Long Term Care
Oklahoma State Department of Health

LTC Insider Chat

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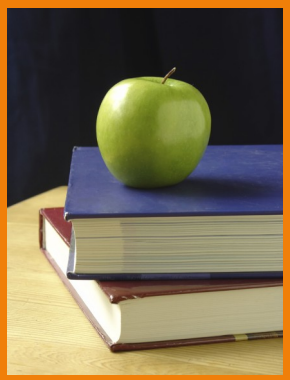

You Should Have Been There!!!

Dorya Huser, Chief, Long Term Care

If you were among the very fortunate that attended the nursing home provider training this year, you were entertained by a number of very talented and knowledgeable speakers. While I enjoyed them all and may reserve the right to talk about others in future editions of Insider Chat, I want to talk about Kent Radar and try to give you a tiny piece of his message.

Mr. Radar is a comedian with what I believe is a serious message but with a very humorous and delightful delivery. He focuses on stress relieving strategies and profiles his life and experiences during his presentation. He tells us we are the architects of our own stress and I believe he is right.

He talks about our access to creativity. Creativity is impacted by mood. Laughter kicks the immune system in. If you have no sense of humor, you have no sense of perspective. Sound interesting? Sound reasonable? Stress is the number one reason people leave healthcare. Is that a surprise? Did you think it was money? The number one reason people leave any job is they do not like their boss. If they do not like their boss, what do you think the stress is going to be like? Do you see the circle forming here?

If we can have fun and find humor and laughter during the day, even while addressing very difficult job situations such as resident care, what impact do you think that may have on you, your co-workers and the residents in your home? Kent tells us to make people leaders in our organization that have the ability to make people laugh. Read that again!! Do you agree? These folks can truly make a difference. Now, we are not saying you should make fun of people or situations to the point someone's feeling are hurt and you all know the difference. Don't go there. Find humor, access creativity, kick those immune systems in!! Do you know the words to the Spiderman theme song?

Now if you are thinking that it is difficult to follow this article and I have skipped around and you are wondering what in the world I am trying to drive home to you…..what did I say at the top? You should have been there!!! Surely, you are beginning to churn some ideas out and can give me a little credit for planting some seeds. You know how to do the rest or you know those who do. Follow them. Be one of them. Make people leaders in your organization that have the ability to make people laugh. They will also lead in getting the work done and improving everyone's quality of life. For more information on Kent Rader, visit Kent's web site at www.kentraderspeaks.com .

In the Spirit,

Dorya

GUIDANCE FOR REPORTING REASONABLE SUSPICION OF A CRIME

Laura Crowley, RN, Intakes and Incident Supervisor

The new section of the Affordable Care Act entitled *"Reporting to Law Enforcement of Crimes Occurring in Federally Funded Long-Term Care Facilities"* has been enacted. Section 1150B of the Social Security Act (the Act), as established by section 6703(b)(3) of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), requires specific individuals in applicable long-term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility. "Applicable facilities" includes all nursing facilities, skilled nursing facilities, or hospices that provide services in Long Term Care (LTC) facilities, and Intermediate Care Facilities for the Mentally Retarded (ICF's/MR), that received at least $10,000 in Federal funds during the preceding fiscal year.

WHAT DOES THIS MEAN FOR YOU?

Each facility will need to have a plan in place to address these requirements. The Center for Medicare and Medicaid Services (CMS) advises facilities to develop and maintain policies and procedures that ensure compliance, including prohibition of retaliation. A policy and procedure could prepare the facilities to ensure everyone knows the process and what is required of them. Facilities are required to notify the covered individuals **annually** of their obligations regarding reporting. Since some of these individuals are contracted such as home health and staffing agencies, you will need to have a written agreement that includes the same reporting requirements. The law requires 'covered individuals' to make a 'timely' report of any reasonable suspicion of a crime against a resident.

WHO ARE THE COVERED INDIVIDUALS?

