



Insider Chat

VOLUME IV, ISSUE II

DECEMBER 13, 2013

SPECIAL POINTS OF INTEREST:

- **How to Keep Your Staff Happy**
- **See changes to RAI Manual and MDS Item Sets**
- **Electronic Records: Provider Responsibilities.**
- **Accountabilities and Limitations for Advanced CMA's**

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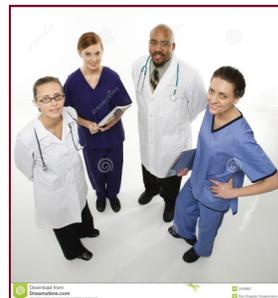
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Keeping Your Staff Happy

Mike Cook, Assistant Chief, Long Term Care

It does not matter whether you provide a service or a product; a business cannot move forward without people. Companies and managers know that keeping their teams moving forward in harmony means the difference in success and failure. The costs of hiring and training new staff members are often higher than the costs of investing in and retaining your current employees. In order to attract and keep the best workers in the labor force, employee satisfaction should be a priority. Keep employees happy by finding out what will help them feel like they are part of a team and contributing to the success of the company. The following tips illustrate that it is not necessarily the dollar that makes a happy employee. Rather, it's the intangible incentives that produce the results.

Practice Open Communication – The difference between a mediocre manager and a great one can be boiled down to communication. A lack of transparency from the manager down to the entry



level employees gets at the heart of the problem. Managers must be straightforward about what can be addressed. Basically, communication gets at the core of employee engagement.

Recognize Success – An engaged employee is self-motivated to go above and beyond. They take ownership of their tasks and feel pride in completing them to the best of their ability. The

employer should recognize a job well done. Business does not have to attach a monetary value to performance. Basic public recognition reinforces company values.

Set Clear Goals – Setting goals infuses daily work with a sense of purpose. Happy workers consider their jobs meaningful, not aimless. Invest a little time in goal-setting and everyone feels the purpose.

Build Trust – Employees want to feel respected and valued, but they also want to trust that their jobs will be there each day. Managers should facilitate dialogue to address potential problems and establish themselves as reliable resources.

Businesses can spend money on seminars, conferences and pizza lunches, but genuine employee happiness amid the daily grind is invaluable. A happy employee makes a happy customer.

Cardiopulmonary Resuscitation (CPR) in Nursing Homes

*Centers for Medicare and Medicaid Services (CMS)
Survey & Certification Memorandum S&C: 14-01-NH*

The Centers for Medicare and Medicaid Services (CMS) issued a Survey & Certification memorandum (S&C: 14-01-NH) on October 18, 2013 clarifying statute and federal regulations governing cardiopulmonary resuscitation (CPR) in nursing homes.

Resident rights regulations provide that a resident of a skilled nursing facility or nursing facility has the “right to a dignified existence” and “self-determination” including the right to “formulate and advance directive.” One of the central tenets of person-centered, individualized care is the right to formulate an advance directive. An individual’s choice to forego CPR in a medical emergency is an important aspect of advance directive decision making. Provisions of the Social Security Act (the Act) and federal regulations further stipulate that the services provided by the facility “must meet professional standards of quality” and “the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident.”

According to the American Heart Association (AHA), reversal of clinical death is among the goals of Emergency Cardiovascular Care (ECC) since brain death begins four to six minutes following cardiac arrest if CPR is not administered during that time. AHA has established evidence-based guidelines for initiating CPR when cardiac arrest occurs in or out of the hospital. AHA guidelines for CPR provide the standard for the American Red Cross, state EMS agencies, **healthcare providers**, and the general public.

AHA urges all potential rescuers to **initiate** CPR **unless**:

- ◆ A valid Do Not Resuscitate (DNR) order is in place;
- ◆ Obvious signs of clinical death are present (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition); or
- ◆ Initiating CPR could cause injury or peril to the rescuer.

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**“Facilities
must not
establish and
implement
facility-wide
no CPR
policies for
their
residents...”**

Kudos to Oklahoma!

