July 29, 2026, 1:00 PM

LTC Provider Call

Nursing Homes

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

Please email questions to LTC@health.ok.gov

OKLAHOMA
State Department
of Health

Welcome

OKLAHOMA STATE DEPARTMENT OF HEALTH

Agenda

QIN-QIO

IDPR

FRI Reminders

Risk-Based Surveys

LTC Updates

QIN-QIO

OKLAHOMA STATE DEPARTMENT OF HEALTH

Southcentral CMS QIN-QIO Region 5
TMF Health Quality Institute

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

- Personalized one-on-one or group technical assistance
- Interventions tailored to care settings and providers, along with tools and resources
- Free quality improvement webinars and online learning and resources
- Data dashboards and customized reports from CMS to drive quality improvement efforts

Monika Maxwell, RN, SANE
Healthcare Quality Improvement Specialist – Oklahoma
Monika.Maxwell@tmf.org

Patricia Worthan, LNHA
Healthcare Quality Improvement Specialist – Oklahoma
Patricia.Worthan@tmf.org

Mindy Brown, BA, SMQT, LNHA, CPHQ, CHEP
Healthcare Quality Improvement Manager – Oklahoma
Mindy.Brown@tmf.org

Additional QIN-QIO information and resources can be found at

southcentralqinqio.org

Infectious Disease Prevention and Response (IDPR)

OKLAHOMA STATE DEPARTMENT OF HEALTH

Healthcare Associated Infection and Antimicrobial Resistance Prevention Program

Mike Mannell, MPH, CIC

Assistant Director of IDPR

Madison Riojas, PharmD, MPH, BCIDP

Antimicrobial Stewardship Pharmacist

Infection Preventionists:

Trina Ryans, LPN, SMQT

Andi Harding, MPH, CIC

Karen Choate, MSN, RN, CIC

Kim Southerland, BSN, RN, MPH, CIC

OKLAHOMA State Department of Health

Housekeeping Blitz

Widespread gaps with environmental cleaning and disinfecting

Products

- Cleaners vs. Disinfectants
- Microbiocidal activity
- Contact time
- Beyond use date
- Product application

Process

- Defined cleaning process (i.e., 7-step, etc.)
- Dual occupancy rooms
- TBP/EBP rooms
- Shared equipment
- Shared shower rooms

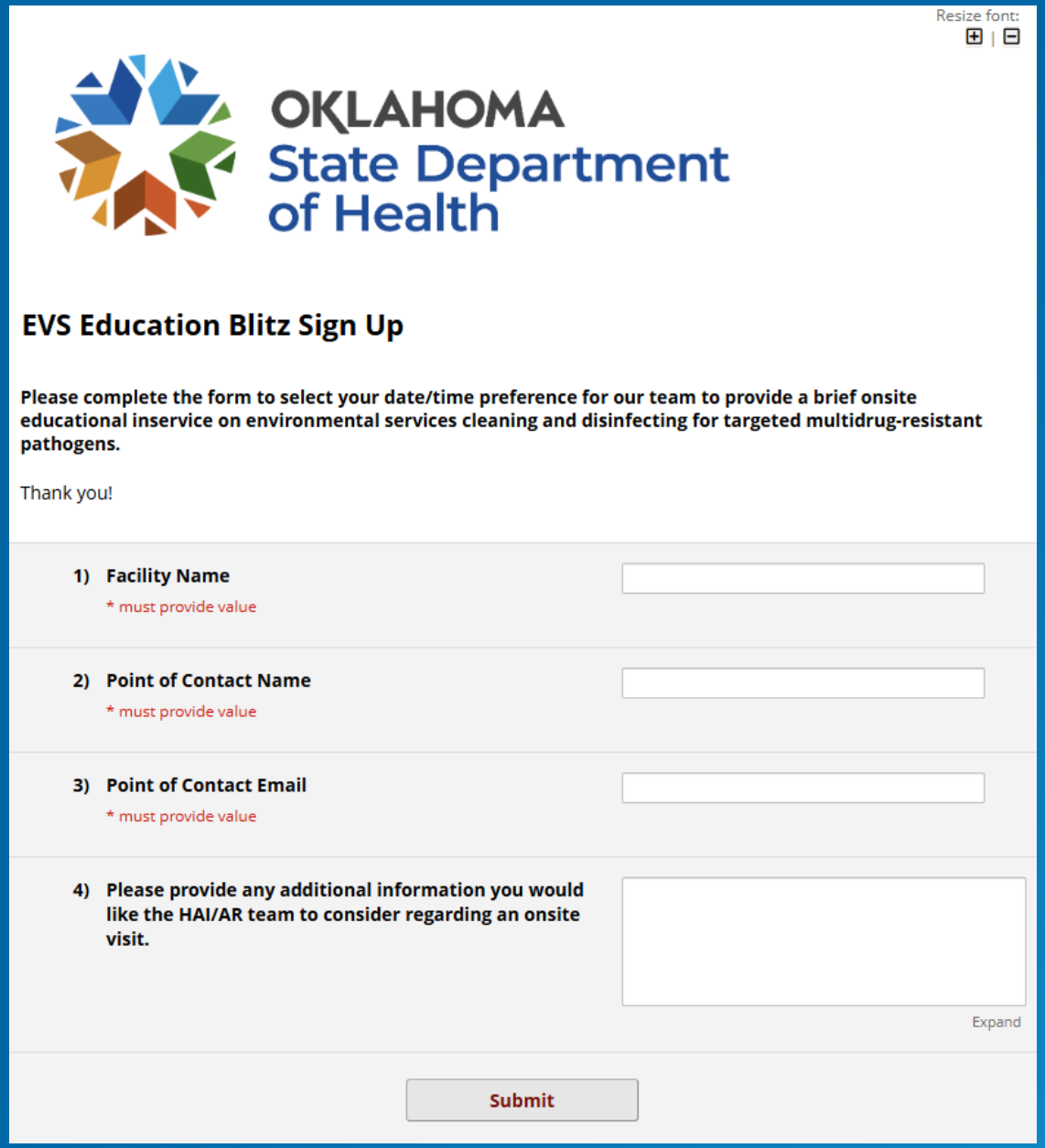
What do you know about your cleaning and disinfecting products?