A 'covered individual' is defined in the act as "anyone who is an owner, operator, employee, manager, agent or contractor of the LTC facility". This would include all employees, management, contracted workers, hospice workers, etc. Covered individuals are subject to a civil money penalty, not to exceed $200,000 and exclusion from participation in any Federal health care program, for failure to meet the reporting obligations.

WHAT IS A TIMELY MANNER?

The report must be made within 2 hours if the event caused serious bodily injury or within 24 hours if it did not result in serious bodily injury. Facilities are required to POST CONSPICUOUS NOTICE in an appropriate location for employees to see their right to file a complaint under this statute. The notice must include a statement that the employee can also file a complaint with OSDH LTC against a facility that retaliates against an employee who reports. A facility that retaliates is subject to a civil monetary penalty of not more than $200,000 and may be excluded from payments from any Federal health care program for a period of 2 years.

WHAT ARE THE OBLIGATIONS?

A covered individual must report any reasonable suspicion of a crime in a timely manner. If the event that causes the reasonable suspicion has resulted in serious bodily injury, the report must be made immediately after forming the suspicion, no later than two hours. Otherwise, the report must be made not later than 24 hours after forming the suspicion. Reports to the state survey agency, OSDH LTC, submitted in behalf of the facility should be submitted to the fax number used for reporting incidents (405-271-2206). Other covered individuals may wish to call the OSDH LTC complaint line or submit via email to ltccomplaints@health.ok.gov. Multiple covered individuals may be included in one complaint report. They will want to list all of their names to show they have complied with the reporting requirement. Details of what led up to the incident, the names of involved residents and others, the extent of the injuries to residents, the date of the incident, and the actions taken by the facility including any corrective and protective measures will be helpful.

The requirement to report to law enforcement should not be forgotten. Facilities may wish to coordinate with state and local law enforcement to determine what actions are considered crimes.

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Chair Exercises

By: Karen Gray, MS, RD/LD
Protective Health Services Training Programs Manager

Chair exercise for seniors will help you stay in shape and increase your metabolism without worrying about aching bones and joints.

The Importance of Exercise

Senior exercise is an important part of the health and wellness of seniors. It helps increase your metabolism, energy levels and alertness. Research shows that those suffering from chronic illnesses benefit from exercise, even if it is while sitting in a chair.

What Are Chair Exercises for Seniors

As the name suggests, chair exercises are exercises that are performed while sitting down. Chair exercises can increase your strength, balance and vitality all while sitting down. They create movement, stretching, and help increase your heart rate. Each exercise involves a series of slow movements.

This form of exercising, also known as chair aerobics, is perfect for a senior who has trouble standing on his own or has difficulty balancing. Doctors recommend you exercise at least 30 minutes a day.

Benefits of Chair Exercises

There are numerous benefits of practicing chair exercises for seniors, including:

- Improved vitality and range of motion
- Pain relief
- Cognitive improvement
- Increased circulation
- Increased muscle strength
- Healthier aging

Another benefit to exercise classes is the social interaction, which helps participants remain independent longer.

What to Wear

There is no need to dress up or buy special clothing when getting ready to pull up a chair. Loose fitting clothing and comfortable shoes are all you need. If you plan to also exercise standing up, make sure your shoes have a good arch support, and a cushioned elevated heel to absorb shock.

Types of Chair Exercises for Seniors

Your chair exercise classes will provide a variety of stretching and toning. Begin slowly. If you feel tired, stop and take a break. You will build stamina and strength the more you do it.

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Stretching

Many of your exercises will involve stretching your arms, fingers, legs and torso. They are as simple as lifting your arms about your head, pushing your legs out, and raising your arms and leaning backwards. Stretching is an important step to take before beginning any exercise.

