

Questions & Answers
Assisted Living/Residential Care/Adult Day Care Provider Call

Wednesday, June 1st, 2022

3:00 PM – 4:00 PM

Disclaimer: Information and responses to questions provided during the Provider Calls are turned around quickly and may occasionally reference regulatory language from different regulatory sets. It is our goal to provide the most accurate information. Therefore, the Q&As are thoroughly researched following each call to ensure complete and accurate information is provided in written responses based on the correct regulatory sets and/or CDC guidance. Please contact LTC for any questions.

Links provided in the Q&A chat box or in Q&A can be located at the end of this document.

(Note: Similar related questions were combined and a single response was provided.)

Nurse Aide Waiver/Nurse Aide Registry (NAR):

1. Q: If staff have completed CNA training program, when do they have to have their request to test paperwork submitted?

Q: What time frame do CNA in training have to test? Is it between now and Oct 1, 2022? Does test just need to be scheduled or actually completed by time frame?

Q: It is misleading, it states" that facilities will have 120 days to have nurse aides certified." Also, please review question # 25 on 4/20/22. "The training waiver expires 60 days from April 7, 2022. If they are already in training, they will need to have their training completed and have been tested with the 120 days following the 60 days which would be early October 2022." This contradicts what Espa just stated.

A: The OSDH Nurse Aide Training program was developed to meet the nurse aide staffing needs for the State of Oklahoma, and to meet the federal regulatory requirements for those facilities overseen by the federal government.

During the start of the pandemic, the federal government used authority granted under section 1812(f) of the Social Security Act to grant waivers. During this time, some of the requirements for Nurse Aide Training were waived by OSDH in alignment with the federal waiver. The OSDH waiver was offered, as a courtesy, to waive CNA training requirements for all facility types through the Commissioner of Health. As of June 7, 2022 the OSDH waiver ended and all staff hired under the waiver are expected to be certified by October 2, 2022. If aide trainees are already in training, they will need to have their training completed and have been tested by October 2, 2022.

2. Q: The answer in question 24 on the 4/20/22 Q&A document states, "*Long Term Care facilities using any individual working in the facility as a nurse aide for more than four months unless they complete oral and or written competency and skills examinations.* (This does not state that this must be done by licensed center, our training program includes "oral/written competency evaluation") This is misleading.

A: Guidance related to Nurse Aide Training and Certification is found in Title 310, Chapter 677, Subchapter 3. Refer to *Oklahoma Secretary of State Administrative Rules* <https://rules.ok.gov/code>.

310:677-3-1. Categories of training programs

The Department shall approve training and competency evaluation programs including, but not limited to, educational-based programs and employer-based programs.

310:677-3-3. Application (only a portion – not all inclusive – refer to Chapter 677 for complete text)

(a) An entity which desires to sponsor a nurse aide training and competency examination program shall file an application for approval on the forms prescribed by the Department...

(c) The application requires the following information...

(3) A program plan that follows the curriculum established by the Department including, but not limited to:

(A) Program objectives;

(B) A breakdown of the curriculum into clock hours of classroom/lecture, laboratory and supervised clinical instruction;

(4) A Skills Performance Checklist, documenting the date the nurse aide trainee successfully demonstrated all those basic nursing skills and personal care skills that are generally performed by nurse aides and the signature of the instructor that observed the successful demonstration of the skills. The skills must include the basic nursing skills and personal care skills listed in 42 Code of Federal Regulations (CFR) 483.152(b)(2) and (3);

(5) A Training Verification Form;

(6) A description of the program's standards for classroom and skills training facilities...

(7) Position descriptions and education and experience requirements for training supervisors and instructors, and the program's procedure for ensuring that supervisors and instructors satisfy such descriptions and requirements...

310:677-3-9. Requirements for administration of the competency examination (only a portion – not all inclusive – refer to Chapter 677 for complete text)

(a) The competency examination shall be administered and evaluated only by a Department approved entity which shall be periodically monitored by the Department.

(b) Each approved examination entity must provide the Department with the following:

(1) Written job analysis studies to determine the pool of test questions.

(2) Test question validation studies.

(3) Capabilities of providing competency results in the proper format for compatibility with the Department's nurse aide registry within thirty (30) days of scoring.

(4) Assurances that the written and skills testing process are not compromised...

In regards to the testing center, per Chapter 677 Nurse Aide Training and Certification, the facility must submit two separate applications. The facility must be approved as required in 310:677-3-9 to administer the competency examination. (See 310:677-3-3 and 310:677-3-9 above.)