Did you know that common disinfectants used by housekeeping have a 10-minute contact time?

Did you know that common bathroom cleaners are not a disinfectant?

Did you know that common disinfectants used in healthcare are not effective against *Candida auris*?

Did you know that concentrated disinfectants diluted with water and dispensed into a secondary containers (i.e., spray bottles) have a beyond use date?



Resize font:

OKLAHOMA State Department of Health

EVS Education Blitz Sign Up

Please complete the form to select your date/time preference for our team to provide a brief onsite educational inservice on environmental services cleaning and disinfecting for targeted multidrug-resistant pathogens.

Thank you!

1) **Facility Name**
* must provide value

2) **Point of Contact Name**
* must provide value

3) **Point of Contact Email**
* must provide value

4) **Please provide any additional information you would like the HAI/AR team to consider regarding an onsite visit.**

Expand

Submit

[OSDH HAIR/AR Prevention Program EVS Education Blitz Sign Up]

Appropriate Hand Hygiene

- Alcohol-Based Hand Rub (ABHR) should be used instead of soap and water in all clinical situations except when hands are visibly soiled (e.g., blood or body fluids) or after caring for a resident with known or suspected C. diff or norovirus infection during an outbreak; in these circumstances, soap and water should be used.

- Facilities should ensure adequate access to ABHR since a main reason for inadequate hand hygiene adherence results from poor access.

Debunking the MYTH
Make ABHR available to staff where and when they need it!

- It is important to ensure that ABHR dispensers are widely available and easily accessible at the points of care.

- Dispensers should be in a place that is easily accessible to health care workers.
  - Entrance to each patient room.
  - In dual occupancy rooms, consider placing dispensers in a location that can be easily accessed at the points of care (e.g., middle of the room between the 2 bed spaces).

- Individual-sized ABHR for staff to carry in an empty pocket is still appropriate for secured units (e.g., behavioral health, memory care)
  - Using pocket-sized ABHR is a skill; train staff on how to properly use and document demonstrated competency.

Coming soon!

- Hand hygiene and ABHR Frequently Asked Questions (FAQs)
  - Communication will include information regarding the use, efficacy, and safety of ABHR in long-term care facilities.

- Increasing availability to ABHR dispensers at the points of care is a joint effort between the Healthcare-Associated Infections and Antimicrobial Resistance Prevention Program and the Long Term Care Service Division.

Oklahoma Health Alert Network (OK-HAN)

- The Oklahoma Health Alert Network (OK-HAN) system is an emergency communications system used to distribute emergent health related information to health care providers and public health partners.

