February 18, 2026, 3:00 PM

LTC Provider Call

Nursing Homes & Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

If you see this screen, you are in the right place, but we have not yet started. We will begin shortly.

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

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

OKLAHOMA State Department of Health

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OKLAHOMA
State Department
of Health

Discussion Outline

Infectious Disease Prevention & Response (IDPR)

Long Term Care Administrator Licensing Program (LTCALP)

ICF/IID Infection Control deficiencies (LTC)

ICF/IID Emergency Preparedness deficiencies (LTC)

Updates (LTC)

Reminders (LTC)

Confer NHSN Rights to IDPR

Once a LTCF has conferred rights in NHSN, they will no longer be required to report outbreaks associated with Influenza, COVID-19 and RSV reporting to IDPR via phone call.

Facilities can track weekly data on respiratory pathogens (RP) for residents and healthcare personnel (HCP) through NHSN.

For questions regarding reporting requirements or conferring rights please contact IDPR.

- Phone: 405-426-8710
- Email: HAI@health.ok.gov

Double click the image to open the Instruction Guide.

Infection Control Resources

General Infection Control Guidance

- CDC Respiratory Virus Toolkit
- CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings

Influenza Guidance in the LTC Setting

- CDC Infection Control in Healthcare Facilities – Influenza
- CDC Influenza Antiviral Medications: Summary for Clinicians

COVID-19 Guidance in the LTC Setting

- Infection Control Guidance: SARS-CoV-2
- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
- Nursing Home Data Dashboard – NHSN
- Strategies to Mitigate Healthcare Personnel Staffing Shortages

Long Term Care Administrator Licensing Program (LTCALP)

OKLAHOMA
State Department
of Health

LTCALP

Lindsey R. Jeffries, MSOL
Program Manager
Nurse Aide & Home Care Administrator Registry
Long-Term Care Administrator Licensing Program
Oklahoma State Department of Health

longtermcareadminlicensing@health.ok.gov

Ph: 405-426-8970

F: 405-900-7559

Long Term Care Administrator Licensing Program

Most common citations – Infection Control FFY25

W454

1. Environment not sanitary to avoid sources and transmission of infections.
2. Facility not clean
3. Cross-contamination of infections (glove use, hand hygiene)
4. Food not stored, prepared, distributed, and served in a sanitary manner.

Most common citations – Infection Control FFY25

W455

1. No documentation for an active training program related to infection control.
2. Facilities only tracking COVID-19 infections.
3. No written policy for the notification of family or legal guardian.
4. No written policy for the identification of the extent of infestation/infection.
5. No written policy outlining the reporting to the health department.

Most common citations – Infection Control FFY25

W456

1. No documentation, or staff not available with access to documentation, that facility has implemented successful corrective action in affected problem areas.

Most common citations – Infection Control FFY25

W457

1. No documentation that facility maintains records of incidents and corrective actions related to infections.

2. Staff on duty unable to access the documentation.

3. No documentation of infection records other than COVID-19.

Most common citations – Infection Control FFY25

W458

1. No written policy prohibiting employees with symptoms or signs of a communicable disease from direct contact with food.

Top Citations

Rank	10/2025 (FFY25)	02/2026 (FFY26 to date)
1	W127- Protection of Clients Rights	W127- Protection of Clients Rights
2	W122- Client Protections	W255- Program Monitoring & Change
3	W189- Staff Training Program	W285- Mgmt of Inappropriate Client Behavior
4	W454- Infection Control	W325- Physician Services
5	W153- Staff Treatment of Clients	W122- Client Protections
6	W455- Infection Control	W130- Protection of Clients Rights

Deficiencies related to Infection Control no longer in the top 6

ICF/IID - Most common Emergency Preparedness deficiencies

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Most ccommon citations – Emergency Preparedness