3. Q: If turned in by March 7th, they still have not received a letter to test. How do I get them a letter?

Q: We have non certified staff who have submitted documents for testing to OSDH a while back and no information back from OSHD for testing.

A: Please reach out to Nurse Aide Registry at 405.426.8150 or 800.695.2157 or NAR@health.ok.gov. You can also contact Espa Bowen at Espab@health.ok.gov.

4. Q: As allowed at 63 O.S. 1-1950-3(A)(2), are you expediting or have you issued guidance for facilities to apply for the temporary emergency waiver allowing any nursing facility, continuum of care facility, assisted living center or adult day care or residential home to work a nurse aide trainee if they demonstrate that they have been unable to successfully meet its staffing requirement?
<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=439884>

A: Pursuant to the certified nurse aide requirements in 63 O.S. Section 1-1950.3(A)(2) a nursing facility, specialized facility, continuum of care facility, assisted living center, adult day care center, or residential care home may apply for a nurse aide temporary emergency waiver.

A link to the application is found at <https://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/nurse-aide-and-nontechnical-services-worker-registry/nurse-aide-temporary-emergency-waiver-application.html>

5. Q: Is this the current form for the Nurse Aide Temporary Emergency Waiver Application:
<https://oklahoma.gov/content/dam/ok/en/health/health2/documents/na-temporaryemergencywaiverapp-odh-297-1-25-2018-vlk-fillable.pdf>

A: Yes. The current Nurse Aide Temporary Emergency Waiver Application Form 297 will have the Revised 01/2018 date.

6. Q: Please send your email address again about CNA testing.

A: Contact the Nurse Aide Registry at NAR@health.ok.gov or Espa Bowen at espab@health.ok.gov.

7. Q: Why is it that individuals that go to the state vo-techs (i.e., the ones that do the testing) are able to get tested right away, but individuals that are trained in-house or by private vo-techs can't seem to get an appointment?

A: Some testing centers out in the counties may only testing at certain times, for example, they will test for four months and then not test for four months. Dr. Frazier has been having discussions with the vo-techs related to testing. Please reach out to Dr. Frazier or Janene Stewart if you are having issues with testing at the vo-techs so these issues can be added to their discussions.

Infection Prevention and Control:

8. Q: We continue to mandate that our staff mask at work, guests are getting more and more frustrated and taking it out on us that we require them to. Residents are all but refusing to wear masks now. Has there been consideration to relaxing this mandate yet?
- Q: Are Assisted Living staff required to wear mask? YES or NO Are Assisted Living visitors required to mask? Or is this decided per facility? If so, is a policy required?
- Q: The grids are confusing. We are asking yes or no so we know for sure what we are supposed to be doing.
- Q: Just to verify, visitors no longer have to wear masks?
- Q: Do AL staff still have to mask?
- Q: Masks are optional for Assisted Living staff without active covid cases, correct?
- Q: CDC instructs Assisted Livings with no active cases to follow county community level guidance...but then says "At all levels, people can wear a mask based on personal preference, informed by personal level of risk. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask."
- A: CDC provides the standards of care for COVID-19; it is required to provide standards of care to residents.

We are unable to provide you with a yes or no answer as it is situational for each facility. Facilities should consider the CDC guidance, the community transmission level, what is going on in the facility's community, the type of residents and the residents' rights. Below is current guidance from CDC reflecting different situations for residents, visitors and staff.

We will refer you to the Non-NH Grids on the [LTC COVID-19 Resources \(oklahoma.gov\)](https://oklahoma.gov/health/cdc-19-resources) webpage under Provider Guidance for a quick reference to the most current guidance.

The [Non-NH Visitation Grid.pdf \(oklahoma.gov\)](https://oklahoma.gov/health/cdc-19-resources) reads in parts,

- "Visitors should be able to adhere to the Core Principles of COVID-19 Infection Prevention including wear face coverings or mask & physically distance when around other residents or healthcare personnel, regardless of vaccination status...
- If the county Community Transmission Level is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times
- In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for or are not up-to-date with all recommended COVID-19 vaccine doses...
- Residents, regardless of vaccination status, may choose not to wear masks when other residents are not present and have physical touch. Their visitors should be advised of the risks of physical contact prior to the visit..."

For staff, the CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](https://www.cdc.gov/media/releases/2020/s110520-covid-19-guidance-healthcare.html) reads in parts, "HCP who are up to date with all recommended COVID-19 vaccine doses:

- Could choose not to wear source control or physically distance when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen).
- They **should wear** source control when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors).