Exercise Examples

You need to exercise your arms and legs to tone your muscles and keep them strong. Some easy chair exercises for seniors include:

- **Boxing or punching** (without fully extending or snapping the elbow)
- **Arm circles**
- **Foot bounces** (put your feet flat on the floor and lift your heal in time to the music, do one foot at a time, both or alternate)
- **Leg kicks** (extend your leg and kick out)
- **Leg crosses** (scoot down on your chair so you can fully extend your legs, Cross them, and uncross them in the air)

You want to work your lower body as much as possible. Many chair exercises for seniors involve popular warm-ups sitting down.

- **Seated Jumping Jacks** involves sitting up tall and placing your feet spread apart on the ground with all your weight. Then lift them up, cross them in the air, and place them on the floor crossed. Lift again, uncross and put down. Repeat this exercise 20 times. Work your full body by pushing out your legs and arms at the same time and straightening them.

Another variation of chair exercises involves standing up and using the chair for balance or as a tool. Leg squats or knee bands are a great example of standing up and using the chair for balance.

Chair Yoga

Chair exercises as a form of fitness is growing in popularity and branching out. Chair Yoga replaces a yoga mat with a chair. The workout involves modified yoga exercises and sometimes uses two chairs for stretching. The chair is used both as a tool and as a safety measure.

The good physician treats the disease; the great physician treats the patient who has the disease.

-William Osler

Disease Reporting in Oklahoma

Acute Disease Service
Prevention and Preparedness Services
Oklahoma State Dept of Health

The Oklahoma State Board of Health officially establishes certain diseases as reportable by health practitioners, laboratory personnel and county health departments. All disease reports are investigated to determine the danger to a specific population group or to the general population at large. These diseases can be prevented or controlled by administering interventions such as immunization, immune globulin, vector control, or by other control methods. Information is collected on all disease reports to observe increasing and/or decreasing trends in disease occurrence, to detect outbreaks, and to gather information regarding the causes of disease in Oklahoma. This enables the Oklahoma State Department of Health (OSDH) to evaluate and target our control, education and prevention efforts across Oklahoma.

Title 63 Oklahoma Statute (O.S.) 1981 § 1-503 mandates the reporting of cases of diseases and conditions by Oklahoma healthcare providers and laboratories to the OSDH. Oklahoma Administrative Code (OAC) 310:515 and the attached poster list the reportable diseases and conditions and the timeframe for reporting to the OSDH (http://www.ok.gov/health/documents/Chapter_515_Final_Rules_2010_Distribution_Copy_Final.pdf). The Disease Reporting Manual details what is reportable and gives guidelines regarding when to report (http://www.ok.gov/health/documents/DRM%202010.pdf).

The Acute Disease Service (ADS) Epidemiologist-on-Call is available 24 hours/7 days a week at (405) 271-4060 for communicable disease consultations and reporting of diseases or outbreaks (i.e., diarrheal or febrile respiratory illness). Suspected outbreaks should be reported immediately upon suspicion; ADS personnel will collaborate with long-term care facility staff to gather information in order to characterize the outbreak, recommend and/or arrange collection of clinical specimens to confirm the etiologic agent, and implement control measures to prevent the continued occurrence of illness among residents and staff.

One example of a communicable disease incident long-term care centers may experience includes outbreaks due to scabies. Scabies is a parasitic infestation of the skin caused by a mite, *Sarcoptes scabiei*. Individual cases of scabies infestation is a not a reportable disease; however, outbreaks due to scabies is a notifiable condition and should be reported to the ADS immediately upon suspicion. The ADS Epi-on-Call will consult with facility personnel and provide resources regarding surveillance to identify illness among residents and staff; specimen collection; treatment recommendations; and infection prevention measures, including isolation of residents with scabies, exclusion of symptomatic personnel, and environmental cleaning and disinfection to control the outbreak.

For additional information, please visit the ADS website at: http://www.ok.gov/health/Disease,_Prevention,_Preparedness/Acute_Disease_Service/index.html. To report an outbreak or case of disease, please contact the ADS Epi-on-Call at (405) 271-4060.

