

Subchapter 7 - Administration

310:675-7-1. Governing authority [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-1.1. Administrator

(a) The administrator shall be a person who has the authority and responsibility for the total operation of the facility, subject only to the policies adopted by the governing authority and who is licensed by the Oklahoma State Board of Examiners for Nursing Home Administrators.

(b) The administrator, or the owner, shall designate a person in the facility to act on behalf of the administrator during the administrator's absence from the facility. Authority shall be granted to the designated person to allow normal management responsibilities to be exercised.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-2. Administrator [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-2.1. Medical director

The facility shall designate a licensed physician to serve as medical director. The medical director is responsible for implementation of resident medical care policies and the coordination of medical care in the facility.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-3. Residents' rights and responsibilities

Each resident or resident's representative shall receive a copy of the resident statutory rights at the time of admission. A copy of the resident rights shall be posted in an easily accessible, conspicuous place in the facility. The facility shall ensure that its staff is familiar with, and observes, the resident rights. [63 O.S. 1991 § 1-1918.]

[Source: Amended at 9 Ok Reg 3163, eff 7-1-92 (emergency); Amended at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-4. Resident transfers or discharge

(a) **Reasons for transfer or discharge.** Involuntary transfer or discharge of a resident may be initiated by a facility only for one or more of the following:

(1) Medical reasons, including needs that the facility is unable to meet, as documented by the attending physician, in consultation with the medical director if the medical director and attending physician are not the same person.

(2) The resident's safety, or for the safety of other residents, as documented by the clinical record. The facility shall show through medical records that:

(A) the resident has had a comprehensive assessment by an interdisciplinary team and alternative measures have been attempted unsuccessfully; or

(B) the resident is a danger to himself, herself or other resident as documented by the medical record and the facility is not capable of managing that resident.

(3) The non-payment of charges for the resident's care as documented by the facility's business records for services for more than 30 days.

(b) **Procedures.** Procedures for involuntary transfer or discharge by the facility are as follows:

- (1) Written notice shall be provided at least thirty (30) days in advance of the transfer or discharge date to the resident, resident's legal representative, person responsible for payment of charges for the resident's care, if different from any of the foregoing, and the Department.
- (2) The ten day requirement shall not apply when an emergency transfer is mandated by the resident's health care needs and is in accordance with the attending physician's written orders and medical justification; or the transfer or discharge is necessary for the physical safety of other residents as documented in the clinical record. The facility shall not use a discharge to a hospital as a reason for failing to re-admit a resident after release from the hospital to the first available bed in a semi-private room. Such action shall be considered to be an involuntary discharge subject to all the requirements of this section, unless the discharge was required by the Department.
- (3) The written notice shall include:
 - (A) A full explanation of the reasons for the transfer or discharge;
 - (B) The date of the notice;
 - (C) The date notice was given to the resident and the resident's representative;
 - (D) The date by which the resident must leave the facility; and
 - (E) Information that the resident's representative or person responsible for payment of the resident's care who is aggrieved by the facility's decision, may file within ten (10) days of notice a written request for a hearing with the Department by sending a letter to the Hearing Clerk, Oklahoma State Department of Health, 1000 NE Tenth Street, Oklahoma City, OK 73117.
- (4) Failure of the facility to give the notice as substantially specified above shall result in an order without hearing from the Department denying the right of the facility to discharge the resident.
- (5) If a written request for a hearing is properly filed by an eligible aggrieved party, the Department shall convene a hearing within ten working days of receipt of the request. The request may be in the form of a letter or a formal request for hearing from the resident or resident's representative. In the event that the resident is unable to write, a verbal request made to the hearing clerk shall be sufficient. The Department shall reduce the verbal request to writing and send a copy to the resident. The request should state the reason for the discharge and attach a copy of the letter from the facility.
- (6) During the pendency of the hearing, the facility shall not discharge the resident unless the discharge was required by the Department or is an emergency situation. If the resident relocates from the facility but wants to be readmitted, the Department may proceed with the hearing and the facility shall be required to readmit the resident to the first available bed in a semi-private room if the discharge is found not to meet the requirements of the Nursing Home Care Act and OAC 310:675.
- (7) The Department shall provide the Administrative Law Judge and the space for the hearing. The parties, including the resident and the facility, may be represented by counsel or may represent themselves.
- (8) The hearing shall be conducted at the Oklahoma State Department of Health building unless there is a request for the hearing to be held at the facility or at another place. Providing the hearing room in such a case shall be the responsibility of the parties. The Department shall maintain a record on the case as it does for any other individual proceeding.
- (9) The hearing shall be conducted in accordance with the Department's procedures, Chapter 2 of this Title. The Administrative Law Judge's order shall include findings of fact, conclusions of law and an order as to whether or not the transfer or discharge was according to law. If a facility receives federal funds for services, it shall also comply with the certification standards. The more restrictive rule toward the facility shall be applied.
- (10) If the Administrative Law Judge finds that the discharge was not according to law, the Department shall review, investigate and issue deficiencies as appropriate.
- (11) If the discharge is according to law, the order shall give the facility the right to discharge the resident.