CDC does allow Assisted living facilities to follow the recommendations for retirement communities or other non-healthcare congregate settings under certain circumstances. **However, in circumstances when healthcare is being delivered (e.g., by home health agency, staff providing care for a resident with SARS-CoV-2 infection), assisted living communities should follow the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic.](#)**

9. Q: Are Assisted Living facilities required to continue to screen visitors for signs/symptoms COVID?
Q: I wasn't able to hear your answer on whether we are still screening visitors. What was your answer please?

A: Yes. The CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) reads in part, "Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following three criteria so that they can be properly managed:
1) a positive viral test for SARS-CoV-2,
2) symptoms of COVID-19, or
3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP))..."

10. Q: Are Assisted Living facilities required to monitor residents for signs/symptoms of COVID? If so, how often?

A: The CDC [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) (Nursing Homes & Long-Term Care Facilities) reads in parts, "Evaluate Residents at least Daily..."

- Actively monitor all residents upon admission and at least daily for fever (temperature $\geq 100.0^{\circ}\text{F}$) and symptoms consistent with COVID-19..."

11. Q: Are Assisted Living facilities required to do Infection Prevention (IP) monitoring?

A: **310:663-11-1. Quality assurance committee**

Each assisted living center shall establish and maintain an internal quality assurance committee that meets at least quarterly. The committee shall:

(1) monitor trends and incidents...

310:663-11-2. Quality assurance representatives

The quality assurance committee shall include at least the following:

(1) registered nurse or physician if a medical problem is to be monitored or investigated...

Per Chapter 663, COVID-19 is a reportable incident and should be monitored and investigated by a member of the Quality Assurance committee. The committee should follow their policies and procedures for addressing concerns and implementing processes for addressing infection prevention (IP) monitoring.

12. Q: Can you please repeat what was mentioned about masks and how often they are to be changed for staff, if not in outbreak?

A: A mask, used as source control, should be changed if it becomes soiled or loses integrity (moisture from breathing all day in it) if it is used as source control only. It would be a good rule of thumb to change the masks every four hours as most masks lose their integrity after about four hours. If it is being used for transmission-based precautions, it would need to be changed after contact with that individual.

13. Q: Are masks required for staff in adult day care? yes or no

A: Refer to the CDC [COVID-19 Recommendations for Older Adults](#) to locate the adult day center masking link. It reads in part, "Participants, staff, volunteers, and visitors who are not fully vaccinated should wear a mask..."

Incident R (Form 283):

14. Q: If it is a resident-to-resident incident in memory care, would you still notify the police?

A: Yes. Any abuse situation, regardless of the resident's cognitive status, should be reported to APS and/or law enforcement. We understand sometimes they may not come to the facility, but they may take a report and provide you with the report number. You may then submit the report number on the Form 283.

15. Q: Clarify what exactly you consider "abuse" that police must be called; as police get mad about these small issues. Like a dementia resident hits or yells at another resident you must call police.

A: This depends on the type of abuse and/or the outcome to the resident. If a dementia resident hits another resident and there is no injury or harm, you could just notify APS. If there is significant injury or harm, then police need to be notified as this could be a physical battery.

Chapter 663 defines abuse at 310:663-1-2

"Abuse" means the willful infliction of injury, unreasonable confinement, intimidation or punishment, with resulting physical harm, impairment or mental anguish.

16. Q: If a resident falls off site and sustained a fracture, is this reportable?

A: The resident is a resident of the facility. If they have an event that causes harm as defined under a category listed on the Form 283, then yes, it is reportable.

17. Q: Can you clarify when you send a person to the hospital when they hit their head?

A: A head injury is any injury above the neck. If the resident requires sutures, is diagnosed with a concussion or a closed head injury, these are reportable. When you would send the resident to the hospital is situational and would depend on the assessment of the resident.

Chapter 663 defines a head injury at **310:663-19-1(b)(9)**:

(9) incidents occurring at the assisted living center, on the assisted living center grounds or during assisted living center sponsored events, that result in fractures, injury requiring treatment at a hospital, a physician's diagnosis of closed head injury or concussion, or head injuries that require more than first aid;

18. Q: If a staff member makes a statement to another staff member that certain care was not provided and it is abuse, is this reportable?

A: Yes. If care ordered by the physician, or contained within the care plan is not provided, this may be considered neglect and, in some cases, may be abuse. This should be reported.