In a press release, dated August 27, 2013, CMS lists Oklahoma as one of only a handful of states who’ve already met the 15% reduction in Antipsychotic medication use in nursing homes. To read the entire press release, go to:

<http://cms.gov/Newsroom/MediaReleaseDatabase/Press-Releases/2013-Press-Releases-Items/2013-08-27.html>



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CPR in Nursing Homes

Current research demonstrates the population in nursing homes is increasingly comprised of younger resident requiring medical care, residents needing short-term rehabilitation, and residents from different cultural backgrounds. The increased diversity of nursing home residents calls for decision-making regarding advance directives to be individualized, documented, and effectively implemented throughout the facility. Any limits on how a facility may implement advance directives should be applied on a case by case basis, taking into consideration a resident’s preferences, medical conditions, and cultural beliefs. **While some facilities have implemented facility-wide CPR policies, facilities must not implement policies that prevent full implementation of advance directives and do not promote person-centered care.**

Survey Implications

Surveyors should ascertain that facility policy, at a minimum, directs staff to initiate CPR as appropriate. **Facility policy should specifically direct staff to initiate CPR when cardiac arrest occurs for residents who:**

1. Have requested CPR in their advance directives;
2. Have not formulated an advance directive;
3. Do not have a valid DNR order; or
4. Do not show AHA signs of clinical death.

Additionally, facility policy should not limit staff to only calling 911 when cardiac arrest occurs. Prior to the arrival of EMS, nursing home must provide basic life support, including initiation of CPR, to a resident who experiences cardiac arrest in accordance with that resident’s advance directives or in the absence of advance directives or a DNR order. CPR-certified staff must be available at all times to provide CPR when needed.

Facilities must not establish and implement facility-wide no CPR policies for their residents as this does not comply with the resident’s right to formulate an advance directive under F155. The right to formulate an advance directive applies to each and every individual resident and facilities must inform residents of their option to formulate advance directives. Therefore, a facility-wide no CPR policy violates the right of residents to formulate an advance directive.

To view this S&C Memorandum or see all memorandums go to:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

Dental Health.....Dr. Nicole Reynolds, DDS

For patients living in long-term care facilities, dental health is an important aspect of total well-being. The link between oral and systemic health is widely accepted by healthcare professionals. In addition, the ability to maintain a pain free mouth and chew comfortably is a vital part of quality-of-life.

Many residents experience roadblocks achieving access to care because of physical and/or medical complications. Mobile care, performed on-site at the facility, can alleviate many of these roadblocks by providing individualized care based on each patient’s unique situation. The dental team is able to work alongside the patient’s caregivers, families, physicians, and nurses to achieve the most ideal outcome in each case.

When living in a long-term care facility, residents may experience difficulty performing oral hygiene as they once could. This may be due to physical or cognitive deficits. A variety of products and supplies exist to help patients adequately perform oral care, even in the face of these deficits. Staff members should strive to provide each patient with access to appropriate supplies and ensure the patient has assistance in utilizing them if needed. Daily oral care is perhaps the most vital aspect in maintaining a patient’s dentition. When staff members have questions or concerns regarding dental health, the dental team is only a phone call away.

Nicole Reynolds, DDS, 405-823-9639, nreynolds@srdent.com

**ASSISTED LIVING CENTERS –
HAVE YOU HEARD ABOUT THE OPTIONAL PLAN
OF CORRECTION TEMPLATE?**



Have you heard about the Optional Plan of Correction Template now being sent with your assisted living surveys? Assisted living centers have the option of using the traditional plan of correction (POC) form or trying the new plan of correction template. Many of you have heard about this form at your association's fall conferences. This form was developed through the Assisted Living Enforcement Process Improvement Project. This project started when providers requested to meet with the OSDH to work toward a joint effort to improve the enforcement process. The group began meeting and decided an opportunity exists to ensure that the OSDH implements a clear and reasonable enforcement process for assisted living centers to:

- ◆ Positively impact residents
- ◆ Reduce need for penalties
- ◆ Reduce waste for all involved