Acute Disease Service
Oklahoma State Department of Health
Creating a State of Health

REPORTABLE DISEASES/ CONDITIONS

The following diseases are to be reported to the OSDH by PHIDDO or telephone immediately upon suspicion, diagnosis, or positive test.

Anthrax
Bioterrorism - suspected disease
Botulism
Diphtheria
H. influenzae invasive disease
Hepatitis A (Anti-HAV-IgM+)
Hepatitis B during pregnancy (HBsAg+)
Measles (Rubeola)
Meningococcal invasive disease
Outbreaks of apparent infectious disease
Plague
Poliomyelitis
Rabies
Smallpox
Tularemia
Typhoid fever
Viral hemorrhagic fever

The following diseases are to be reported to the OSDH within one business day:

Acid Fast Bacillus (AFB) positive smear
AIDS (Acquired Immunodeficiency Syndrome)
Arboviral infections
Brucellosis
Campylobacteriosis
Congenital rubella syndrome
Cryptosporidiosis
Dengue fever
Escherichia coli O157, O157:H7 or a Shiga toxin producing *E. coli* (STEC)
Ehrlichiosis
Hantavirus pulmonary syndrome
Hemolytic uremic syndrome, postdiarrheal
Hepatitis B (HBsAg+, anti-HBc IgM+, HBeAg+, and/or HBV DNA+)[1]
Hepatitis C virus (in persons ≤ 40 years or in persons having jaundice or ALT ≥ 400 regardless of age with laboratory confirmation)[1]
Human Immunodeficiency Virus (HIV) infection
Influenza associated pediatric mortality
Legionellosis
Leptospirosis
Listeriosis
Lyme disease
Malaria
Mumps
Pertussis
Psittacosis
Q Fever
Rocky Mountain spotted fever
Rubella
Salmonellosis
Shigellosis
Staphylococcus aureus (VISA or VRSA)
Streptococcus pneumoniae invasive disease, children <5 yrs.
Syphilis
Tetanus
Trichinellosis
Tuberculosis
Unusual disease or syndrome
Vibriosis including cholera
Yellow fever

[1] with entire Hepatitis panel results

The following diseases are to be reported to the OSDH within one month:

CD4 cell count <500 with cell count %
Chlamydial infections (C. trachomatis)
Creutzfeldt-Jakob disease
Gonorrhea
HIV viral load
Pelvic inflammatory disease

Isolates of the following organisms must be sent to the OSDH Public Health Laboratory: P.O. Box 24106 Oklahoma City, OK 73124

Bacillus anthracis
Brucella spp.
Escherichia coli O157, O157:H7, or a Shiga toxin producing *E. coli* (STEC)
Francisella tularensis
Haemophilus influenzae (sterile site isolates)
Listeria spp. (sterile site isolates)
Mycobacterium tuberculosis
Neisseria meningitidis (sterile site isolates)
Plasmodium spp.
Salmonella spp.
Staphylococcus aureus (VISA or VRSA)
Vibrio spp.
Yersinia spp.

Acute Disease Service
(405) 271-4060 or (800) 234-5963
Fax (405) 271-6680 or (800) 898-6734

HIV/STD Service
(405) 271-4636
Fax (405) 271-1187

Public Health Laboratory
(405) 271-5070
Fax (405) 271-4850

Fax machines are located in locked offices and are monitored to ensure the confidentiality of disease reports.

Please refer to the Oklahoma Disease Reporting Manual for reporting guidelines and reportable test results which is available through the Disease Reporting link at : http://ads.health.ok.gov

(REV. 07/10)

Keep Your Residents Hydrated for Better Health

By: Karen Gray, MS, RD/LD
OSDH Training Programs Manager

Hopefully, Oklahoma is past the unrelenting heat wave we have encountered this summer. Even though the temperatures may have cooled off to some degree by now, it is important to keep in mind that proper hydration year-round is vital to the health, well-being and quality of life of your residents.

