310:675-7-5.1. Reports to state and federal agencies

(b) Reporting abuse, neglect or misappropriation. The facility shall report to the Department allegations and incidents of resident abuse, neglect or misappropriation of residents' property [63 O.S.§1-1939(I)(1)(e)]. This requirement does not supersede reporting requirements in Title 43A of the Oklahoma Statutes (relating to the Protective Services for the Elderly and for Incapacitated Adults Act).

(l) Reporting nurse aides. The facility shall report to the Department allegations and incidents of abuse, neglect, or misappropriation of resident property by a nurse aide by submitting a completed Nurse Aide Abuse, Neglect, Misappropriation of Resident Property Form (ODH Form 718), which requires the following:

1. facility name, address, and telephone;
2. facility type;
3. date;
4. reporting party name or administrator name;
5. employee name and address;
6. employee certification number;
7. employee social security number;
8. employee telephone number;
9. termination action and date;
10. other contact person name and address; and
11. facts of abuse, neglect, or misappropriation of resident property.

(m) Content of reports to the department. Reports to the Department made pursuant to this section shall contain the following:

1. The preliminary report shall, at the minimum, include:
   (A) who, what, when, and where; and
   (B) measures taken to protect the resident(s) during the investigation.

2. The follow-up report shall, at the minimum, include:
   (A) preliminary information;
   (B) the extent of the injury or damage if any; and
   (C) preliminary findings of the investigation.

3. The final report shall, at the minimum, include preliminary and follow-up information and:
   (A) a summary of investigative actions;
   (B) investigative findings and conclusions based on findings; and
   (C) corrective measures to prevent future occurrences.

   (D) if items are omitted, why the items are omitted and when they will be provided.

[Source: Added at 9 OkReg3163, eff 7-1-92 (emergency); Added at 100kReg 1639, eff
310:675-7-12.1. Incident reports

(a) Incident defined. An incident is any accident or unusual occurrence where there is apparent injury, where injury may have occurred, including but not limited to, head injuries, medication, treatment errors or events subject to the reporting requirements in 310:675-7-5.1 (relating to reportable incidents).

(b) Incident records. Each facility shall maintain an incident report record and shall have incident report forms available.

(c) Incident report format. Incident reports shall be on a printed incident report form. The form used shall be Long Term Care’s Incident Report Form, ODH Form 283. The Incident Report Form requires: the facility name, address and identification number; the date, location and type of incident; parties notified in response to the incident; description of the incident; the relevant resident history; summary of the investigation; and name of person completing the report.

(d) Incident report preparation. At the time of the incident, the administrator, or the person designated by the facility with authority to exercise normal management responsibilities in the administrator’s absence, shall be notified of the incident and prepare the report. The report shall include the names of the persons witnessing the incident and their signatures where applicable.

(e) Incident reporting: scope. The incident report shall cover all unusual occurrences within the facility, or on the premises, affecting residents, and incidents within the facility or on the premises affecting visitors or employees.

(f) Incident records on file. A copy of each incident report shall be on file in the facility.

(g) Incident in clinical record. The resident’s clinical record shall describe the incident and indicate the findings on evaluation of the resident for injury.

(h) Incidents: reviewers. All incident reports shall be reviewed by the director of nursing and the administrator and shall include corrective action taken where health and safety are affected. [Source: Added at 9 OkReg3163, eff 7-1-92 (emergency); Added at 10OkReg 1639, eff6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-07; Amended at 25 Ok Reg 2482, eff 6-25-09]

310:675-9-6.1. Restraints

(a) The resident has the right to be free from any physical or chemical restraints imposed for discipline or convenience. Restraints may be used in emergency situations, or for the purpose of treating a resident’s medical condition. All physical restraints shall allow for quick release. Locked restraints shall not be used.

(b) In an emergency situation, physical restraints may be used only to ensure the physical safety of the resident, staff, or other residents. When restraints are used in an emergency, the facility shall comply with the following process:

(1) A licensed nurse may use physical restraints, without a physician’s order, if necessary to prevent injury to the resident, or to other residents, when alternative measures are not effective. The licensed nurse shall document in the clinical record the application of the physical restraint and the alternative measures that were not effective. A licensed nurse shall contact the physician for physical restraint orders within six hours after application.
(2) The facility staff shall continually monitor the resident during the restraint period. An interdisciplinary team shall evaluate alternative placement if the resident requires physical restraints for longer than forty-eight consecutive hours.

(3) Circumstances requiring the physical restraints shall be re-evaluated every thirty minutes and documented in the clinical record.

(4) A resident who is physically restrained shall have the restraints released for at least ten minutes every two hours. Such residents shall also be repositioned, exercised and toileted as needed.

(c) In an emergency situation, chemical restraints may be used only to ensure the physical safety of the resident, staff, or other residents. When chemical restraints are used, the facility shall comply with the following process:

(1) The written order for the use of a chemical restraint shall be signed by a physician who specifies the duration and circumstances under which the chemical restraint is to be used.

(2) The physician's orders may be oral when an emergency necessitates parenteral administration of the chemical restraint but is valid only until a written order can be obtained within forty-eight hours.

(3) An emergency order for chemical restraints shall not be in effect for more than twelve hours and may be administered only if the resident is continually monitored for the first thirty minutes after administration and every fifteen minutes until such time as the resident appears stable to ensure that any adverse side effects are noticed and appropriate action taken as soon as possible. The clinical record shall accurately reflect monitoring.

(4) A licensed nurse shall document in the resident's clinical record any alternative measures that were not effective and precipitated the use of the chemical restraint.

(5) An interdisciplinary evaluation shall be made to consider alternative placement if the resident requires chemical restraints for longer than twelve continuous hours.

(d) When restraints are required for the resident's medical symptoms, the nursing staff shall ensure that physical and chemical restraints are administered only in accordance with the resident's care plan and under the following circumstances.

(1) When restraints are used to prevent falling, or for the purpose of positioning the resident, the resident and resident's representative shall be informed of the risk and benefits, and written consent shall be obtained.

(2) Restraints may be applied only on a physician's written order and shall identify the type and reason for the restraint. The physician shall also specify the period of time, and the circumstances under which the restraint may be applied.

(3) Alternative measures to the use of restraints shall be evaluated prior to their use. Circumstances requiring the restraints, and alternative measures, shall be re-evaluated and documented in the clinical record every thirty days.

(4) A restrained resident shall have the restraints released every two hours for at least ten minutes; and the resident shall be repositioned, exercised, or provided range of motion and toileted as necessary. [Source: Added at 9 Ok Reg 3163, eff7-1-92 (emergency); Added at 100k Reg 1639, eff6-1-93]

12. Every resident shall be free from mental and physical abuse and neglect, as such terms are defined in Section 10-103 of Title 43A of the Oklahoma Statutes, corporal punishment, involuntary seclusion, and from any physical and chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms,
except those restraints authorized in writing by a physician for a specified period of time or
as are necessitated by an emergency where the restraint may only be applied by a
physician, qualified licensed nurse or other personnel under the supervision of the
physician who shall set forth in writing the circumstances requiring the use of restraint.
Use of a chemical or physical restraint shall require the consultation of a physician within
twenty-four (24) hours of such emergency;