(12) The scope of the hearing may include:

- (A) Inadequate notice;
- (B) Discharge based on reason not stated in the law;
- (C) Sufficiency of the evidence to support the involuntary discharge; or
- (D) The finding of emergency.

(13) The Administrative Law Judge shall render a written decision within ten working days of the close of the record.

(14) If the Administrative Law Judge sustains the facility, the facility may proceed with the discharge. If the Administrative Law Judge finds in favor of the resident, the facility shall withdraw its notice of intent to transfer or discharge the resident. The decision of the Administrative Law Judge shall be final and binding on all parties unless appealed under the Administrative Procedures Act.

(c) Room relocation

(1) If a facility wants to relocate a resident from one room to another, the facility shall give the resident at least forty-eight hours written notice. The notice shall include the cost of transferring the resident's telephone, if applicable.

(2) If the resident or the resident's representative agrees in writing to the relocation, the relocation may take place in less than forty-eight hours.

(3) No hearing is required if the resident requests or agrees to relocation from one room to another.

[Source: Amended at 9 Ok Reg 3163, eff 7-1-92 (emergency); Amended at 10 Ok Reg 1639, eff 6-1-93; Amended at 20 Ok Reg 2399, eff 7-11-03; Amended at 26 Ok Reg 2059, eff 6-25-09]

310:675-7-5. Complaint procedures [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

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

(a) **Timeline for reporting.** All reports to the Department shall be made by telephone or facsimile within twenty-four (24) hours of the reportable incident unless otherwise noted. A follow-up report of the incident shall be mailed or faxed to the Department within five (5) Department business days after the incident. The final report shall be filed with the Department within ten (10) Department business days after the incident.

(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).

(c) **Reporting to licensing boards.** The facility shall also report allegations and incidents of resident abuse, neglect, or misappropriation of residents' property by licensed personnel to the appropriate licensing board.

(d) **Reporting communicable diseases.** The facility shall report *communicable diseases* [63 O.S. §1-1939(I)(1)(a)] and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting).

(e) **Reporting certain deaths.** The facility shall report *deaths by unusual occurrence, such as accidental deaths or deaths other than by natural causes, and deaths that may be attributed to a medical device*, [63 O.S. §1-1939(I)(1)(b)] according to applicable state and federal laws. The facility shall also report such deaths to the Department.

(f) **Reporting missing residents.** The facility shall report *missing residents* to the Department after a search of the facility and facility grounds and a determination by the facility that the resident

is missing. *In addition, the facility shall make a report to local law enforcement agencies within two (2) hours if the resident is still missing* [63 O.S. §1-1939(I)(1)(c)].

(g) **Reporting criminal acts.** The facility shall report *situations arising where a criminal intent is suspected. Such situations shall also be reported to local law enforcement* [63 O.S. §1-1939(I)(1)(d)]. Where physical harm has occurred to a resident as a result of a suspected criminal act, a report shall immediately be made to the municipal police department or to the sheriff's office in the county in which the harm occurred. A facility that is not clear whether the incident should be reported to local law enforcement should consult with local law enforcement.

(h) **Reporting utility failures.** The facility shall report to the Department utility failures of more than four (4) hours.

(i) **Reporting certain injuries.** The facility shall report to the Department incidents that result in fractures, head injury or require treatment at a hospital.

(j) **Reporting storm damage.** The facility shall report to the Department storm damage resulting in relocation of a resident from a currently assigned room.

(k) **Reporting fires.** The facility shall report to the Department all fires occurring on the licensed real estate.

(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 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 20 Ok Reg 2399, eff 7-11-03; Amended at 24 Ok Reg 2030, eff 6-25-07¹; Amended at 25 Ok Reg 2482, eff 7-11-08]

EDITOR'S NOTE: ¹See Editor's Note at beginning of this Chapter.

310:675-7-6. Resident's advisory council [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-6.1. Complaints

(a) **Complaints to the facility.** The facility shall make available to each resident or the resident's representative a copy of the facility's complaint procedure. The facility shall ensure that all employees comply with the facility's complaint procedure. The facility's complaint procedure shall include at least the following requirements.

(1) The facility shall list in its procedures and shall require to be posted in a conspicuous place outside the administrator's office area the following information:

(A) The names, addresses and telephone numbers of facility staff persons designated to receive complaints for the facility;

(B) Notice that a good faith complaint made against the facility shall not result in reprisal against the person making the complaint; and

(C) Notice that any person with a complaint is encouraged to attempt to resolve the complaint with the facility's designated complaint staff, but that the person may submit a complaint to the Department without prior notice to the facility.

(2) If a resident, resident's representative or facility employee submits to the administrator or designated complaint staff a written complaint concerning resident abuse, neglect or misappropriation of resident's property, the facility shall comply with the Protective Services for Vulnerable Adults Act, Title 43A O.S. Sections 10-101 through 10-110.

(b) **Complaints to the Department.** The following requirements apply to complaints filed with the Department.

