



Insider Chat

Volume 1, Issue IV

March 15, 2011

Special Points of Interest

- Pest Control
- Complimentary Compliance Review
- Fall Prevention
- I - 1, I-2 Status - Assisted Living
- Resident Assessment (MDS)
- LTC Enrichment Program
- Egg Safety

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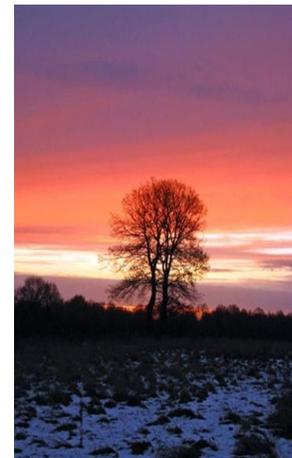
Pancakes For Dinner Dorya Huser, Chief, Long Term Care

Pancakes for dinner! Whoever heard of that? Is that like the up/down staircase? What if I want cake for breakfast about 10:00 a.m. after I've had my coffee, some yogurt about 11:00, a cheeseburger for lunch and pancakes for dinner? Let's see – that's milk, eggs, protein, vitamins, and those good carbohydrates that help me sleep. Oh, let's not forget a little slice of cold pizza about 10:30 p.m. while I watch late night television. Think we can arrange that? Now, I also would like to go sit outside and enjoy the beautiful morning while I have my coffee, my cake and my yogurt. I want to see flowers and birds. I want to take a nice nap after lunch and then log on the computer to email my family and friends and shop before I have my pancakes. I want to watch a slide show of my children and grandchildren on my computer and go join my social circle in the family room while we all tell stories about what is going on in our

lives or the world outside. Maybe we will do Facebook and tell on everyone we know. Wouldn't that be fun? Of course, we will want to see what the latest Hollywood gossip is on the internet. I will want some quiet time too.

My granddaughter comes every month to tell me about college and her boyfriend and what her silly parents are doing and combs my hair and hugs me. She is so wonderful. I get to tell her about the nurse aides who know what I like and help me get up and walk outside so I get exercise. I know you have to keep moving or you will stop moving. I visit with Alice when she comes to clean my room. She is very nice. She says she likes pancakes too. I'm really looking forward to those pancakes. I love pancakes.

In the Spirit,
Dorya Huser



"Celebrate endings - for they precede new beginnings." -

~Jonathan Lockwood Huie

What I Want The Nursing Home To Know Laura Crowley, RN, Intake & Incidents Supervisor

We are curious to know how you AND your staff would answer the question in the following scenario:

You are moving into a nursing home (where no one knows you). What are 4 things you would want the nursing home staff to know about you?

Maybe you like spinach, but hate broccoli or you never want to miss an episode of "Wheel of

Fortune". Do you like to reminisce about your days in the Navy, or maybe you like to watch "The Tonight Show" before going to bed. ...what matters the most to you?

We really want to hear from ALL of you: administrators, nurses, CNAs, dietary, maintenance, social services, everybody. The easiest way to respond and maintain anonymity is to respond by email.

You may email your responses to lrc@health.ok.gov

Title it:

What I Want the Nursing Home To Know:

Please respond as soon as you have had time to give it a little thought! We look forward to knowing what is important to you on this thought provoking question.

Pest Control—Prevention Is The Key Jim Buck, Assistant Chief, Long Term Care



*“Actions speak louder than words but not nearly as often.”
-Mark Twain*



“One step must start each journey.”

~ Author Unknown

It can be said that in the food service industry - be it café, restaurant or a long term care facility that perception and image is everything.

As with most things and events in life, and in food service, prevention is key. Count on it. A major role of fire departments is prevention and so should pest prevention be in your case.

To keep those annoying pesty rodents away, the first rule and step is for operators of food service areas to minimize the ability of these pests to gain entry into their facility. What this means is that all plumbing and electrical lines must be sealed tight. In addition all holes and cracks in the drywall areas need to be patched promptly and well. Another alternate means of entry for these rodents is through open delivery doors. Using mechanical traps, in these high risk areas of encroachment and entry usually does the trick.

It is often recommended by professional pest control experts when planning or upgrading the facility's kitchen area, not to use shelving that goes all the way to the floor. This allows for easier cleaning, less clutter and in the end, less hiding spots and hidden areas for pests of all kinds to reside and breed. In addition, when it comes to the storage of any food products or ingredients, it's recommended that these

items be placed on higher shelves and in sealed containers.