The group used a quality assurance tool called a swim lane to show the steps in the survey and enforcement process and where redundancy and wasted time could be eliminated. During these meetings it became clear that the plan of correction process needed improvement. An unacceptable plan of correction can delay the revisit schedule and findings of compliance. Chapter 663 Section 310:663:25-4 requires six elements to be included on a plan of correction. The new optional form prompts for those elements thus increasing the likelihood of a timely approval of the POC. Both the provider and OSDH have an opportunity for a successful plan of correction and to reach the ultimate goal – to ensure safe and healthy conditions for residents living in assisted living centers, to correct deficiencies and to maintain compliance. The Optional Plan of Correction template walks assisted living centers through the steps of preparing a successful plan of correction based on the six required elements. The improvement theory is to increase the proportion of POC's accepted on the first submittal and to reduce the proportion of second revisits by 15% in three months.

The group decided to pilot this optional POC template and started this pilot project November 1, 2013 and it will continue until February 1, 2014. Along with your survey you should be receiving the Optional Plan of Correction template, the instruction sheet and a feedback form

OSDH would appreciate any feedback regarding the optional POC Template and the instructions. OSDH plans to periodically revise these documents based on lessons learned as they are used. Continuous improvement of these documents may help increase the proportion of corrective action plans that are approved by OSDH on the first submittal, and reduce the number of survey revisits. If you have comments on whether or not the POC Template and instructions are helpful to you, or how they can be improved, please feel free to send an email to LTC@health.ok.gov. While the optional POC form, instructions and feedback comment forms are sent with the notice of deficiencies report, it can also be accessed on the Health Department website at <http://www.ok.gov/health/>, then follow the links for **Protective Health , Long Term Care, Long Term Care Forms.**

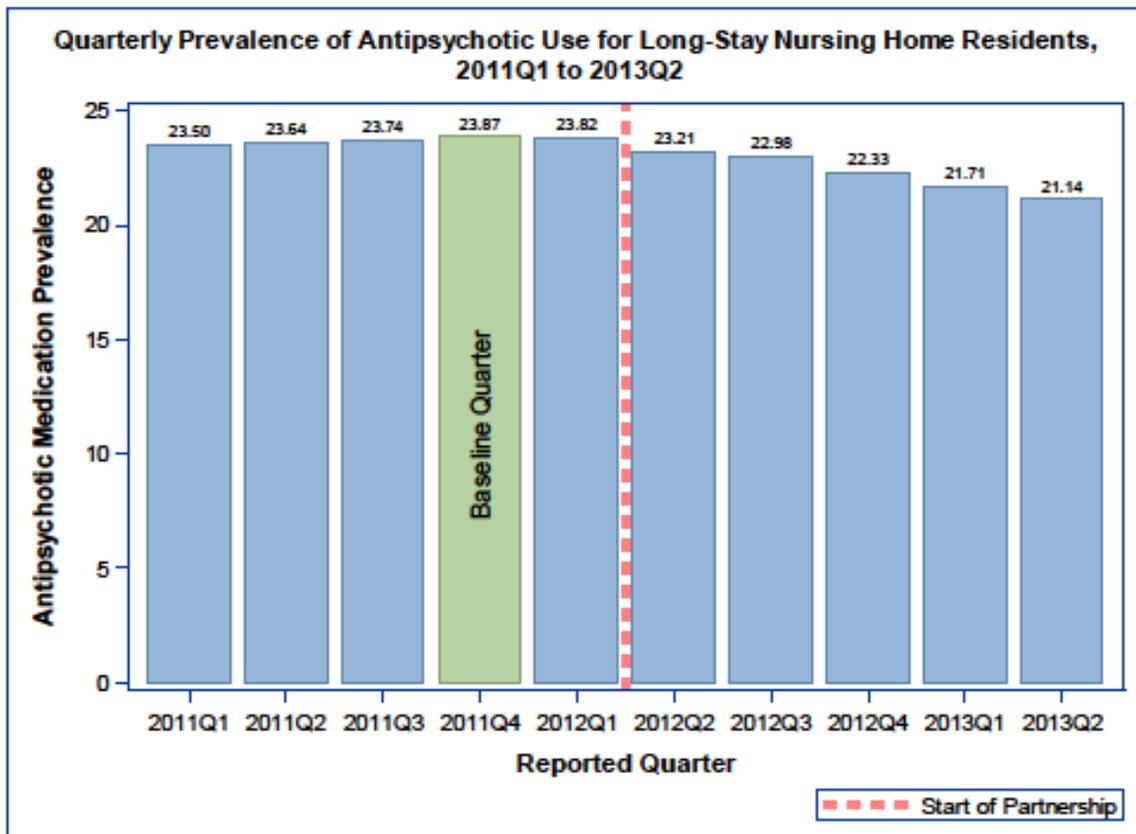
Partnership to Improve Dementia Care in Nursing Homes Antipsychotic Drug use in Nursing Homes Trend Update