Medical evidence for good hydration in older people shows it can assist in preventing or treating ailments such as pressure ulcers, constipation, urinary tract infections and incontinence, heart disease, low blood pressure, management of diabetes, cognitive impairment, dizziness and confusion leading to falls, poor oral health and skin conditions.

Your staff should be educated about the risk factors for dehydration:

- Increased age: especially greater than 85 years
- Fever, nausea and vomiting
- Decreased kidney function
- Uncontrolled diabetes
- Medications (e.g., diuretics, laxatives, antipsychotics, Digoxin)
- Decreased thirst perception
- Cognitive impairment
- Functional impairment
- Difficulty swallowing (dysphagia)
- Communication problems
- Residents who are dependent on staff
- Terminal illnesses

For residents with risk factors for dehydration staff should understand that withholding fluids does not control incontinence and may have serious medical consequences. Ensure staff are not rushed and have adequate time to feed, properly position residents, offer additional fluids and to pour second servings of beverages.

Fluid needs should be assessed annually and care plans should be developed and implemented to demonstrate each resident's fluid needs, how the amount of fluid needed will be provided and how the facility will monitor to ensure the resident receives and consumes the beverages.

According to federal interpretive guidelines a general guideline for determining baseline daily fluid needs is to multiply the resident's body weight in kilograms (kg) times 30cc (2.2 lbs = 1kg), except for resident with renal or cardiac distress. An excess of fluids can be detrimental for these residents.

To promote good hydration practices:

Provide liquids before and with meals (refill as needed)

Provide liquids between meals

- Use a beverage cart with a variety of liquids including thickened liquids, twice a day
- Ensure the resident's water pitcher is within reach and the resident can lift the pitcher
- Assist residents who cannot get fluids without assistance
- Include enticing beverages as desserts (floats and smoothies)
- Use special events or Happy Hour to offer beverages
- Provide fluids during group or individual activities

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- Offer fluid-dense foods (e.g., gelatin, soup, juice, shakes, ice cream, sherbet, fruit such as watermelon and berries)
- Provide popsicles, ice cream bars, banana splits
- Observe beverage preferences (what will the resident drink)
- Encourage residents to drink with every contact by staff or visitors especially those with cognitive impairment
- Provide 6-8 ounces of fluid during medication pass AND to residents who are not given medications during medication pass times

Drinking more water may encourage residents to go to the toilet more often, but the investment in staff time can be regained through residents regaining a healthy toilet function, fewer soiling incidents, prevention of urinary tract infections, less need for time-consuming enemas and less need for laxatives.

"Provide 6-8 ounces of fluid during medication pass..."

Emergency Preparedness and Response Service (EPRS) Introduction
Rebekah Doyle, RN, Preparedness and Response Nurse, Region 5

Many of you attended the recent "Turn the Page" workshops in Tulsa and OKC and were treated to presentations which discussed emergency planning and response. Jim Buck and Mike Cook have been working with the Emergency Preparedness and Response Section (EPRS) of the OSDH in trying to help you become more prepared for any type of an emergency event which may impact your staff or facility. Regardless of your facility; assisted living, residential care, intermediate care, or Long Term Care, the regional staff of EPRS can be a great additional resource for you.

EPRS has been a part of the non regulatory arm of OSDH for over eight years and it's sole role and purpose is to provide training, guidance and support to facilities and communities as they prepare for all types of hazards. From ice storms, loss of power and water, use of generators and disease outbreak investigation, to planning for our special populations in the event of a catastrophic health emergency such as plague, anthrax or smallpox, EPRS can help with your planning needs.

The members of EPRS are available to help facilities in their preparedness and planning for these events.

Some of the take aways at the recent trainings were:

♠ Know who your regional preparedness team is (e-mail Rebekah Doyle at rebekahD@health.ok.gov to obtain a current Regional Map and contact list)

♠ Know your emergency managers for your city or county (http://www.ok.gov/OEM/documents/012011localem.pdf)

♠ Have a family plan for your household (http://www.ok.gov/mcready/documents/Family%20Preparedness%20Guide%202011.pdf)

If your staff is in need of the Incident Command System (ICS) training, this can be provided for you as well.