- If you are not currently registered, please email OKHAN@health.ok.gov to request enrollment.

Infection Prevention Questions?

- Phone: 405.426.8710
- Email: HAI@health.ok.gov

- *Thank you*

Facility Reported Incidents (FRI) Reminders

OKLAHOMA STATE DEPARTMENT OF HEALTH

July 2026

Complaints and Incidents

Billie Seeman, RN
Complaints and Incidents Coordinator
Oklahoma State Department of Health

FRI –Facility Reported Incident

Agenda

1. Where to find the updated form 283
2. Facility ID
3. Incident Type
4. Description of the incident along with protective measures
5. Filling out the Form 283 correctly

Facility Reported Incidents (FRIs)

OKLAHOMA State Department of Health

Oklahoma State Department of Health
Long Term Care
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73012-6406
p. (405) 426-8200

INCIDENT REPORT FORM: ☐ Initial ☐ Combined Initial and Final ☐ Follow up Info. ☐ Final

Please check only one box above.

Please complete Parts A & B for 24-hour notifications. Include Part C for 5 day and final reports. All incident reports/notifications may be submitted to toll free fax number **1-866-239-7553**.

Part A

Facility ID _____ Name of Facility _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

Point of Contact Email _____

Incident Date _____ Incident Location _____

Resident(s)/Client(s)/ Staff Involved _____

Incident Type (For allegations against nurse-aides or nontechnical services workers, please include ODH Form 718)

- ☐ Certain Injuries (OAC 310:675-7-5.1(i))
- ☐ Utility Failure (more than 8 hours)
- ☐ Misappropriation of Resident Property
- ☐ Allegations of Abuse/Mistreatment
- ☐ Death Other than by Natural Causes
- ☐ Communicable Disease (**Call Infectious Disease (IDPR) for *initial outbreak* notification only at (405) 426-8710. Updates not required for ongoing outbreak**).
- ☐ Suspected Criminal Act*
- ☐ Storm Damage
- ☐ Fire
- ☐ Allegations of Neglect
- ☐ Injury of Unknown Source
- ☐ Missing Resident
- ☐ Physical Harm*

*If Physical Harm and Suspected Criminal Act, indicate if Local Law Enforcement Agency contacted in the 'Notifications Made' box at the right.

Notifications Made (Check all that apply)

- ☐ Physician
- ☐ Family
- ☐ Resident's Legal representative
- ☐ DHS: Adult Protective Services
- ☐ Local Law Enforcement
  - Agency Name: _____
  - Date: _____ Time: _____
- ☐ Appropriate Licensing Board
- ☐ Nurse Aide Registry (ODH Form 718 Attached)
- ☐ Attorney General
- ☐ Other _____

Part B

Description of Incident. Please include injuries sustained as well as measures taken to protect the resident(s) during investigation. (500 characters max) If additional pages are needed, see the optional page below.

Relevant Resident History. Please include relevant resident history (i.e. cognitive status, fall risk assessment, relevant care plan instructions prior to this incident, etc.) (500 characters max) If additional pages are needed, see the optional page below.

Part C

For 5 day and final reports, please include a summary of the investigation (include investigative actions, findings and causative factors) and corrective measures implemented to prevent recurrence. (500 characters max) If additional pages are needed, see the optional page below.

Failure to document credible protective/preventative measures at the time of initial reporting and/or failure to provide evidence of a thorough investigation with corrective measures on the final report may require the OSDH to perform an onsite visit to determine if acceptable measures are being taken to protect residents.

_____

Person Completing Form

OPTIONAL PAGE. Use this page as needed to provide further information. (5,200 character max)
If additional space is required, please attach a supplemental document.

Reporting FRIs- a close look at Form 283

OKLAHOMA State Department of Health

Where can you find the most recent Form 283 and Form718?

https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service.html

OKLAHOMA State Department of Health

Find a location | Search | Help

You & Your Family | Community Health | Licensing | Birth/Death Records | Health Data

Health Department > Licensing & Inspections > Long Term Care

Long Term Care

- Certification Programs
- Long Term Care Facility Advisory Council
- Long Term Care Programs In Oklahoma
- Rules, Regulations and Statutes
- Provider letters
- Long Term Care Forms
- Provider Guidance, Calls, FAQs, Resources
- QIES Help Desk (MDS)