The National Partnership to Improve Dementia Care in Nursing Homes is committed to improving the quality of care for individuals with dementia living in nursing homes. The Partnership has a mission to deliver health care that is person-centered, comprehensive and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual’s need. The Centers for Medicare & Medicaid Services (CMS) promotes a multidimensional approach that includes; research, partnerships and state-based coalitions, revised surveyor guidance, training for providers and surveyors and public reporting.

CMS is tracking the progress of the Partnership by reviewing publicly reported measures. The official measure of the Partnership is a the percent of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington’s Disease or Tourette’s Syndrome. In 2011Q4 23.9% of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 11.4% to 21.1% in 2013Q2. Success has varied by state and CMS region, with some states and regions having seen a reduction of greater than 15%.

A three-quarter measure is posted to the Nursing Home Compare website at www.medicare.gov/nursinghomecompare. The long-stay measure on Nursing Home Compare, is the exact same measure as below, except each facility’s score is averaged over the last three quarters in order to give consumers information on the past history of each facility.

For more information on this National Partnership, please send correspondence to dnh_behavioralhealth@cms.hhs.gov.



Alert! Changes to RAI Manual and MDS Item Set

The RAI Manual and MDS 3.0 Item set have been revised effective October 1, 2013.

Below is a general overview of some of the major revisions and clarifications, however we encourage you to review the Change Tables for a complete listing. The Change Tables, RAI Manual and Item Set may be accessed at: www.qtso.com, click on MDS 3.0, then MDS 3.0 RAI Manual.

Chapter 3 Revised Item	Significant Revision	RAI Manual
Section G (Note: Errata document to be posted on the QTSO website soon.)	Self-Performance algorithm revised and Rule of Three has been clarified. Be aware that when coding the second rule, “When an activity occurs 3 or more times at multiple levels, code the most dependent level” that the activity level must occur three times at each level for this rule to apply. For Number 3, “When an activity occurs 3 or more times and at multiple levels, but not three times at any one level”, further investigation must occur to determine if an episode of full staff performance must be converted to weight-bearing in order to have an activity occur 3 times at one level.	Pages G-3 through G-7
Section H	Change in Continence Definition: “Any void that occurs voluntarily, or as the result of prompted toileting, assisted toileting, or scheduled toileting.”	Page H-7
Section K	Food elimination diets related to food allergies (e.g. peanut allergy) may now be coded as a therapeutic diet. In addition to calculating different types of nutritional approaches the resident received “while not a resident” and “while a resident” CMS has added these same categories to “Percent Intake by Artificial Route” and added another category “During Entire 7 Days.”	Pages K-12 and K-13 through K-16
Section O	A new item has been added to capture Co-treatment minutes for the different disciplines. Different rules apply for Part A and Part B. A second new item added to identify “Distinct Calendar Days of Therapy”. If more than one discipline provides therapy on one day, only count as one day of therapy received.”	Pages O-14 & O-15, O-32 & O-33
Section Z	Revisions have been made to allow for an individual to sign the attestation section when the staff member completing the section no longer is available (no longer employed, or in hospital, etc). The person signing must review the information and ensure accuracy and sign for those portions on the date the review was conducted. For sections requiring interviews, the person signing should interview the resident to verify accuracy and sign on the date of the verification.	Page Z-7



Please contact the QIES Help Desk with any questions. We are glad to help!

