theory

By implementing new procedure guidelines to assure a more timely certification/licensure application process, the new standards include:

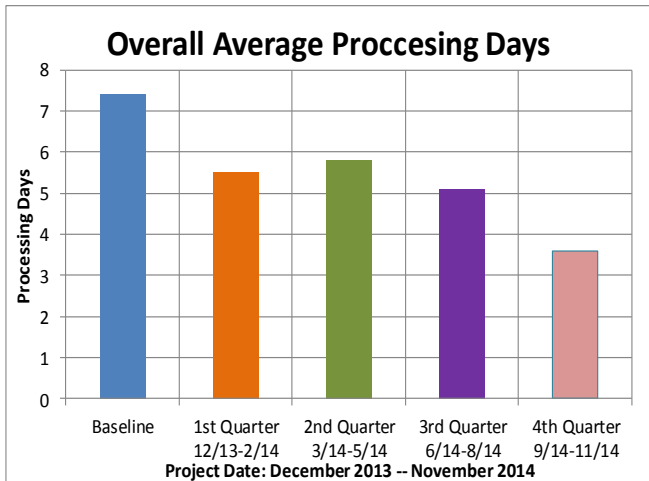
- Assure accurate mailing addresses published on application and website.

- Accurately track and date stamp throughout certification/licensure process.
- Address additional staffing needs for peak renewal periods.
- Reduce bottlenecks and improve work flow for process efficiency.

CHECK

Check the Results

- Collecting monthly data to monitor team progress.
- Departments purchase date stamp to accurately collect data.
- Departments update websites to have consistent mailing address for certification needs.
- Established a drop off box for non-monetary applications.
- Departments created flow charts to look for duplicated steps and missed opportunities.
- Developed Cost Benefit Analysis to show a cost savings.
- Departments utilized dual screen monitors to be efficient in the application process.



ACT

Standardize the Improvement

The number of days between date received in the mailroom to the date back to program has decreased, which decreases the time it takes to send the certificate/license to the customer. Continuing to ensure clients are educated in properly addressing their mail to the right department will help to further reduce the number of days in the application process.

Establish Future Plans

- Develop and implement a Quality Improvement Plan.
- Require on-line QI training on PMPs for all Revenue Collection Team division staff.
- Continue to train staff on QI tools and theory.
- Standardize the current data tracking system to ensure continuity in the licensure process.



A total of **16,986** hours was saved in time and efforts by implementing changes across the Revenue Collection Team Division Staff to improve customer services, which will allow for completion of other tasks.

Additional Cost Benefit Changes Include:

- Cross-trained staff.
- Developed new policies and procedures for each PHS division.
- Business card updates-correct mailing information.
- Reduction in printer/ink/paper costs.
- Appropriate literacy levels for forms, letters, and applications.
- Created checklist to include with certification/licensure applications.

Spatial Analysis of Opioid Mortality and EMS Administration of Naloxone in Oklahoma

J. L. Gilpen, Jr., MS, NREMT-I; K. E. Stewart,
PhD; M. Q. Landsale, MPH; Y Wan, PhD

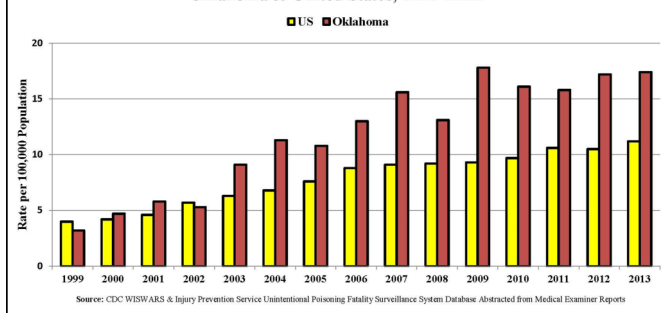
Emergency Systems, Protective Health Service
Oklahoma State Department of Health

OF NOTE: This abstract earned third place in the 2015 Abstract Competition sponsored by the National Association of State EMS Officials.