Chapter 663 defines abuse and neglect at **310:663-1-2**

"Abuse" means the willful infliction of injury, unreasonable confinement, intimidation or punishment, with resulting physical harm, impairment or mental anguish.

"Neglect" means a failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

19. Q: Does assisted living now have to follow federal guidelines on state reportables? Will you please email these slides please?

Q: So, our time frame for reporting incidents has changed from 1 business day to 24 hours for injuries?

Q: Most ALs don't have a nurse in the building 7 days a week to be able to comply with this.

Q: To clarify, AL now have to report incidents within 2-24 hours (depending on the incident) instead of the next business day? How are ALs without a 7 day a week nurse supposed to comply with this?

Q: Apologies, I joined late, heard discussion about incident reports and heard something regarding 2 hours, can you repeat what has changed? Incident reports have always been 24 hours to my knowledge.

A: Chapter 663 310:663-19-1. Incident reports

(a) Timeline for reporting. All reports to the Department shall be made within one (1) Department business day of the reportable incident's discovery. A follow-up report of the incident shall be

submitted to the Department within five (5) Department business days after the incident. The final report shall be filed with the Department when the full investigation is complete, not to exceed ten (10) Department business days after the incident. Notifications to the Nurse Aide Registry using the ODH Form 718 must be made within one (1) Department business day of the reportable incident's discovery.

(b) Incidents requiring report. Each continuum of care facility and assisted living center shall prepare a written incident report for the following incidents:

- (1) allegations and incidents of resident abuse;
- (2) allegations and incidents of resident neglect;
- (3) allegations and incidents of misappropriation of resident's property;
- (4) accident
- (5) storm damage resulting in relocation of a resident from a currently assigned room;
- (6) deaths by unusual occurrence, including accidental deaths or deaths other than by natural causes;
- (7) residents missing from the assisted living center upon determination by the assisted living
- (8) utility failure for more than eight (8) hours;
- (9) incidents occurring at the assisted living center, on the assisted living center grounds or during assisted living center sponsored events, that result in fractures, injury requiring treatment at a hospital, a physician's diagnosis of closed head injury or concussion, or head injuries that require more than first aid;
- (10) reportable diseases and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting); and,
- (11) situations arising where a criminal act is suspected. Such situations shall also be reported to local law enforcement.

Per Chapter 663, incident reports and ODH Form 718 are required to be submitted within one (1) Department business day of the reportable incident's discovery.

The slides will be posted to the [LTC COVID-19 Resources \(oklahoma.gov\)](https://www.oklahoma.gov/health/ltc-19-resources) webpage under Provider Calls and FAQs.

20. Q: How long has the fax number to send reportables in been changed? If sent to old number within the last couple of months, would it have been received?

A: The fax number 1.866.239.7553 has been in use for over a year. Some facilities are still using the old Form 283 which has the wrong address and fax number on it. Please check the form you are using to make sure it is the current form. You may contact LTC@health.ok.gov and we will send you the current form, or you may locate the current [LTC Incident Reporting ODH Form 283](https://www.oklahoma.gov/health/ltc-19-resources) on the [Long Term Care \(oklahoma.gov\)](https://www.oklahoma.gov/health/ltc-19-resources) website under Long Term Care Forms.

21. Q: If an incident report completed for other funding sources, do we need to do a duplicate for OSDH also?

Q: Other Funding sources - DDS and ADvantage have their own Incident Reporting System. Do we need to do a second report to OSDH after completing theirs?

A: You need to report all incidents to OSDH that are required to be reported to OSDH, regardless of other agency or funding sources reporting requirements. (See question #19 for a list of incidents requiring reporting)

22. Q: Does a resident or POA have the right to refuse to go out [for advanced medical care] with a head injury?

A: Yes, they do. If the resident has cognitive issues, then the POA is acting on behalf of the resident.

A provider shared the following response, "We call EMS if the person refuses to go to hospital (with a head injury). That way they can evaluate the resident. Then we have that documentation."

Miscellaneous:

23. Q: RE ADULT DAY SERVICES: Since the Adult Day Services Regs haven't been updated in an extremely long time, are you working on getting something updated to be more cohesive with Community Based funding services/sources as it conflicts with Medical Based licensing? For example, Admin Licensure is not in the current printed regs, but we are surveyed on it. TB skin testing is no longer required on an annual basis in the hospital setting, but yet since they are in regs we still required to follow.