E-0004

1. Contents of Emergency Plan not up to date – not updated every 2 years. (Plan not maintained).

Most ccommon citations – Emergency Preparedness

E-0006

1. No all hazards risk assessment completed

2. Not accessible in each facility (multiple cottages).

3. Emergency events not addressed in risk assessment

Most ccommon citations – Emergency Preparedness

E-0007

1. Succession plan only includes the administrator – no other management or staff included.

Most ccommon citations – Emergency Preparedness

E-0018

1. No system in place to track staff during and after an emergency.

Most ccommon citations – Emergency Preparedness

E-0024

1. Plan does not address volunteers (for use in emergency staffing) – no documentation.

Most ccommon citations – Emergency Preparedness

E-0029

1. Communication Plan not reviewed and updated every 2 years.

Most ccommon citations – Emergency Preparedness

E-0030

1. Physician contact information not present in the plan.

2. Staff contact information not present in the plan.

3. Other ICF/IID contact information not present in the plan.

Most ccommon citations – Emergency Preparedness

E-0031

1. No contact information for emergency management present in the plan.

Most ccommon citations – Emergency Preparedness

E-0037

1. No documentation that initial training was received to all new and existing staff.

2. No documentation that training was completed at least every 2 years.

Most ccommon citations – Emergency Preparedness

E-0039

1. No documentation of annual exercise completed.

2. No documentation that tabletop exercises were completed.

Top Citations

Rank	10/2025 (FFY25)	02/2026 (FFY26 to date)
1	E0031 – Emergency Official Contact Information	N/A
2	E0004 – Develop EP Plan, Review & Update Annually	N/A
3	E0036 – EP Training & Testing	N/A
4	E0039 – EP Testing Requirements	N/A

To date, zero EP deficiencies have been cited in FFY26.

LTC Facility Counts

Facility Type - LTC	
Nursing Homes	286
Nursing Home Other	8
Intermediate Care Facility/IID	102
Assisted Living Centers	188
Residential Care	29
Adult Day Care	41
Total	654

as of 02/01/2026

OKLAHOMA'S LTC LANDSCAPE

Chapter 5 – Complaint Processes

- **Revisions to Immediate Jeopardy Priority Definition examples for Nursing Homes; and**

- **Clarification of off-site investigations.**

Chapter 5 – Complaint Processes

The revisions to Chapter 5 ensure that the oversight and investigations of alleged non-compliance are thorough and consistent across the country. They also clarify that off-site investigations must be approved by CMS in advance to ensure uniform application. The revisions also expand examples of intakes that warrant immediate jeopardy prioritization, such as discharging a resident to an unsafe setting.

SOM UPDATES

Chapter 7 – Survey and Enforcement Process

- **Survey Team Composition, Survey Procedures, Plans of Correction, Verifying Corrections, Survey Revisit and Offsite Revisit Paper Review, Off-hours Survey, Enforcement, Nurse Staffing Waivers, Disposition of Civil Money Penalties (CMP), Federal Civil Penalties Inflation Reduction Act, Informal Dispute Resolution (IDR), and Independent Informal Dispute Resolution (IIDR);**

- **Additionally, guidance previously found in Appendix P of the State Operations Manual has been added to Chapter 7; and**

- **Technical changes that include updates for accurate references.**

SOM UPDATES

Chapter 7 – Survey and Enforcement Process

The revisions to Chapter 7 standardize oversight, investigation procedures, enforcement actions, and the Civil Money Penalty Reinvestment Program (CMPRP). The revisions update a wide variety of survey guidance, such as survey team composition, resident privacy and confidentiality, photography during survey, off-hours survey, past non-compliance, severity and scope of deficient practices, and conducting exit conferences. We also incorporated instructions previously outlined in Appendix P of the SOM, which was removed when the Long Term Care Survey Process (LTCSP) launched in 2017.

Chapter 7 – Survey and Enforcement Process

Nurse Staffing Waivers and Resident Room Variances: *This section of guidance simply provides a process for nursing homes to obtain a waiver and is not related to the survey process. Therefore, CMS is moving this guidance from Appendix PP to Chapter 7.*

Onsite vs. Off-site revisits: *Clarifies procedures for conducting revisits after surveyors identify non-compliance.*

Immediate Jeopardy (IJ): *Updated guidance on identifying immediate jeopardy, determining when it has been removed, and outlining conditions for lowering the severity level once IJ has been removed.*

SOM UPDATES

Chapter 7 – Survey and Enforcement Process

Acceptable Plan of Correction: *Addresses an OIG recommendation to clarify areas related to the acceptable plans of correction after a facility was found to be non-compliant with the requirements for participation.*