In terms of those often most resistant pests - cockroaches, it is observed and is more than well known that cockroaches love water and moisture. Thus always instruct your staff to be careful and vigilant against any areas and places of standing water. Advise staff to get rid of any standing water - including water that may be residual in any dishwasher machines.

To finish off, when it comes to pests, prevention is key. Keep your areas clean, don't allow pests to enter and lastly always remember to take out the garbage and trash. Trash, of course, must be removed off site promptly and quickly in a regular and routine schedule.

CONTROL MEASURES FOR RATS AND MICE:

- Do not allow rodents access to your food service establishment.
- Check all deliveries before they enter your establishment.
- Rodents and other pests are usually attracted to damp, dark, and dirty places. A clean and sanitary kitchen offers them little in the way of food and shelter.
- Fill openings or holes around them with sheet

metal to prevent the entry of rodents.

- Install screens over ventilation pipes and ducts on the roof.
- Cover floor drains with hinged grates to keep rodents out.
- Seal all cracks in floors and walls. Use a permanent sealant recommended by your Pest Control Operator.
- Store dry food six (6) inches from the wall and six (6) inches off the floor.
- Dispose of garbage quickly and correctly. Keep garbage containers clean and tightly covered in all areas (indoor & outdoor). Clean up spills around garbage containers immediately.
- Continually monitor facility for signs of rodent infestation, which would be shiny black droppings (older droppings are gray), tracks, hair, nesting materials, signs of gnawing, and holes, which could be in dirt, rock piles or along foundations.
- Deny rodents food, water, and a hiding or nesting place.
- Prevention is critical in pest control, but if you do have an infestation, work with a licensed **Pest Control Operator** to eliminate pests or rodents that do enter.

To view previous *Insider Chat* publications visit :
www.health.ok.gov
(click on Protective Health Services then Long Term Care Links)

To Discharge or Not to Discharge....That Is The Question

Michelle Raney, R.N., Survey Coordinator

I am quite sure that each and every one of you has a particular story in mind, and usually not a pleasant one, when you think of an involuntary discharge. I think most facilities have been there, done that, and can hopefully say they have learned from their experience and maybe even their mistakes.

If you had a crystal ball to look into the future, this subject would never have to come up; yet here in the real world we don't have that luxury. You have to depend on your common sense and the resources at hand. I would say the most important thing you can do is to do your homework before you admit a resident to your facility. If you don't do anything else, at the least make phone calls and actually go and see that person, in person.

Just remember that once you admit a resident to your facility it is not an easy feat to discharge them. In order to give the regulatory 30 day discharge notice to a resident, the burden is on your facility to prove, without question, that you were unable to meet their needs, that they were a danger to other residents, that they jeopardized the health of other residents, or they failed to pay their bill.

Once you are sure you have solid grounds for a discharge, then you

must make sure you notify, in writing, the resident and a family member or resident representative regarding the discharge. The notice must include the following:

- Reason for discharge.
- Effective date of discharge.
- Location to which resident is discharged.
- A statement that the resident has the right to appeal the action to the State.
- The name, address and telephone number of the State Long Term Care Ombudsman.
- If the resident is mentally ill or developmentally disabled, include the name, address and phone number of the advocacy agency.

All residents have the right to an appeal, which they have to file within ten days of the date you informed them of your intent to discharge. Residents and family members exercise their rights often. It is not unusual for a resident to win his/her appeal. This could be either because the facility really did not have a legal reason to discharge the resident or they had inadequate documentation to show a strong rationale for discharging the resident.

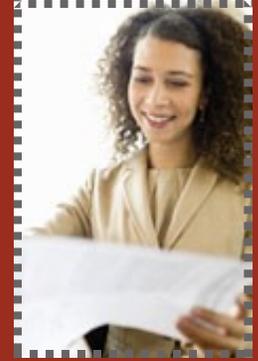
In a case of an emergency, the 30

day notice does not apply, but a notice has to be given to the resident and family member or representative as soon as possible. There also has to be sufficient documentation in place to show the reason it was an emergency.

Another important thing to remember is your bed-hold policy. The bed-hold policy has to be given to the resident at the time of transfer to the hospital or at the time the resident is going on therapeutic leave. It is not uncommon for a deficiency to be cited for the failure to issue this policy.