Long Term Care Service

The Long Term Care Service of Protective Health Services oversees the health and safety of residents living in licensed long-term care facilities. Long-term care facilities include nursing homes, skilled nursing facilities, residential care homes, assisted living centers, continuum of care homes (which include an assisted living center and a nursing facility) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

Services:

Long Term Care Forms

QUALITY IMPROVEMENT RESOURCES >

All Facilities | Assisted Living Centers | Nursing Homes

All Facilities

Informal Dispute Resolution (IDR) Request Forms

Independent Informal Dispute Resolution (IIDR) Request Form

LTC Incident Reporting and ODH Form 283

- LTC Reportable Incidents - Regulatory Requirements
- LTC Incident Reporting ODH Form 283

- LTC Facility Complaint Poster
- Notification of Nurse Aide, Abuse, Neglect, Mistreatment or Misappropriation of Property ODH Form 718
  - Instructions for ODH Form 718
- Tuberculosis (TB) Risk Assessment Worksheet
- Evaluation of TB Risk

Filling out the top of the form

OKLAHOMA
State Department
of Health

Type of Report

OKLAHOMA
State Department
of Health

Oklahoma State Department of Health
Long Term Care
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73012-6406
p. (405) 426-8200

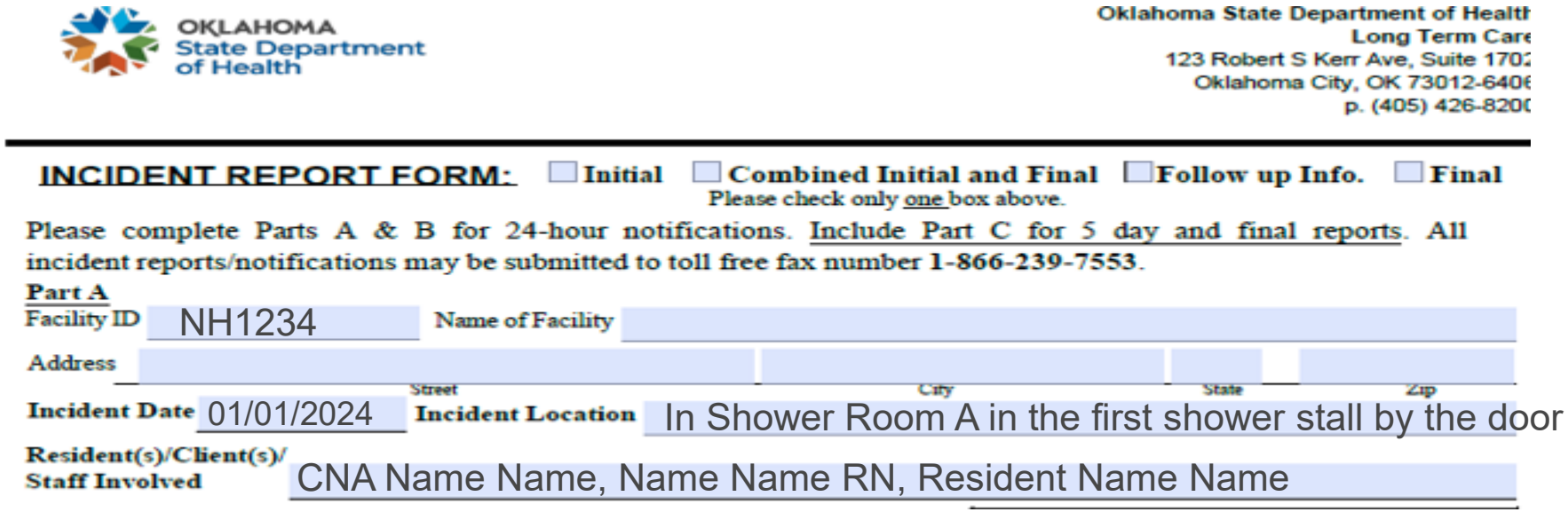
INCIDENT REPORT FORM: ☐ Initial ☐ Combined Initial and Final ☐ Follow up Info. ☐ Final

Please check only one box above.

Why is it important to only check one box?

- The system will automatically input type of form if only one box is checked.
- If you have two boxes checked the person checking in the form may not code it correctly as the “Initial” “Combined Initial and Final” “Follow up Info” or “Final”

283 Top of the Form



OKLAHOMA State Department of Health

Oklahoma State Department of Health
Long Term Care
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73012-6406
p. (405) 426-8200

INCIDENT REPORT FORM: ☐ Initial ☐ Combined Initial and Final ☐ Follow up Info. ☐ Final
Please check only one box above.