Enforcement Guidance: *Revises policies for Civil Money Penalties (CMP) to align with current practices, including use of the CMP Analytic Tool and the annual adjustment of CMP amounts according to the Annual CMP Inflation Adjustment Act of 2015. Updates also reflect changes to the CMP policy that align with the Fiscal Year 2025 Skilled Nursing Facilities Prospective Payment System (SNF PPS) final rule (89 FR 64048, Aug. 6, 2024), which expands CMS' ability to impose per instance and per day CMPs to promote sustained correction of health and safety deficiencies.*

SOM UPDATES

Chapter 7 – Survey and Enforcement Process

Civil Money Penalty Reinvestment Program: *The updated guidance clarifies the allowable and non-allowable uses of CMP funds, the current application review process, and reporting requirements for project results. Additionally, the updates clarify that State CMP Fund Balances from the State Plan will be publicly posted. The updates were made to align with the release of* [QSO-25-26-NH](#)*.*

Informal Dispute Resolution (IDR): *Aligns IDR procedures with the Independent IDR (IIDR) process and adds guidance on uploading deficiencies pending IDR or IIDR to the CMS record-keeping system to improve transparency.*

SOM UPDATES

QSO-26-03-NH

Effective Date:
March 30, 2026. Please communicate to all appropriate staff within 30 days.

Reminders

Oklahoma Disasters and Emergencies

		Position	Phone
Region 1	Vacant	RMRS Director	Vacant
	Jeremy Justus	Readiness & Response Coord	580.303.1076
	MERC	MERC	
Region 2	Kristie Harris	RMRS Director	918.807.3693
	Landon Sweeney	MERC Coordinator	918.504.7692
	MERC	MERC	918.508.0026
Region 3	Bob Stewart	RMRS Director	580.280.0260
	Lizzy Woods	RMRS Coordinator	580.574.2500
	MERC	MERC	580.860.3565
Region 4/5	Kari Beggs	Readiness & Response Director	405.226.5329
	Sam Murray	Readiness & Response Coord	918.986.6964
	MERC	MERC	918.912.2465
Region 6/8	Zakia Yazdanipour	RMRS Director	405.297.7119
	Rachel Franklin	RMRS Coordinator	405.297.7018
	MERC	MERC	405.297.7200
Region 7	Bobby Benn	RMRS Director	918.596.3663
	John Leeds	Training, Exercise, & Comms. Coord.	918.596.3030
	MERC	MERC	918.596.3660
		Updated: 1 Sept 2025	
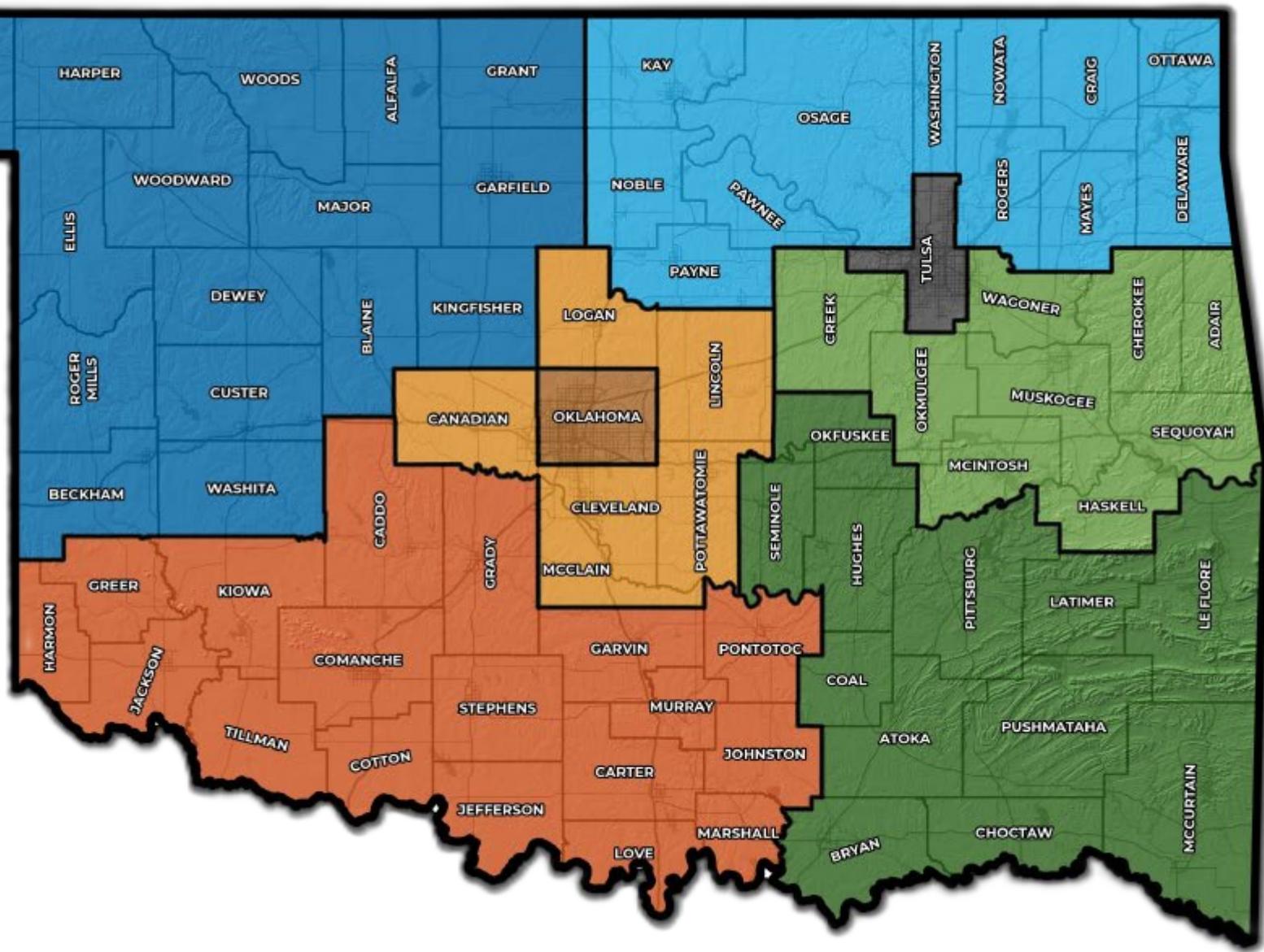
Regional Health Care Coalition Contacts:

Region 1 (NW) – Jeremy Justus | justusj@elkcity.com | 580-303-1076

Region 2 (NE) – Kristie Harris | Kristie.Harris@r2rmrs.org | 918-807-3693
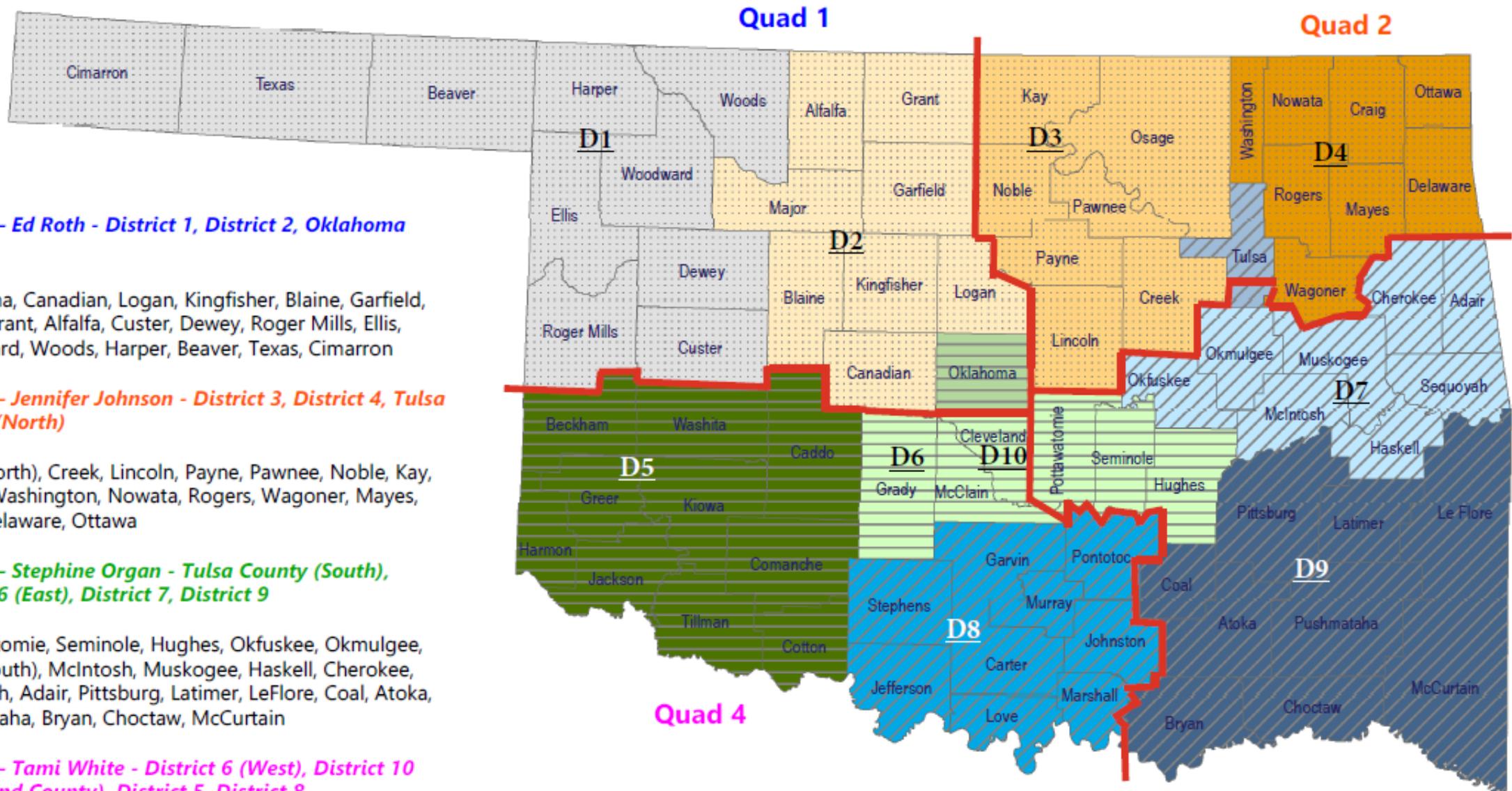
Region 3 (SW) – Bob Stewart | Robert.stewart@drhhealth.org | 580-280-0260