This is just a very brief synopsis on the subject. All facilities need to read the state and/or federal regulations that apply to your facility type. The LTC federal regulations include F201 – F206. The state regulations concerning resident transfers or discharges are located under Subchapter 7, Administration, at 310:675-7-4. (a) and (b).

If, at some point, you have a question please feel free to contact one of the Team Coordinators at 405-271-6868 (Pam Hall, Chris Bundy, Paula Terrel, Michelle Raney, or Debbie Zamarripa). We are always happy to help.



“...the most important thing you can do is to do your homework before you admit a resident to your facility.”

Failure lies not in falling down. Failure lies in not getting up.

- Chinese Proverb



“Save valuable time and money by simply submitting your plans before you start actual renovations.”

Complimentary Compliance Review Nathan Johns, Supervisor, Life Safety Code

To ensure that your facility's renovations are in regulatory compliance, it is recommended that your plans be submitted to the Oklahoma State Department of Health (OSDH) Health Facilities Plan Review & Construction Inspection Section. Mr. William Culver, Architect/Director- Plan Review will review your proposed renovation plans to ensure regulatory compliance. Contact Mr. Culver at (405) 271-6576 or e-mail questions to him at WilliamC@health.ok.gov.

Note: Although it is not required for you to submit your renovation plans to OSDH for this complimentary compliance review – It could save you both time and money.

If you choose to undertake any renovations without this compliance review, you could be spending twice as much money if you have to “re-do” your completed renovations to bring them into regulatory compliance. Save valuable time and money by simply submitting your plans before you start actual renovations/construction. Also, remember to submit your plans to the appropriate local building authority, fire marshal or their designee for the appropriate building permit(s) and/or occupancy certificates needed for your facility's renovations/construction.

Fall Prevention - 2011 - A Safer Year

Laura Crowley, RN, Intake & Incidents Supervisor

As we enter the third month of 2011 have you given up on all your New Year's resolutions? Granted most New Year's resolutions fail. Psychologists report about 87% failure. Now, don't go away disheartened. There is still something we can do to make your world a better place. For you and all of the Oklahoma State Department of Health (OSDH) Long Term Care (LTC) staff our "world" is made up of our dear elderly residents. So with that in mind, we are determined to put our best foot forward to reduce the number of falls residents' experience. For that to succeed we will have to have your help.

The Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control reports falls are the leading cause of injury related deaths among adults 65 and older. Moderate to severe injuries such as lacerations, hip fractures and head trauma are suffered by 20-30% of people who fall. Even if an injury does not occur from a fall, many people who fall develop a fear of falling. This in turn affects their activities and mobility and increases their actual risk of falling.

Incident reports received by OSDH for all facilities licensed through long term care in 2010 showed 1,239 falls resulting in treatment at a hospital; 2,742 falls with first aid or no injuries; 5414 falls with head injuries for a grand total of 9,395 falls reported. Of note, the falls with first aid or no injuries did NOT need to be reported to OSDH so the number of falls not reported is unknown. Falls without injury still constitute falls and still need to be addressed in the resident's care plan and in house incident reports even though they do NOT need to be reported to OSDH.

We must do the best we can to assist our residents in having a meaningful and rich quality of life. The Centers for Medicare and Medicaid Services (CMS) has provided us with an excellent resource within the regulations for long term care, nursing

homes. The information contained in Federal regulations for nursing homes, Appendix PP 483.25(h), describes a fall as "unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (e.g., resident pushes another resident)." An accident in which a resident lost his or her balance and would have fallen, if not for staff intervention, is considered a fall. "Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred." The interpretive guidelines provide excellent material to help you identify residents' needs PRIOR to and after falls. Residents need to be evaluated for fall risks. Some facilities use a fall risk rating system. That's fine, but it's what you do with the information that matters. The fall risk is just the itty-bitty tip of the iceberg.

After evaluating each resident's risk for falls, look at underlying medical conditions, medications that affect the central nervous system, strength, balance, gait, vision, foot ware, use of walking aids, and environmental hazards. The National Institute of Health (NIH) suggests the physician or physical therapist could do a "get up and go" test to see how steady the resident is on rising and when walking.

Next comes identifying interventions and implementing them. After the evaluation by the physician or physical therapist, recommendations can be made for appropriate walking aids, transfer devices, fitting of wheelchairs or exercise programs. An interesting fact from the NIH is that Tai Chi is one type of exercise that may help prevent falls by improving balance and control. It uses slow flowing movements to help people relax and coordinate the mind and the body. Mild weight bearing exercises like walking may slow bone loss and help prevent fractures.