If you didn't get the opportunity to speak with an EPRS team member from your region at the recent workshops, please feel free to contact them. They would like the opportunity to stop by and assist you in assessing your emergency preparedness & response planning and to address local planning concerns that you may have for your facility.

"One of the true tests of leadership is the ability to recognize a problem before it becomes an emergency."

All trainings and assistance are provided free of charge. For further information, please contact: Rebekah Doyle at (office) 918-647-8601 or (cell) 918-721-9617.

WORKFORCE DEVELOPMENT

Oklahoma City – OSU-OKC Workforce Development has partnered with the Oklahoma State Department of Health to provide additional long term care training for Certified Nurse Aides currently working in a Sooner Care funded long term care facility. The partnership provides administrators the opportunity to target their employees who are currently certified and allow them to grow in their career as a C.N.A.

The career development program will provide students the ability to earn their C.N.A. II and C.N.A. III, both requiring administrator recommendation and 32 hours of additional instruction time over topics specifically related to long term care. This training program is unique to the Oklahoma State Department of Health (OSDH) and is designed to encourage current C.N.A.s to further develop their skills and advance in the long term care healthcare field.

"I am extremely excited for the chance to partner with OSDH to provide such a vital training program," said OSU-OKC Workforce Development director Adrianne Covington Graham. "With an aging population, we need the best and the brightest taking care of our parents and grandparents who rely upon the services provided by long term care facilities. OSU-OKC Workforce Development is proud of our history of producing highly qualified Certified Nurse Aides and will use the same vigor to further educate those who wish to enhance their career opportunities with the C.N.A. II and C.N.A. III career development training."

OSDH will provide education funds for the training program meaning no economic costs to the long term care facilities who wish to provide the C.N.A. career development training to their employees. Classes will be held on the OSU-OKC Campus located at 900 N. Portland and the course schedule will meet the needs of a full-time C.N.A.

OSU-OKC has a rich history in providing quality training programs for the OKC Metro area and will kick off a 50th Anniversary celebration this Fall.

For more information, please contact Adrianne Covington Graham – adriannecovington@osuokc.edu 405.945.3383.

Quality Indicator Survey

QIS Update

Mike Cook, QIS State Lead

Welcome to the Quality Indicator Survey (QIS) Update. The QIS Process was developed by the Centers for Medicare and Medicaid Services (CMS) for the surveying of federally certified nursing homes. QIS is a computer assisted long term care survey process used by State Survey Agencies and CMS to determine if Medicare and Medicaid certified nursing homes meet the Federal requirements.

On June 1 of this year, CMS selected Oklahoma to be the 25th state to begin the implementation of the process. The OSDH expects this process to take three to four years for full implementation. As the process is implemented, current surveyors and new surveyors alike will attend training for 6 weeks before becoming fully certified.

Long Term Care (LTC) hosted a statewide Stakeholders call on August 3rd with over 100 in attendance. The new computer assisted survey process makes use of the latest tablet based technology and a two day training seminar was hosted by the QIES department of OSDH. Finally on August 22nd, a staff of 12 began a weeklong classroom training hosted by Nursing Home Quality (NHQ).

The first 3 months have been a huge success due to the preparation and dedication of the LTC staff, QIES, CMS and NHQ. Thank you to everyone!

Egress Lighting Requirements

Nathan Johns, MBA, Life Safety Code Supervisor

The National Fire Protection Association's Life Safety Code provides a model set of building regulations to assist regional laws in ensuring maximum safety. Lighting systems must meet standards set by the Life Safety Code, particularly during egress, or exit, in times of emergency. In cases where the main power supply is compromised, the Life Safety Code requires that an alternate source power the egress lighting.