Background:

In 2009, unintentional poisonings surpassed motor vehicle crashes to become the leading cause of injury death in Oklahoma. From 1999-2013, the rate of deaths due to unintentional poisoning in Oklahoma increased fivefold, with 127 deaths due to unintentional overdose in 1999 and 730 deaths in 2013 (**Figure 1**). Of the more than 4,600 unintentional poisoning deaths from 2007-2013 in Oklahoma, 78% involved prescription drugs, over half of which were opioid analgesics, often referred to as prescription painkillers, that kill by depressing respiratory efforts. Oklahoma is one of the leading states in per capita prescribing of opioids and is fifth in the nation for the distribution of hydrocodone. In Oklahoma, more overdose deaths involve hydrocodone than methamphetamines, heroin, and cocaine combined.

Figure 1. Age Adjusted Unintentional Poisoning Death Rates, Oklahoma & United States, 1999-2013



Naloxone (Narcan®) is an opiate antagonist drug that can, in some instances of overdose reverse, the effects of the opiate drugs and restore respiratory efforts. In November of 2013, Oklahoma House Bill 1782 provided statutory revisions to the existing law regarding the *Administration of opiate antagonists* (§ 63-1-2506.1) to promote increased naloxone availability. These revisions provide all First Responders the authority to administer without prescription an opiate antagonist such as naloxone when encountering an individual exhibiting signs of an opiate overdose.

On the 4th of June 2014, the Oklahoma State Department of Health's (OSDH) Emergency Systems amended the State's Emergency Medical Service (EMS) protocols to reflect the expanded authority to administer naloxone. Prior to these changes in Oklahoma, only paramedics were authorized to administer naloxone in the prehospital setting.

The idea of expanding naloxone availability is in hope it will decrease unintentional opiate-related deaths in Oklahoma. In order to

assess the impact of these changes in the future, specifically as it pertains to EMS providers, a baseline assessment needed to be established. To accomplish this, we conducted a retrospective review and analysis of emergency service calls (ESC) data from the Oklahoma Emergency Medical Service Information System (OKEMSIS) database maintained by OSDH's Emergency Systems Division.

Study Objectives:

The objective was to develop baseline data regarding naloxone administration by EMS providers in Oklahoma prior to June 4, 2014 protocol changes. The baseline included:

- ❑ basic epidemiological demographic descriptors such as age groups, gender, race, and ethnicity, patient disposition and outcome of those who received naloxone; and
- ❑ Geospatial epidemiological descriptors that include opioid mortality, hospital discharge data, and EMS ESC locations to include both standard geographical locations (i.e., zip code, city, etc.) as well as more specifically to EMS agency coverage areas.

The end-goal of the study is to identify high-risk/high need areas within the state that can be targeted for naloxone education and distribution using an evidence-based needs assessment.

Study Population, Time Period, and Limitations:

The study identified all ESC from January 1, 2011 through June 3, 2014 in which the patient reportedly received naloxone. The study also examined all deaths classified as opioid-related by the Oklahoma Medical Examiner from January 1st, 2011 through December 31, 2014.

The study data were obtained by respective review of EMS data and only instances in which naloxone use was documented were included. It is possible that naloxone administration was underestimated because of inconsistent medication administration reporting.

Methods:

To accomplish the geospatial epidemiology goals, first the geospatial distribution of all EMS agency coverage areas by licensure level was mapped (**Figure 2, Table 1**) using the ESRI ArcInfo 10.2 (Redlands, CA) GIS software suite.