The CDC encourages educating staff

about fall risk factors and prevention strategies. Staff should be well trained and be proficient in manually and mechanically transferring residents. Staff should also be well informed of how much and what kind of assistance each resident needs and if the resident is impulsive and unaware of safety risks.

Considerations to Prevent Falls

- Do you have sufficient staff and provide adequate supervision of residents to prevent falls?
- Do you have elevated toilet seats for residents who could benefit from them?
- Are beds kept at a safe height?
- Are rooms and halls well lighted?
- Are pathways and halls kept free of clutter?
- Do residents wear safe footwear?
- Are wheel chairs equipped with foot pedals?
- Are spills cleaned up promptly?
- Always ask yourself, "What factors may have contributed to this fall?"

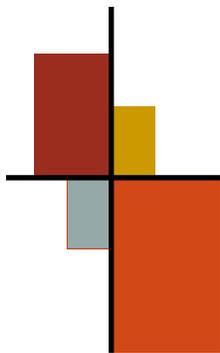
Maybe we should move on to restraints. Wait a minute! CMS reminds us that "**physical restraints don't lower the risk of falls or fall injuries.** They should not be used as a fall prevention strategy. They actually increase the risk of fall related injuries and deaths." Restraints limit a resident's freedom of movement and lead to muscle weakness and reduced physical function. (And we haven't even discussed the mental and psychosocial effect of restraints.)

...cont. on page 10



Regulations Related To Assisted Living Centers
Debbie Zamarripa, R.N.
Coordinator, A.L., R.C., and A.D.C.

“I appreciate the diligent efforts you take to ensure the safety of Oklahomans residing in your facilities.”



“Arriving at one goal is the starting point to another.”
- Fyodor Dostoevsk

On a continuous basis, the Oklahoma State Department of Health (OSDH) receives questions asking for clarification in identifying the differences between assisted living centers coded as I-1 and I-2. Hopefully, the following clarifies this issue.

- To start, assisted living centers with an I-1 occupancy rating house residents who are capable of evacuating the facility without assistance in an emergency situation.

Oklahoma law (Title 74 O.S. §324.11) was amended in 2008 by Senate Bill 2047 to allow assisted living centers constructed prior to November 1, 2008, to house residents not capable of responding to emergency situations with physical assistance from staff or not capable of self-preservation, under the following conditions:

- ◆ As part of the annual licensure renewal process, the facility shall disclose if any residents in the facility are not capable of responding to emergency situations without physical assistance from staff or are not capable of self preservation,
- ◆ The facility shall be required to install within the facility a fire sprinkler protection and alarm system in accordance with the building guidelines set forth in the building code for I-2 facilities, and
- ◆ The facility is licensed to house six (6) or fewer residents prior to July 1, 2008, to install a 13D or 13R fire sprinkler protection in lieu of meeting I-2 sprinkler requirements, with the approval of the municipal fire marshal or compliance with local codes.

RELATED RULE:

OAC 310:663-7-1(a) Each assisted living center shall comply with applicable construction and safety standards pursuant to Title 74 O.S. Sections 317 through 324.21.

RELATED LAWS:

Senate Bill 738’s plan of accommodation language adopted in 2007 was amended in 2008 by House Bill 2539 (Title 63 O.S. §1-890.8) to require the plan of accommodation be in accordance with the current building code, the rules of the State Fire Marshal, and the requirements of the local fire jurisdiction.

63 O.S. § 1-890.8(F) *If a resident of an assisted living center develops a disability or a condition that is consistent with the facility's discharge criteria:*

The personal or attending physician of a resident, a representative of the assisted living center, and the resident or the designated representative of the resident shall determine by and through a consensus of the foregoing persons any reasonable and necessary accommodations, in accordance with the current building codes, the rules of the State Fire Marshal, and the requirement of the local fire jurisdiction, and additional services required to permit the resident to remain in place in the assisted living center as the least restrictive environment and with privacy and dignity.

(cont. on page 9)

Does the Entire Resident Assessment (MDS) have to be In the Resident’s Record?
 Karen Gray, MS, RD/LD, Training Programs Manager

The answer is, no. The Centers for Medicare and Medicaid Services (CMS) revised the interpretive guidelines for 42 CFR 483.20(d), Tag F286, which requires: “A facility must maintain all resident assessments completed within the previous 15 months in the resident’s active record.”