Please complete Parts A & B for 24-hour notifications. Include Part C for 5 day and final reports. All incident reports/notifications may be submitted to toll free fax number 1-866-239-7553.

Part A

Facility ID: NH1234 Name of Facility:

Address: Street City State Zip

Incident Date: 01/01/2024 Incident Location: In Shower Room A in the first shower stall by the door

Resident(s)/Client(s)/ Staff Involved: CNA Name Name, Name Name RN, Resident Name Name

1. The Facility ID = the NH#
2. This is not the Medicaid number or the provider number and must contain the letters NH and all numbers after the NH.
3. Most homes have four numbers after the letters NH but some may have six numbers, please include all numbers and letters.

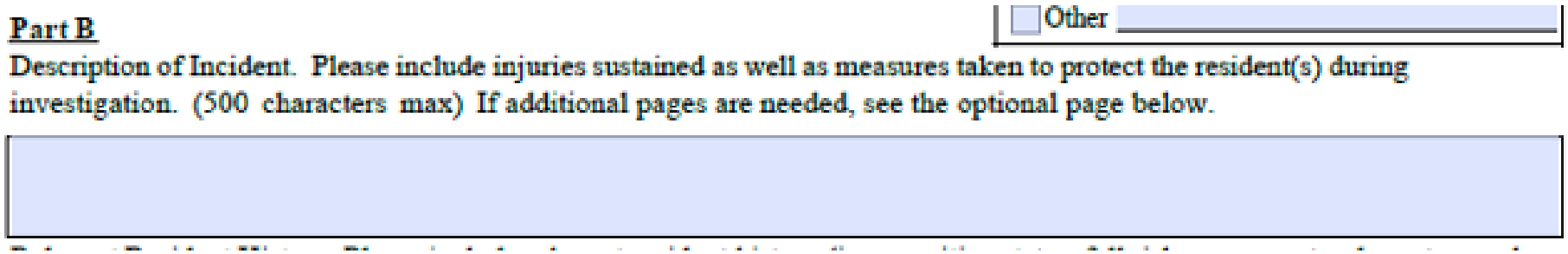
Description of Incident/Protective Measures/Injuries sustained

☐ Other _____

Part B

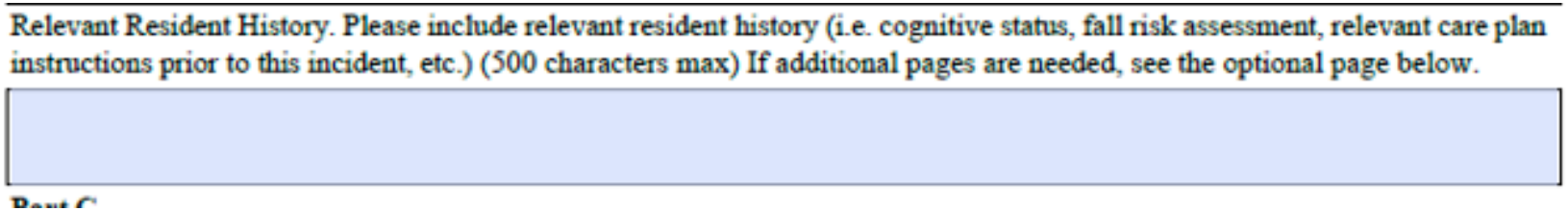
Description of Incident. Please include injuries sustained as well as measures taken to protect the resident(s) during investigation. (500 characters max) If additional pages are needed, see the optional page below.

283 Part B Description of the Event



1. Describe what happened, including who was there, how, when, why, etc.
2. Include Protective Measures put in place.
3. Identify if there were injuries physical and/or psychosocial and what they were (for example fractured arm or abuse resident will not come out of room and is withdrawn).
4. Identify if there were no injuries physical and/or psychosocial
5. Do not attach your in-house incident report or the report filled out for APS. Please use the box provided on the front of the form before you use the additional page. Do not write or type “see attached”

283 Part B Relevant Resident History


Relevant Resident History. Please include relevant resident history (i.e. cognitive status, fall risk assessment, relevant care plan instructions prior to this incident, etc.) (500 characters max) If additional pages are needed, see the optional page below.