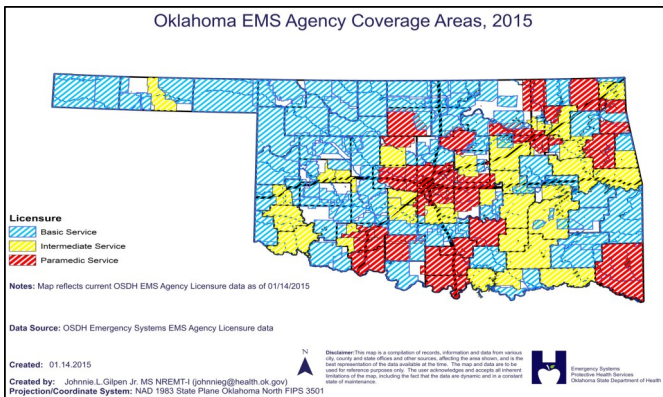
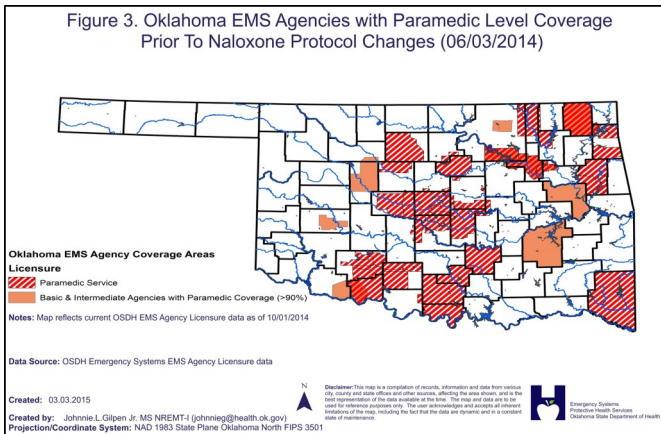


Table 1. Number of Oklahoma EMS Agencies by Licensure Level

Basic Service	Intermediate Service	Paramedic Service	Total
95	33	30	158

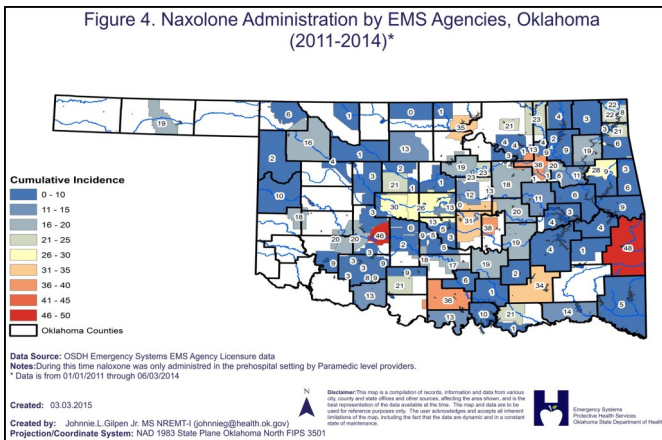
Second, EMS agencies that greater than 90 percent paramedic coverage 24/7/365 prior to protocol changes was identified using the OSDH's of agencies that had 24 hour paramedic coverage greater than 90 percent of the time were mapped (**Figure 3**).

Figure 3. Oklahoma EMS Agencies with Paramedic Level Coverage Prior To Naloxone Protocol Changes (06/03/2014)

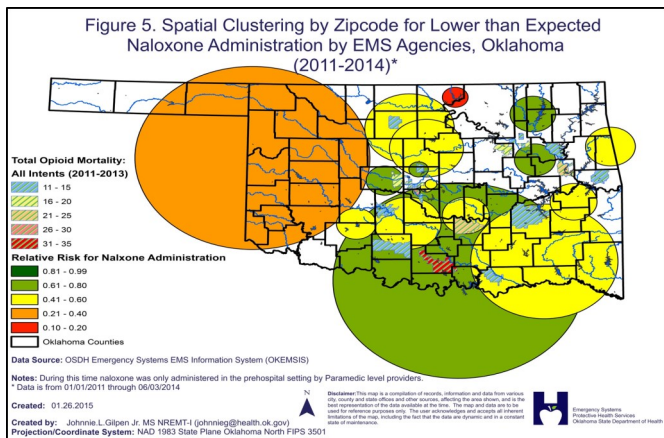


Third, all ESC in which naloxone was reportedly administered were identified in OKEMSIS; the frequency of administrations by agency was calculated, and their geospatial distribution was mapped (Figure 4).