The revised interpretive guidelines clarify this requirement:

Interpretive Guidelines §483.20(d):

The requirement to maintain 15 months of data in the resident’s active clinical record applies regardless of form of storage to all Minimum Data Set (MDS) records, including the Care Area Assessment (CAA) Summary, Quarterly Assessment records, Identification Information and Entry, Discharge and Reentry Tracking Records and (MDS) Correction Requests (including signed attestation). MDS assessments must be kept in the resident’s active clinical record for 15 months following the final completion

date for all assessments and correction requests. Other assessment types require maintaining them in the resident’s active clinical record for 15 months following:

- ◆ The entry date for tracking records including re-entry; and
- ◆ The date of discharge or death for discharge and death in facility records.

Facilities may maintain MDS data electronically regardless of whether the entire clinical record is maintained electronically and regardless of whether the facility has an electronic signature process in place.

Facilities that maintain their MDS data electronically and do not utilize an electronic signature process must ensure that hard copies of the MDS assessment signature pages are maintained for every MDS assessment conducted in the resident’s active clinical record for 15 months. (This includes

enough information to identify the resident and type and date of assessment linked with the particular assessment’s signature pages),

The information, regardless of form of storage (i.e., hard copy or electronic), must be kept in a centralized location and must be readily and easily accessible. This information must be available to all professional staff members (including consultants) who need to review the information in order to provide care to the resident. (This information must also be made readily and easily accessible for review by the State Survey agency and CMS.)

After the 15-month period, Resident Assessment Instrument (RAI) information may be thinned from the clinical record and stored in the medical records department, provided that it is easily retrievable if requested by clinical staff, the State agency, or CMS.



“A facility must maintain all resident assessments completed within the previous 15 months in the resident’s active record.”

Oklahoma Culture Change Network
 Diana Sturdevant, MS, GCNS-BC, APRN, CDONA, RAC-CT

The **Oklahoma Culture Change Network** will bring together organizations that have different agendas to support a common agenda of promoting culture change in our state; facilitating the ability to network with others, to share experiences and ideas in implementing culture change, and to come together to advocate for needed changes in the long-term care system on the state and federal levels. There is strength in numbers and when legislators and other policy makers see individuals and organizations that don’t always agree advocating for change together, it can be a powerful force.

Culture Change has become a driving force for the decisions, mission and care direction of many organizations in Oklahoma. The Oklahoma Culture Network Steering Committee has appointed OKAHSA to assist in developing culture change in our state by facilitating monthly meetings, creating an Oklahoma culture change web presence and act as a liaison with the Oklahoma Department of Health as needed to resolve any regulatory issues which conflict with culture change goals.

If you are interested in becoming a member of the Oklahoma Culture Change Network, please send your request to Belinda@okahsa.org.

Meeting Schedule:

Meetings are scheduled each month from 2:00 p.m. to 4:00 p.m. The 2011 meeting dates are:

January 12	February 9	March 9	April 19
May 17	June 21	July 19	August 16
September 20	October 18	November 15	December 20

Location:

Oklahoma Foundation for Medical Quality
 14000 Quail Springs Parkway, Suite 400

Directions: <http://www.ofmq.com/ofmq-map>



“Great things are not done by impulse, but by a series of small things brought together.”
 ~ Vincent Van Gogh

Long Term Care Enrichment Program
Mike Cook, Strategic Planner/Compliance Officer

Background

In 1986, Congress passed the Nursing Home Reform Act which allowed the government to issue sanctions against nursing facilities that failed to comply with federal Medicare and Medicaid quality of care requirements. Civil money penalties (CMPs or fines) are one type of sanction established by the government in 1995 to encourage nursing facilities to comply with federal requirements and to prevent poor quality of care.

The Centers for Medicare and Medicaid Services has issued guidance to states encouraging the use of federal CMP funds for innovative projects that improve the quality of care and quality of life for nursing facility residents.

The Oklahoma State Department of Health (OSDH) has approved the use of collected sanctioned CMP funds to be awarded to nursing

facilities that provide the highest quality of care to residents via recognition as an Enhancement Program; and to provide a means for those noncompliance facilities to attain compliance status and stay in compliance through an Educational Program.

Programs

Enhancement Program

The purpose of the Enhancement Program is to provide a nursing facility with the opportunity to receive funding for innovative programs/projects that will directly and/or indirectly benefit the residents by providing an enhanced quality of life.