Include information like admission date, diagnosis, cognitive status…anything relevant to this incident that will give a clear picture of the event and its potential **impact** on the resident.

For example:

If it is a fall please include fall risk assessment (low, medium, high), please include measures in place prior to the incident for example fall mat, non skid socks, call light within reach, visual checks every …. Please include the resident's cognition and the amount of ADL assistance the resident requires along with how they ambulate.

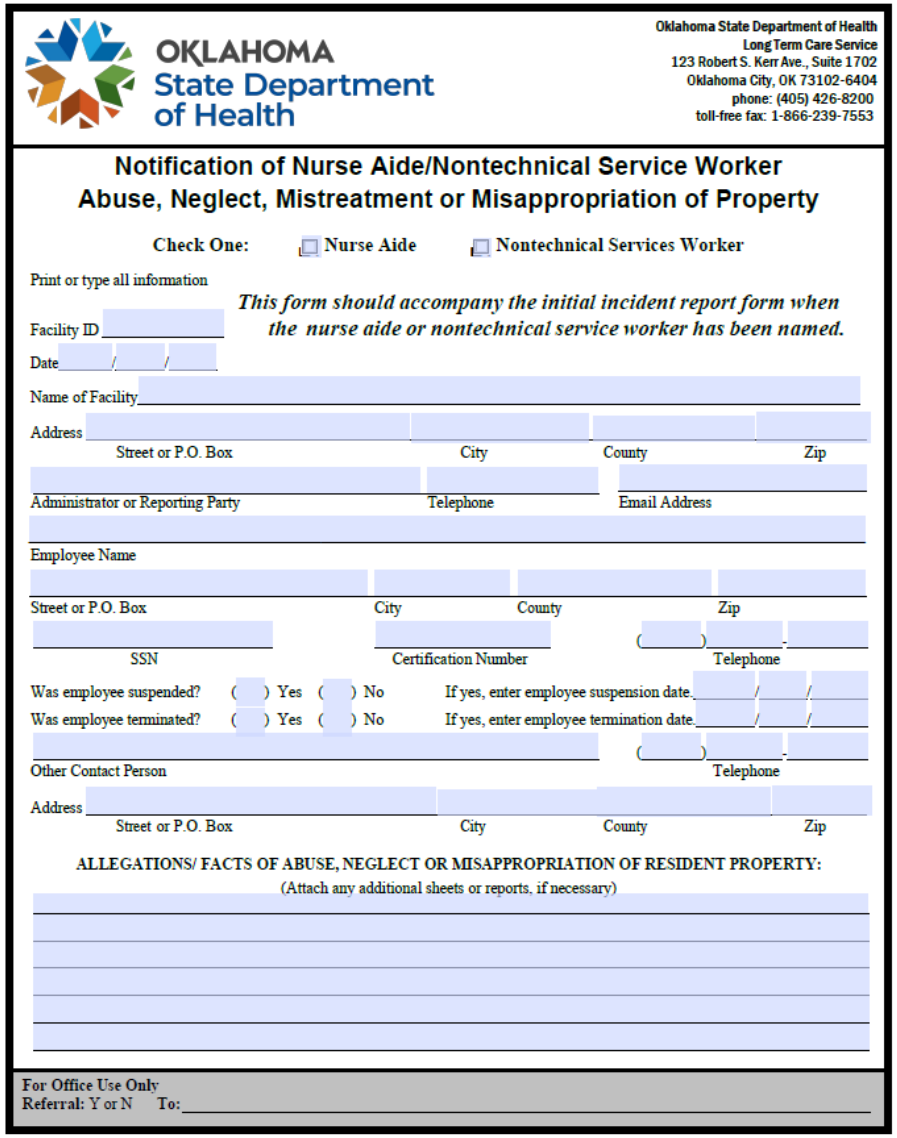
Do not attach the face sheet or the care plan.

Part C

For 5 day and final reports, please include a summary of the investigation (include investigative actions, findings and causative factors) and corrective measures implemented to prevent recurrence. (500 characters max) If additional pages are needed, see the optional page below.

Failure to document credible protective/preventative measures at the time of initial reporting and/or failure to provide evidence of a thorough investigation with corrective measures on the final report may require the OSDH to perform an onsite visit to determine if acceptable measures are being taken to protect residents.