A: Chapter 605 provides guidance related to Adult Day Care. Below is information related to tuberculosis and administration. The guidance related to tuberculosis was updated in 2020. Below is the current language:

310:605-11-1. Staffing requirements

(7) Each paid day care center staff person (professional or non-professional) shall arrange for an employment examination within 72 hours of employment which shall include but not be limited to a test for tuberculosis. All tests and examinations shall be in conformance with the 2019 Guidelines for preventing the transmission of mycobacterium tuberculosis in healthcare settings as published by the Centers for Disease Control and Prevention.

[Source: Added at 8 Ok Reg 2983, eff 5-28-91 (emergency); Added at 9 Ok Reg 1989, eff 6-11-92; Amended at 20 Ok Reg 1182, eff 5-27-03; Amended at 37 Ok Reg 1420, eff 9-11-20]

<https://rules.ok.gov/code>

Guidance related to Long Term Care Administrators is found in Title 490: Oklahoma State Board of Examiners for Long Term Care Administrators.

Title 490: SUBCHAPTER 1. GENERAL PROVISIONS

490:1-1-2. Definitions

"Nursing Home Administrator (NHA)" means a long term care administrator duly licensed by the Board to serve in this capacity in a nursing facility, nursing home, skilled nursing facility or any

similarly worded facility type. Their scope of practice includes ICF/MR, RCF, ALF and Adult Day Care Centers and the term is synonymous with nursing facility administrator.

<https://oklahoma.gov/content/dam/ok/en/osbeltca/documents/rules/osbeltca/oac-490-unofficial-copy-of-approved-rules-effective%2010-1-18.pdf>

There is nothing to prevent an Adult Day Center from hiring an administrator. The requirements to obtain Community Based funding may be different (more stringent) than regulations found in Chapter 605. The current Adult Day Care regulations only require a director, see the Chapter 605 requirement below.

310:605-11-3. Staff qualifications

Director. The Director shall have at a minimum a Bachelor's degree and one year supervisory experience in a social or health services setting, or a minimum of a high school diploma plus five consecutive years supervisory work experience (full-time or equivalent) in a long term care or geriatric setting.

Links provided in the Q&A chat box or in Q&A:

CDC - At-A-Glance COVID-19 Vaccination Schedules Infographic: <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-vacc-schedule-at-a-glance-508.pdf>

CDC - COVID-19 Recommendations for Older Adults - <https://www.cdc.gov/aging/covid19-guidance.html> (Adult Day Center masking)

CDC - Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (Nursing Homes & Long-Term Care Facilities) - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

CDC - Optimizing Supply of PPE and Other Equipment during Shortages - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html>

CDC - Project Firstline website - <https://www.cdc.gov/infectioncontrol/projectfirstline/>

CDC - Project Firstline training - www.train.org

CDC - Stay Up to Date with Your COVID-19 Vaccines webpage - https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Ffully-vaccinated.html#recommendations

Oklahoma Secretary of State Administrative Rules - <https://rules.ok.gov/code>

Oklahoma State Courts Network - <https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=439884>

OSDH Contacts:

Acute Disease Services (ADS) – Phone: 405.426.8710

ADS Project Firstline - Trina White Email: trinaw@health.ok.gov Phone: 405.426.8710

LTC - Email: LTC@health.ok.gov Phone: 405.426.8200

LTC Service website - <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service.html>

Nurse Aide Registry (NAR) – Email: NAR@health.ok.gov Phone: 405.426.8150 or 800.695.2157

NAR Espa Bowen: Email: espab@health.ok.gov

NAR Website: <https://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/nurse-aide-and-nontechnical-services-worker-registry.html>

OSDH - LTC Incident Reporting ODH Form 283 -

<https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/forms/ltc-form-odh-283-fillable-incident-report-form.pdf>

OSDH - LTC COVID-19 Resources - <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service/ltc-covid-19-resources.html>

OSDH – Non-NH Visitation Grid - <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/nursing-home-grids/Non-NH%20Visitation%20Grid.pdf>

OSDH - Nurse Aide Temporary Emergency Waiver webpage -

<https://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/nurse-aide-and-nontechnical-services-worker-registry/nurse-aide-temporary-emergency-waiver-application.html>

OSDH - Nurse Aide Temporary Emergency Waiver Application ODH Form 297 (Revised 01/2018) -

<https://oklahoma.gov/content/dam/ok/en/health/health2/documents/na-temporaryemergencywaiverapp-odh-297-1-25-2018-vlk-fillable.pdf>