Educational Program

An Educational Program may be requested by nursing facilities for educational training or other innovative means to prevent continued noncompliance with the federal

requirements for long term care facilities.

Certified Nurse Aid (CNA) Career Ladder Program

The career ladder program provides scholarships to qualified CNAs to participate in the CNA II and CNA III programs.

Partnership

To achieve the greatest overall benefits for residents, Long Term Care is introducing the Enrichment Program. This program in association with facilities, organizations and Long Term Care will provide a foundation in which opportunities, resources and skills are shared to improve the quality of life and care for those residents.

For questions or more information, contact Mike Cook at : (405) 271-6868 or e-mail Mike at MCook@health.ok.gov.



“To achieve the greatest overall benefits for residents, Long Term Care is introducing the Enrichment Program.”

Certified Nurse Aide (CNA) Career Ladder

The Oklahoma State Department of Health (OSDH) is pleased to fund training for certified nurse aides (CNAs) that will enable them to enhance their knowledge and skills.

For those of you who have been a part of this program, we would appreciate your response to the questions below:

- Have you sent CNAs to the Career Ladder Training...how many?
- What improvements would you like to see in the Program?
- What positive influence has the program had for you as a CNA or facility?
- Have you had any problems enrolling your CNA in the program?

Your responses will assist in the improvement of the CNA Career Ladder Program.

Please email responses to: lrc@health.ok.gov .

“The price of excellence is discipline. The cost of mediocrity is disappointment.”
 ~ William Arthur Ward



Egg Safety and Regulatory Compliance

Karen Gray, MS, RD/LD,
Training Programs Manager



“The cost of in-shell pasteurized eggs is higher than unpasteurized eggs, but they are considerably cheaper than an immediate jeopardy deficiency!”



Unbroken, clean, fresh shell eggs may contain *Salmonella* Enteritidis (SE) bacteria that can cause foodborne illness. The SE, if present, is usually in the yolk or “yellow”, however it has not been ruled out by researchers that the bacteria may also be present in the egg whites. To be safe, eggs must be properly handled, refrigerated, and cooked.

Everyone is advised against eating raw or undercooked egg yolks and whites or products containing raw or undercooked eggs. **This includes soft cooked eggs, for example: over-easy, sunny side up, soft poached, etc.** However, in-shell pasteurized eggs may be used safely without cooking.

The residents in your facility fall into the category of a “**highly susceptible population**” which is defined as “a group that is more likely than other populations to experience foodborne disease; i.e., immunocompromised persons, older adults, or preschool children in a facility that provides custodial care.” People with health problems are particularly vulnerable to SE infections.

The Oklahoma *Food Service Establishment Regulations* (Chapter 257) address egg preparation in an establishment that serves a highly susceptible population.

Note: These regulations are not written in their entirety.

310:257-5-69. Pasteurized foods, prohibited re-service, and prohibited food

(a) In a food service establishment that serves a highly susceptible population:
(2) Pasteurized shell eggs or pasteurized liquid, frozen, or dry eggs, or egg products shall be substituted for raw shell eggs in the preparation of:

(A) Foods such as Caesar salad, hollandaise or béarnaise sauce, mayonnaise, eggnog, ice cream, and egg-fortified beverages; and

(B) Except as specified in 310:257-5-69(b), recipes in which more than one egg is broken and the eggs are combined.

(4) Raw animal foods such as... soft-cooked eggs that are made from raw shell eggs, meringue, and raw seed sprouts shall not be served or offered for sale in ready-to-eat form.

(b) **310:257-5-69(2)(B)** does not apply if:

(1) The raw eggs are combined as an ingredient immediately

before cooking for one consumer’s serving at a single meal, cooked as specified in 310:257-5-45, and served immediately, such as an omelet, soufflé, or scrambled eggs;

(2) The raw eggs are combined as an ingredient immediately before baking and the eggs are thoroughly cooked to a ready-to-eat form, such as a cake, muffin, or bread; or

(3) The preparation of the food is conducted under a HACCP plan...