Region 4/5 (SE) – Kari Beggs | karib@mcems.us | 405-226-5329

Region 6/8 (Central) – "Yaz" Yazdanipour | Yazdanipourz@emsa.net | 405-297-7119

Region 7 (Tulsa) – Bobby Benn | bobby.benn@emsa.net | 918-596-3663

Quad 1

Quad 2

Quad 3

Quad 4

Quad 1 – Ed Roth - District 1, District 2, Oklahoma County

Oklahoma, Canadian, Logan, Kingfisher, Blaine, Garfield, Major, Grant, Alfalfa, Custer, Dewey, Roger Mills, Ellis, Woodward, Woods, Harper, Beaver, Texas, Cimarron

Quad 2 – Jennifer Johnson - District 3, District 4, Tulsa County (North)

Tulsa (North), Creek, Lincoln, Payne, Pawnee, Noble, Kay, Osage, Washington, Nowata, Rogers, Wagoner, Mayes, Craig, Delaware, Ottawa

Quad 3 – Stephine Organ - Tulsa County (South), District 6 (East), District 7, District 9

Pottawatomie, Seminole, Hughes, Okfuskee, Okmulgee, Tulsa (South), McIntosh, Muskogee, Haskell, Cherokee, Sequoyah, Adair, Pittsburg, Latimer, LeFlore, Coal, Atoka, Pushmataha, Bryan, Choctaw, McCurtain

Quad 4 – Tami White - District 6 (West), District 10 (Cleveland County), District 5, District 8

Cleveland, Grady, McClain, Beckham, Washita, Caddo, Greer, Kiowa, Harmon, Jackson, Comanche, Tillman, Cotton, Stephens, Garvin, Pontotoc, Murray, Jefferson, Carter, Johnston, Love, Marshall

Key Contacts

Philip Miller – Director

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LeKenya Antwine - Assistant Director
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Position Vacant – Manager of Survey

& Certification

 ltc@health.ok.gov

Billie Seeman – Manager of Complaints and Incidents

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Diane Henry - State RAI and OASIS Coordinator
Program Manager (QIES) QIESHelpDesk@health.ok.gov

Lindsey Jefferies – LTCALP / Nurse Aide Registry / Home Care Admin. Registry
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longtermcareadminlicensing@health.ok.gov

Lisa Hale - Health Facility Systems (Licensing)
healthresources@health.ok.gov

The Q&A Session has begun

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