Figure 4. Naloxone Administration by EMS Agencies, Oklahoma (2011-2014)*



Next, the geospatial distribution of opioid-related deaths by zip code was compared to the calculated geospatial relative risk of receiving naloxone during an ESC using the SaTScan 9.4 (Boston, MA) geospatial scan statistic (**Figure 5**). Lastly, all results were compared to identify those Basic and Intermediate agencies that would benefit most from the immediate implementation of a naloxone administration program.



Results:

In addition to the 30 licensed paramedic agencies, 8 (32%) Intermediate agencies and 10 (10.5%) Basic services were found to have paramedic level coverage 90% of the time or more prior to June 4, 2014 (**Figure 3**). Between 01/01/2011 and 06/03/2014, 13,064 instances of naloxone administration were reported (**Figure 4**). The SaTScan geographic scan statistic identified four clusters of statistically significant, higher-than-expected naloxone administration ($1.01 < RR < 9.0$, $P = .001$). The geostatistical analysis also revealed 19 clusters of lower-than-expected naloxone administration ($RR < 1.0$, $P = .001$) (**Figure 5**).

Conclusions:

Analysis of spatial risk distribution was useful for identifying EMS agencies that would benefit from the Naloxone Training and Administration for EMS Personnel Program. The clusters of lower-than-expected usage correlated with many of the 85 basic and 25 intermediate licensed EMS agencies that had less than 90% paramedic level coverage. These results provide a baseline that can be used to assess the impact of increased naloxone availability among all EMS provider levels and the impact it has on decreasing opioid-related mortality over time.

Special thanks to OSDH's Office of Scientific and Research Integrity, Injury Prevention Service, and Oklahoma Department of Mental Health and Substance Abuse Services for their contribution to this research project.

State Regulated Individuals & Entities

	SFY11	SFY12	SFY13	SFY14	SFY15
Consumer Health Service					
Bedding Permits	2,289	2,224	2,218	2,192	2,387
Drugs, Cosmetics, Medical Devices	10	7	7	6	4
Hearing Aid Dealers and Fitters	178	189	160	160	169
Hotels-Motels	1,126	1,131	1,159	1,185	1,202
Licensed Genetic Counselors	21	24	12	20	29
Medical Micropigmentologists	128	129	129	119	120
Public Bathing Places	3,172	4,966	3,135	3,175	3,204
Retail Food Establishments	22,127	22,276	22,008	23,276	22,197
Sanitarians & Environmental Specialists	538	656	516	510	539
Tattoo Artists	363	344	528	377	464
Tattoo Establishments	97	130	120	128	152
Body Piercing Artists	84	108	68	74	85
Body Piercing Establishments	48	62	48	53	60
Food Manufacturers	1,093	1,064	1,147	1,132	1,165
Correctional Facilities	95	96	101	100	100
X-Ray Facility Permits	2,980	2,985	3,030	3,008	3,059
Health Resources					
Development Service					
Adult Day Care Centers	25	44	40	41	40
Certified Workplace Medical Plans	6	5	5	5	5
Continuum of Care Facilities & Assisted Living Centers	141	143	151	161	169
Health Maintenance Organizations	7	7	7	7	7
Home Care Administrators	791	799	805	809	697
Jails	167	164	163	160	165
Nurse Aides	Not Available	71,329	70,913	67,678	67,254
Registered Feeding Assistants	Not Available	Not Available	Not Available	512	605
Nurse Aide Training Programs	424	376	357	321	257
Nursing & Specialized Facilities	391	393	381	388	292
Residential Care Homes	81	82	71	66	57
Medical Facilities Service					
Ambulatory Surgical Centers	47	42	44	42	43
Birthing Centers	0	0	0	0	0
Emergency Medical Services	345	369	358	362	367
Emergency Medical Technicians	8,045	7,985	9,372	8,267	8,388
EMS Training Institutions	40	41	45	41	40
Home Health Agencies	378	357	382	415	409
Home Health Agency Branch Offices	280	235	299	345	397
Hospice Providers	152	141	150	152	158
Hospice Alternate Administrative Offices	55	57	58	58	58
Hospitals	153	153	152	154	155
Tissue and Eye Banks	4	4	4	4	6
Workplace Drug and Alcohol Testing Facilities	145	175	187	182	182
STATE TOTAL:	46,026	119,292	118,330	115,685	114,687