310:257-5-45. Raw animal food

(a) ..raw animal foods such as eggs, fish poultry, meat, and foods containing these raw animal foods, shall be cooked to heat all parts of the food to a temperature and for a time that complies with one of the following methods:

(1) Sixty-three (63) degrees Celsius (145 degrees Fahrenheit) or above for at least fifteen (15) seconds for:

(A) Raw shell eggs that are broken or prepared in response to a customer’s order and for immediate

...cont. on pg. 11

LTC Service Provider Training Opportunities

Karen Gray, Training Programs Manager

2011 Provider Training Dates

June 15 th & 16 th	Long Term Care – Tulsa
July 19 th & 20 th	Long Term Care – Oklahoma City
August 24 th	Residential Care – Tulsa
September 14 th	Intermediate Care Facilities for Persons with Mental Retardation – Oklahoma City
October 18 th	Assisted Living – Oklahoma City

Mark your calendars and note the first session for the LTC training will be in Tulsa this year. We are also moving the Residential Care training to Tulsa. Registration for these programs will not open until approximately **four weeks** prior to the training date. Registration forms will be mailed to each facility announcing when registration is open. Watch our website for registration information as well.

<http://www.ok.gov/health/ProtectiveHealth/LongTermCareService/LongTermCareMeetings&Events/index.html>

If you have suggestions for topics you would like to have us address at any of the trainings email your suggestions to: ltc@health.ok.gov



“It’s all to do with the training:...you can do a lot, if you’re properly trained.”

*Elizabeth II,
Queen of Great Britain*

(cont. from page 4)...Regulations Related to AL Centers

74 O.S. § 324.11(G)

(1) Notwithstanding anything to the contrary in the fire code and/or building code, as last

adopted by the Oklahoma Uniform Building Code Commission, all facilities to be licensed as assisted living facilities, constructed after November 1, 2008, shall be constructed with the guidelines of the I-II building occupancies, if at any time in their operation they house residents who are not capable of responding to emergency situations without physical assistance from staff of the facility or are not capable of self-preservation.

(2) Assisted living facilities licensed prior to July 1, 2008, may house residents who are not capable of responding to emergency situations without physical assistance from the staff or are not capable of self preservation under the following conditions: As part of the annual licensure renewal process, the facility shall disclose if any residents who reside in the facility are not capable of responding to emergency situations without physical assistance from staff or are not capable of self preservation, and the facility shall be required to install fire sprinkler protection and an alarm system within the facility in accordance with the building guidelines set forth in the building code for I-II facilities..."

I appreciate the diligent efforts you take to ensure the safety of Oklahomans residing in your facilities. If you have any questions please, don't hesitate to call me at 405-271-6868. If you have any questions about the occupancy rating and fire safety systems of your building,

“Discontent is the first necessity of progress.”

- Thomas Edison

...cont from page 4...**Fall Prevention**



“Let’s be determined to find ways to decrease the risk of falls for our residents.”

So you’ve assessed for fall risks, educated staff AND residents and implemented prevention strategies. Time for a rest? Nope, now it’s time to monitor and evaluate the effectiveness of each resident’s plan. It’s not a linear process with a beginning and an end. It is a continuous process of evaluating, educating, implementing, monitoring, evaluating, educating... You get the idea?

Reporting Resident Falls to the OSDH

One step we haven’t really discussed is the dreaded incident report. Look at the State regulations for your facility type to determine the incident reporting requirements. So, what falls must be reported?

- ◆ Falls that result in accidental death or death other than by natural causes.
- ◆ Falls resulting in fractures,

head injuries or requiring treatment at a hospital.

*The OSDH has defined head injury as, “bleeding, pain, hematoma, bruising or abnormal neurological symptoms after trauma to the head.”

*Treatment is more than first aid or diagnostics such as x-rays. Treatment would include splints, staples, sutures, etc.

* If after internal facility investigation of a fall, neglect by a staff member is identified, the incident and the allegation of neglect are required to be reported whether or not the resident was injured.

Note: If a resident falls and there are no apparent reportable injuries at the time, the fall does not need to be reported the OSDH. However, if a reportable injury from the fall is identified at a later date (e.g., a day or two later) the fall becomes reportable at that

time.

Of course, every fall, whether it needs to be reported or not, needs to be fully investigated for cause and corrective/protective measures must be implemented. (That is part of the continuous process of evaluating, implementing, monitoring, and educating.)

Let’s be determined to find ways to decrease the risk of falls for our residents.

****Resources used in this article include CDC Injury Prevention and Control, Falls in nursing homes available on the CDC website; National Institute of Health, Senior Health, Falls and Older Adults; State Operations Manual Appendix PP Interpretive Guidelines at F323 Accidents and Supervision, State Licensure Regulations 310:675-7-5.1. These resources are all available on line.****



“Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending.”

-Author Unknown

...cont. from page 8 **Egg Safety and Regulatory Compliance**

service.