QIES HELP DESK Phone: 405-271-5278 Fax: 405-271-1402

Electronic Health Records

Karen Gray, Training Programs Manager



Has or is your facility converting to Electronic Health Records (EHRs)? Is your program set up to allow surveyors access to the records when requested during a survey or complaint investigation?

The facility must grant access to any medical record when requested by the surveyor. ***The provider responsibilities include:***

- Provide a terminal(s) (laptop or desktop computer) where the surveyors may access records in a “read-only” format or other secure format to avoid any inadvertent changes to the record. The provider is solely responsible for ensuring that all necessary back up of data and security measures are in place;
- Provide the surveyor with a tutorial on how to use its particular electronic system;
- Designate an individual who will, when requested by the surveyor, access the system, respond to any questions or assist the surveyor as needed in accessing electronic information in a timely fashion; and
- If the facility is unable to provide direct print capability to the surveyor, the provider must make available a printout of any record or part of a record upon request in a timeframe that does not impede the survey process. Undue delays in production of records are unacceptable.

Existing requirements allow the Centers for Medicare and Medicaid Services (CMS) and others authorized by law to have access to facility records whether those records are paper or electronic record systems. Refusing access to any patient/resident records is a basis for termination of the facility’s Medicare agreement.

To read more about EHRs regarding confidentiality and HIPAA Privacy and Security Rules please refer to CMS Survey and Certification memo S&C-09-53 accessible at: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

“The facility must grant access to any medical record when requested by the surveyor.”

Accountabilities and Limitations of Advanced Certified Medication Aides For Glucose Monitoring and/or Insulin Administration In Oklahoma Assisted Living Centers



“The Nurse Aide Training and Certification regulations define when a CMA with advanced training may/may not assist with glucose monitoring and/or insulin administration.”

In assisted living, appropriate placement of an individual with unstable diabetes is governed by the assisted living regulations in the Oklahoma Administrative Code, (OAC 310), Chapter 663 and the Nurse Aide Training and Certification regulations (OAC 310:677).

According to Chapter 663, Continuum of Care and Assisted Living Regulations, the Center must complete an admission assessment "within thirty (30) days before, or at the time of admission," OAC 310:663-5-2(a).

The Center "shall use the screening instrument specified in 310:663-5 to determine the appropriateness of the resident's placement in the assisted living center," OAC 310:663-3-4(a).

In addition, OAC 310:663-9-1, states, "Each assisted living center shall provide adequate staffing as necessary to meet the services described in the assisted living center's contract with each resident and in compliance with the provisions of the Oklahoma Nursing Practice Act."

Lastly, 310:663-9-2(a), states, "Each assisted living

center shall provide or arrange qualified staff to administer medications based on the needs of the residents."

The Nurse Aide Training and Certification regulations define when a CMA with advanced training may/may not assist with glucose monitoring and/or insulin administration.

310:677-13-1(g). General Requirements - Definitions "Stable diabetes" means diabetes associated with a blood glucose level consistently between 80 and 140 milligrams per deciliter (mg/dl) fasting and less than or equal to 80 mg/dl after a meal, and/or a Hemoglobin A1c (HbA1c) at or below 7.0 within the last three months.

"Unstable diabetes" means:

(A) A non-acutely ill person with blood glucose levels more than three times over a six week period that are under 80 mg/dl or more than 140 mg/dl fasting, or more than 180 mg/dl two hours after a meal;

(B) A person with diabetes who has prescriptions for both insulin and glucagon;

(C) A person with Type I

diabetes who experiences hypoglycemia unawareness; (D) A person who is newly diagnosed with diabetes and for whom insulin is prescribed;

(E) A person who has been previously diagnosed with diabetes and now requires insulin administration for management. They may be considered stable again when their glucose is maintained in the stable range specified in subsection (g) (1) of this section, which may include maintaining an HbA1c at or below 7.0.

(3) "Newly diagnosed" means a person who now has a diagnosis of either Type I or Type II diabetes, has a new prescription for insulin, has not been diagnosed with diabetes in the past does not have stable diabetes.

310:677-13-7. Skills and Functions

(b) Limitations. A certified medication aide shall not:

(6) Perform blood glucose testing unless the CMA has completed a Department-approved advanced training program and has demonstrated competency for care of diabetes;

...cont. pg. 11

Are You READY? Fingerprinting is Coming Soon!