Form 718



OKLAHOMA State Department of Health

Oklahoma State Department of Health
Long Term Care Service
123 Robert S. Kerr Ave., Suite 1702
Oklahoma City, OK 73102-6404
phone: (405) 426-8200
toll-free fax: 1-866-239-7553

Notification of Nurse Aide/Nontechnical Service Worker Abuse, Neglect, Mistreatment or Misappropriation of Property

Check One: ☐ Nurse Aide ☐ Nontechnical Services Worker

Print or type all information

This form should accompany the initial incident report form when the nurse aide or nontechnical service worker has been named.

Facility ID _____

Date ____/____/____

Name of Facility _____

Address _____
Street or P.O. Box | City | County | Zip

_____ _____ _____
Administrator or Reporting Party | Telephone | Email Address

_____
Employee Name

_____
Street or P.O. Box | City | County | Zip

_____ _____ (____)____-____
SSN | Certification Number | Telephone

Was employee suspended? ( ) Yes ( ) No If yes, enter employee suspension date ____/____/____

Was employee terminated? ( ) Yes ( ) No If yes, enter employee termination date ____/____/____

_____ (____)____-____
Other Contact Person | Telephone

Address _____
Street or P.O. Box | City | County | Zip

ALLEGATIONS/ FACTS OF ABUSE, NEGLECT OR MISAPPROPRIATION OF RESIDENT PROPERTY:
(Attach any additional sheets or reports, if necessary)

For Office Use Only
Referral: Y or N **To:** _____

Oklahoma State Department of Health
Protective Health Services

ODH Form 718
(Rev. 06/2022)

Common mistakes made when submitting FRIs

- Not submitting Form 718 with allegations of CNA or non-technical staff abuse.
- Not documenting the outcome to the resident to include physical and psychosocial harm.
- Not documenting relevant resident history or relevant care plan interventions that were in place.
- Not describing the incident in detail.
- Not documenting the correct Facility ID or official Name of the facility.
- Not documenting the full name of the resident and/or staff involved.
- Not documenting the time, the incident occurred, or notifications made.

Any Questions?

405-426-8181

LTC@health.ok.gov

- Thank you!

Risk-Based Surveys

OKLAHOMA STATE DEPARTMENT OF HEALTH

Nursing Home Risk-Based Survey (RBS) National Implementation

Implementation date: 09/08/2026

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

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

Nursing Home Risk-Based Survey (RBS) National Implementation

- RBS process was tested in 22 states and over 100 facilities
- Found to adequately and consistently identify noncompliance and risks to residents' health and safety.
- Findings were comparable to the traditional LTCSP.
- Only conducted in higher-performing facilities where the risk to resident's health and safety is lower.

What describes a higher-performing facility?

Higher quality facility is indicated by factors such as:

- History of fewer citations
- Higher staffing levels
- Fewer hospitalizations
- Other similar indicators

Facilities that meet CMS' criteria will be eligible for an SA to conduct a standard recertification survey using the RBS process.

RBS Qualifying Criteria

QSO-26-14-NH

LTC UPDATES

Appendix A

RBS Facility Qualifying Criteria

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

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

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

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

RBS Disqualifying Criteria

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

Appendix C

RBS Facility Disqualifying Criteria

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

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

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

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

Nursing Home Care Compare

CMS will place an icon on each nursing home's profile page to identify facilities that qualify for RBS. 

Icon will remain until the facility is no longer eligible for the RBS

Stakeholders can identify if a survey was an RBS through a footnote on the webpage, and through an indicator in the form CMS-2567.

QSO-26-14-NH

Memorandum Summary

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

LTC Updates

OKLAHOMA STATE DEPARTMENT OF HEALTH

Long Term Care Facility Advisory Council (LTCFAC)

Effective November 1, 2023, Senate Bill 571 re-created the LTCFAC with an extended sunset date of July 1, 2025. Pursuant to 74 O.S. §3909 (A), the LTCFAC was granted a one-year wind-down period to ceases its affairs and terminate.

That one-year wind-own period officially concluded on July 1, 2026.

OSDH plans for continued collaboration with external stakeholders.

LTC Surveyor Detail

	as of 07/27/2026
Total # of field surveyors	46
# of field surveyors in training (non-SMQT)	20
Total # of SMQT surveyors (including managers/coordinators/ office staff)	35
# of open surveyor positions	3

The Q&A Session has begun

Please email questions to LTC@health.ok.gov

OKLAHOMA
State Department
of Health

Closing Comments

OKLAHOMA
State Department
of Health