Guidance for Compliance:

- For residents whose preference is for “soft” cooked eggs, the eggs used for those individuals shall be prepared from “pasteurized” shell eggs. **Waivers signed by residents are no longer recognized.**
- When preparing **eggs in quantities larger than single serving**, pasteurized shell eggs or pasteurized liquid, frozen, or dry eggs or egg products shall be substituted for raw (non-pasteurized) shell eggs.
- If a facility chooses not to purchase pasteurized eggs for use in such items as an omelet, soufflé, or scrambled eggs, **the following preparation criteria must be followed:**
- Raw shell eggs (non-

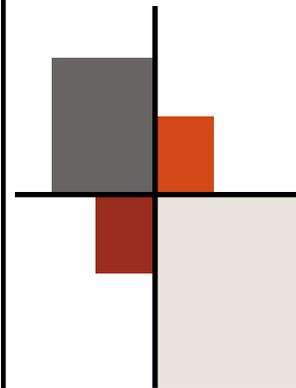
pasteurized) may be used as long as they are **combined immediately before cooking for one consumer’s serving, served immediately, and cooked to heat all parts of the food to a temperature of 145 degrees Fahrenheit or above for at least fifteen (15) seconds**

For nursing and skilled nursing facilities the Federal regulation, 42CFR 483.35 (i), Tag F371, Interpretive Guidelines, specify the final cooking temperature for “Unpasteurized eggs when cooked to order in response to resident request and to be eaten promptly after cooking – 145 degrees F. for 15 seconds; until the white is completely set and the yolk is congealed.”

If surveyors determine undercooked raw shell eggs (unpasteurized) are prepared and served to resi-

dents, they must determine if an Immediate Jeopardy situation exists based on the vulnerability of each resident receiving undercooked raw shell eggs.

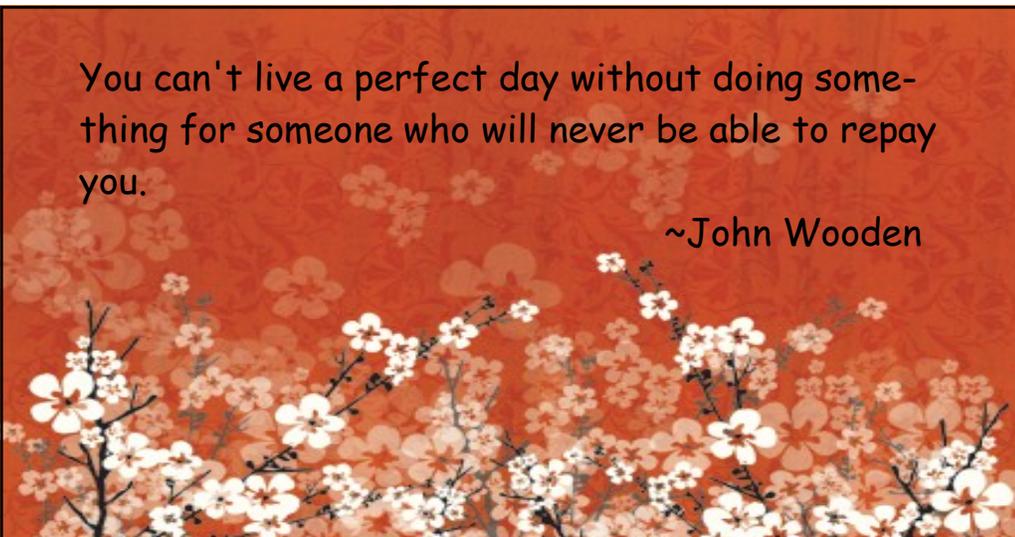
The cost of in-shell pasteurized eggs is higher than unpasteurized eggs, but they are considerably cheaper than an immediate jeopardy deficiency!



...”Immediate Jeopardy situation exists based on the vulnerability of each resident receiving undercooked raw shell eggs.”

You can't live a perfect day without doing something for someone who will never be able to repay you.

~John Wooden



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Introduction to Protective Health Services

- The Protective Health Services Program areas provide regulatory oversight of the state’s health care delivery service through a system of inspection, licensure, and/or certification.
- Several other trades/professions are also licensed.

Protective Health Services’ Mission:

- To promote and assess conformance to public health standards, to protect and help ensure quality health and health care for Oklahomans.

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Insider Chat: Edited by Donna Bell and Joyce Bittner

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