Oklahoma National Background Check Program Update



Walter Jacques, Director, ONBCP

I would like to thank all of the representatives in the Long Term Care industry who have welcomed Susan Daniels, my administrative assistant, and me in our new capacity at the Oklahoma National Background Check Program (ONBCP). We look forward to working with all of you to ensure the safest environment possible for the population that we serve. Please bear with us as we drive over some bumps on the way to perfecting the process of providing speedy and accurate eligibility determinations for all of your applicants.



We [proposed rules](#) for effective dates and the ineligibility waiver process in October. Based on the comments received we revised the effective dates to start February 1, 2014, and spread out the required compliance dates over the next six months. Those rules will go to our Board of Health on December 10, 2013 and, if approved by the Board and Governor's office, will become effective February 1, 2014. At that time, providers may begin to use the OK-SCREEN process and the fingerprint-based criminal background checks as a part of the determination process. Providers will be required to do this based on varying dates specified in the rule schedule.

Please be prepared for your required go-live date by participating in our pilot program and getting familiar with the process now. You can get information on the pilot program (and will be able to view the schedule for effective dates) at our program website: <http://onbc.health.ok.gov> . Read the section near the top entitled, “**Apply for your OK-SCREEN Account**” to find out more.

...Cont. page 10

This publication was issued by the Oklahoma State Department of Health (OSDH) as authorized by Terry L. Cline, Ph.D., Commissioner of Health. 1000 copies were printed by OSDH in December 2013 at a cost of \$1,740.00. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries.



“Please be prepared for your required go-live date by participating in our pilot program...”

Over 1300 providers attended our 2013 training sessions.

...cont. from page 9

Fingerprinting

What does OK-SCREEN do?

1. OK-SCREEN provides a one-stop web-portal to check an applicant's status on the following registries as required by the new law:

- OK Nurse Aide & Non-Technical Service Worker Abuse Registry
- The Office of Inspector General List of Excluded Individuals and Entities
- OK Child Care Restricted Registry
- OK Community Services Worker Registry
- OK Sex & Violent Offender Registries
- National Sex Offender Public Website

2. It provides a summary report of the checked registries for the applicant's file.

3. It provides an applicant's consent and release form for fingerprinting.

4. It provides the method to pay for the applicant's fingerprinting.

5. It provides the instructions for the applicant on where to go for fingerprinting and links to the scheduling site.

6. It provides automated updates on the status of an applicant's fingerprinting and email notification of the eligibility determination.

7. It provides an eligibility determination report for the applicant/employee file.

Got a question? Send us an email at okscreen@health.ok.gov.

THANK YOU!

Protective Health Service/Long Term Care thanks you for attending our 2013 provider training programs. Your attendance contributed to record numbers of attendees and challenges us to find larger conference facilities in 2014 in order to accommodate more attendees (we really hate having to turn people away!).

Your participation in the programs demonstrates your desire to learn and improve the quality of care and quality of life for the residents in your facilities. As we start our planning process for 2014 we will utilize the responses from the evaluations in an effort to improve the programs and provide topics that have been requested.

As always, if you have suggestions for topics and/or presenters please email us at ltc@health.ok.gov

We are in the process of establishing the dates and locations for the trainings in 2014. Once the dates are set visit our website periodically to watch for registration forms for the programs.

http://www.ok.gov/health/Protective_Health/Long_Term_Care_Service/Long_Term_Care_Meetings_&_Events/index.html

We wish all of you a Healthy and Happy New Year!