Federal Certifications Issued

	SFY11	SFY12	SFY13	SFY14	SFY15
Long Term Care Service					
Intermediate Care Facilities for With Intellectual Disabilities	87	89	92	86	99
Nursing Facilities	305	291	309	302	289
Medical Facilities Service					
Ambulatory Surgical Centers	21	7	12	8	9
CLIA Laboratories	129	162	75	201	125
Comprehensive Out-patient Rehabilitation Agencies	0	0	1	0	0
End Stage Renal Disease (Dialysis Centers)	12	4	31	24	46
Home Health Agencies	60	59	143	67	79
Hospice Providers	5	9	45	46	44
Hospitals	15	42	37	49	32
Organ Procurement Organization	0	0	0	1	0
Outpatient Phys Therapy/Speech Portable X-Ray Units	2	2	6	1	12
Psychiatric Residential Treatment	1	1	0	0	0
Rehabilitation Agencies	0	0	0	0	0
Rural Health Clinics	10	1	9	17	16
FEDERAL TOTAL:	647	667	760	802	751

QUICK REFERENCE TELEPHONE DIRECTORY

Deputy Commissioner's Office

Cathy, Timothy, M.D.....	405•271•5288
Hartsell, Henry F., Jr., Ph.D.	405•271•5288
Rushing, Crystal	405•271•5288
Tomlinson, Sean	405•271•5288

Consumer Health Services

Jordan, Lynnette	405•271•5779
Jurina, Phillip	405•271•5286

Health Resources Development Service

Bowen, Espa	405•271•6868
Joslin, James	405•271•6868
Kirtley, Vicki	405•271•4085
Simmons, Darlene	405•271•6868

Long Term Care

Cook, Michael.....	405•271•6868
Fleming, Mary.....	405•271•6868
Gray, Karen	405•271•6868
Scott, Patty	405•271•6868
Zamarripa, Debbie	405•271•6868

Medical Facilities Service

Adkerson, Dale.....	405•271•4027
Bowen, Brandon	405•271•4027
Cook, Terri	405•271•6576
Cooper, Harriet.....	405•271•6576
Frazier, LaTrina	405•271•6576
Larson, John	405•271•6785
Martin, Lee	405•271•6576
Pelley, Grace	405•271•4027
West, Nena	405•271•6576

Quality Improvement & Evaluation Service

Atkinson, Nancy	405•271•5278
Hart-Smith, Alexandria	405•271•5278
Henry, Diane.....	405•271•5278

The Oklahoma State Department of Health (OSDH) is an Equal Opportunity Employer.

This publication, printed by the Oklahoma State Department of Health, is issued by the Oklahoma State Department of Health, as authorized by Terry Cline, Ph.D., Commissioner of Health, Secretary of Health & Human Services. 200 copies have been prepared and distributed at a cost of \$1,590.00. Copies are also available for download from the Oklahoma State Department of Health website at www.health.ok.gov.



PROTECTIVE HEALTH SERVICES · OKLAHOMA STATE DEPARTMENT OF HEALTH