General Light Level

According to sections 7.8.1.1 through 7.8.1.3 of the Life Safety Code, light fixtures must illuminate all of the walking surfaces, including floors, stairs or landings, to a brightness of at least 1 foot-candle, with the light intensity measured at the height of the floor. A foot-candle corresponds to roughly 1 lumen of light, equally distributed across a surface measuring 1 square foot. The term originally referred to the light given by one candle, burning at a distance of 1 foot from the illuminated surface.

"Lumen of light" refers to the light given by one candle, burning at a distance of 1 foot from the illuminated surface.

Duration

In case of a power loss, the emergency lighting system must continue to provide adequate lighting for a length of time sufficient for any necessary evacuation. **According to section 7.9.2.1, the emergency lighting must continue for at least 1 1/2 hours after the regular light source fails.**

Average Light Level

While the Life Safety Code indicates a minimum illumination of 1 foot-candle, measuring along the floor, its section on "Performance of Systems" further defines the minimum illumination, taking an overall average into consideration. The egress path illumination level must average at least 1 foot-candle. At any given point along the path of egress, the floor must be illuminated to at least .1 foot-candles.

Sources of Illumination

According to section 7.8.2.1 Illumination of means of egress shall be from a source considered reliable by the authority having jurisdiction (AHJ).

Periodic Testing of Emergency Lighting Equipment

A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 ½ hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the our OSDH LTC team of Life Safety Code surveyors.

By failing to prepare you are preparing to fail." -- Ben Franklin

Note: *Self-testing/self-diagnostic, battery-operated emergency lighting equipment that automatically performs a test for not less than 30 seconds and diagnostic routine not less than once every 30 days and indicates failures by a status indicator shall be exempt from the 30-day functional test, provided that a visual inspection is performed at 30-day intervals.*

Reference: http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=101&cookie_test=1

...continue from page 2...GUIDANCE FOR REPORTING REASONABLE SUSPICION OF A CRIME

RETALIATION is prohibited. The facility may not discharge, demote, suspend, threaten, harass or deny a promotion because of lawful acts done by the employee. The facility may not file a complaint or report against a nurse or other employee with the licensing or disciplinary agency because of lawful acts done by the employee, making a report or causing a report to be made.
The excerpts in Appendix Two of S&C 11-30 (mailed to facilities in July) provide an outline of the law and its requirements. You'll find it very helpful. Please review the letter submitted by OSDH regarding the law and the requirements and the S&C letter. The law is already in effect so it is important that we all become knowledgeable and assume our responsibilities for the welfare of our residents.

If you have questions regarding this reporting requirement, you may contact Patty Scott, Director, Enforcement, Intakes and Incidents or Laura Crowley, Intakes and Incident Supervisor, at 405-271-6868.

TRAINING CORNER

Karen A. Gray, MS, RD/LD
Protective Health Services Training Programs Manager

Only one opportunity for provider training sessions remains. Six hours of Continuing Education credit for administrators has been requested for this program. Registration is now open for the Assisted Living Provider Training. Check our website for more information: http://www.ok.gov/health/Protective_Health/Long_Term_Care_Service/Long_Term_Care_Meetings_&_Events/index.html

October 18, 2011 – Assisted Living - Moore Norman Technology Center – South Penn Campus – OKC

We invite you to send as many staff members as you can to these free educational seminars.

"Tell me and I'll forget. Show me and I may not remember. Involve me and I'll understand."

~Native American Proverb~

OSDH

1000 N.E. 10TH STREET
Oklahoma City, OK
73117-1299

Phone: 405-271-6868
Fax: 405-271-2206
E-mail: ltc@health.ok.gov

LTC is on the web! Visit us at: www.health.ok.gov

"Excellence is the result of habitual integrity"

-Lenny Bennett

PLEASE POST AND SHARE THIS NEWSLETTER WITH STAFF.

OSDH

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.

Insider Chat: Edited by Donna Bell & Joyce Bittner

For suggestions, comments, or questions, e-mail us at: ltc@health.ok.gov

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