...cont from pg 4 **Accountabilities and Limitations of Advanced Certified Medication Aides**

(7) Administer insulin unless the CMA has successfully completed a Department approved advanced training program and competency and skills examination, and unless a physician or licensed nurse is on-site if the individual:

(A) Is newly diagnosed with diabetes;

(B) Requires insulin administration based on blood glucose levels and does not have clear physician orders for variable or sliding scale insulin; or

(C) Has unstable diabetes.*

310:677-13-11. Facility Policies and Procedures

If a facility uses certified medication aides, facility policies and procedures shall address:

(1) Methods that the facility, center or home uses to ensure that training, skill validation, and task assignment procedures are approved and implemented;

(2) Licensed supervision, oversight and availability;*

(3) Staff intervention during an emergency;*

(4) Procedures for responding

when a resident experiences a change in condition, demonstrates side effects or does not respond to the medication regimen as identified in the plan of care;*

(5) Documentation that must be maintained;

(6) Reporting errors to licensed nurses and/or physicians; and

If a facility uses certified medication aides that have completed an advanced training program and demonstrated competency for care of diabetes or other specialized training modules, the facility policies and procedures shall address subsection (a) of this section and:

(1) Standards for monitoring and assessments of residents by a registered nurse or physician, including:

(A) Frequency of monitoring and assessment;*

(B) Distinguishing between... stable and unstable diabetes;*

(2) Validating CMA skills before the CMA performs medication administration and annual reviews of CMA performance

competency and proficiency by the facility nurse;

(3) Procedures for blood sugar testing;

(4) Collecting data;

(5) Charting, graphing and recording data;

(6) Standards for reporting to the licensed nurse or physician on a timely basis,* including:

(A) Recognition of abnormal resident reactions;

(B) Contact procedures, on-call hours, and response times; and

(C) Medication administration errors, including the wrong patient, drug, date, time, dosage, route or form;

(7) Contacting emergency medical services;

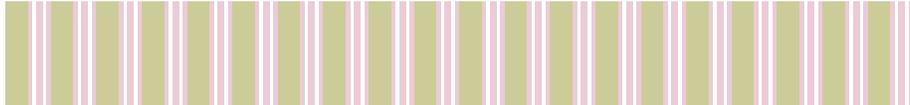
(8) Training, orientation and delegation of tasks from the facility's nurse;*

(9) Drawing up insulin;

(10) Following physician orders, including use of sliding scale orders prescribed by physicians;

(11) Safety and infection control...

“Each assisted living center shall provide adequate staffing as necessary to meet the services described in the assisted living center’s contract with each resident and in compliance with the provisions of the Oklahoma Nursing Practice Act.”



“There is no passion to be found in settling for a life that is less than the one you are capable of living.”

-Nelson Mandela



OSDH

1000 N E 10th St
Oklahoma City, OK 73117-1299

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.

Disclaimer of Endorsement

Reference within this newsletter to any specific commercial or non-commercial product, process, or service by trade name, trademark, manufacturer or otherwise does not constitute or imply an endorsement, recommendation, or preference by the Oklahoma State Department of Health. The views and opinions of the authors of articles submitted for publication in the "Insider Chat" does not necessarily state or reflect the opinion of the Oklahoma State Department of Health.

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

Insider Chat: Edited
by Donna Bell, R.N.

Phone: 405-271-6868

Fax: 405-271-3442

E-mail: ltc@health.ok.gov

Assisted Living Centers & IDR's

During the 2013 State legislative Session, Senate Bill 592 was passed. This bill amended Section 1-895 of Title 63 of the Oklahoma Statutes relating to permitting Assisted Living facilities to participate in the Informal Dispute Resolution (IDR) Process and authorizing the Oklahoma State Department of Health to appoint members to Assisted Living informal dispute resolution panels. This bill became effective November 1, 2013.

Under the provisions of this bill, Assisted Living Centers may now request an Informal Dispute Resolution for any deficiency that they feel was cited erroneously. The request for an IDR must be submitted within 10 days of receiving the Statement of Deficiencies (State Form) for a survey. All documentation that the facility wishes to present in defense of their dispute must be submitted with the request, and must be redacted. This means that any information which could be used to identify a resident must be deleted or marked out. Requesting an IDR does not delay the deadline for submitting a plan of correction for the tag in question.

Assisted Living IDRs will be held on the second Monday of every month. The IDR request form (ODH Form 833AL) is available online at www.ok.gov/health/Protective_Health/Long_Term_Care_Service/Long_Term_Care_Forms. The completed form, along with pertinent documentation, can be submitted by mail, fax, hand delivery or by emailing it to IDRCoordinator@health.ok.gov.