(1) The Department shall provide to each facility a notice identifying the telephone number and location of the Department's central call center to which complaints may be submitted. The facility shall post such notice in a conspicuous place outside the administrator's office area.

(2) Any person may submit a complaint to the Department in writing, by phone, or personally. The Department shall reduce to writing a verbal complaint received by phone or in person.

(3) If the complainant is a facility resident, the resident's representative, or a current employee of the facility, the Department shall keep the complainant's identity confidential. For other complainants the Department shall ask the complainant's preference regarding confidentiality.

(4) The Department shall receive and triage complaints at a central call center. The complaints shall be classified and investigated according to the following priorities:

(A) A complaint alleging a situation in which the facility's noncompliance with state or federal requirements relating to nursing facilities has caused or is likely to cause serious injury, harm, impairment or death to a resident shall be classified as immediate jeopardy and shall be investigated by the Department within two (2) working days;

(B) A complaint alleging minimal harm or more than minimal harm to a resident but less than an immediate jeopardy situation shall be classified as actual harm and shall be investigated by the Department within ten (10) working days; and

(C) A complaint alleging other than immediate jeopardy or actual harm to a resident but that represents a repeated or ongoing violation shall be classified as a continuing complaint and investigated within twenty-five (25) days; and

(D) A complaint alleging other than immediate jeopardy or actual harm to a resident shall be classified as a primary complaint and shall be investigated within thirty (30) days.

(5) In addition to scheduling investigations as provided in paragraph (4) of this subsection, the Department shall take necessary immediate action to remedy a situation that alleges a violation of the Nursing Home Care Act, any rules promulgated under authority of the Act, or any federal

certification laws or rules, if that situation represents a serious threat to the health, safety and welfare of a resident.

(6) In investigating complaints, the Department shall:

(A) Protect the identity of the complainant if a current or past resident or resident's representative or designated guardian or a current or past employee of the facility by conforming to the following:

(i) The investigator shall select at least three (3) records for review, including the record of the resident identified in the complaint. The three records shall be selected based on residents with similar circumstances as detailed in the complaint if possible. All three (3) records shall be reviewed to determine whether the complaint is substantiated and if the alleged deficient practice exists; and

(ii) The investigator shall interview or observe at least three (3) residents during the facility observation or tour, which will include the resident referenced in the complaint if identified. If no resident is identified, then the observations used of the three residents shall be used to assist in either substantiating or refuting the complaint;

(B) Review the facility's quality indicator profile using resident assessments filed pursuant to OAC 310:675-9-5.1 to determine whether the facility has been "flagged", if the complaint involves resident abuse, pressure ulcers, weight loss or hydration;

(C) Review surveys completed within the last survey cycle to identify tendencies or patterns of non-compliance by the facility;

(D) Attempt to contact the State or Local Ombudsman prior to the survey; and

(E) Interview the complainant, the resident, if possible, and any potential witness, collateral resource or affected resident.

(7) The Department shall limit the complaint report to the Health Care Financing Administration Form 2567 if applicable and the formal report of complaint investigation.

(A) The Form 2567 shall be issued to the facility within ten (10) business days after completion of the investigation.

(B) The formal report of complaint investigation shall be issued to the facility and the complainant, if requested, within ten (10) business days after completion of the investigation. The formal report of investigation shall include at least the following:

(i) Nature of the allegation(s);

(ii) Written findings;

(iii) Deficiencies, if any, related to the complaint investigation;

(iv) Warning notice, if any;

(v) Correction order, if any; and

(vi) Other relevant information.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 18 Ok Reg 2533, eff 6-25-01; Amended at 20 Ok Reg 2399, eff 7-11-03]

310:675-7-7. Administrative records [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-7.1. Resident's advisory council

(a) Each facility shall establish a residents advisory council.

(b) Members of the residents advisory council shall consist of all current nursing facility residents or their designated representative. The administrator shall designate a member of the facility staff to coordinate the council and render assistance to the council, and respond to the requests from the council's meetings.

(c) No employee or affiliate of the facility shall be a member of the council. The facility shall provide the council with private meeting space.

(d) Minutes of the residents advisory council meetings shall be prepared by the facility staff and maintained in the facility. A copy of the meeting minutes shall be provided to those residents or representatives requesting them. Information identifying a resident shall not be included in the minutes.

(e) The residents advisory council shall communicate to the administrator the residents' opinions and concerns known to the council.

(f) The residents advisory council shall be a forum for:

(1) Early identification of problems and recommendations for orderly problem resolution.

(2) Soliciting and adopting recommendations for facility programs and improvements.

(3) Obtaining information from, and disseminating information to, the residents.

(g) The residents advisory council may present complaints to the Department on behalf of a resident.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-8. Written administrative policies [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-8.1. Administrative records

(a) The administrator shall be responsible for the preparation, supervision, and filing of records.

(b) There shall be a separate, organized file in the business office for each resident. The file shall include current information about the resident and the resident's family. The file shall also include a written record of all financial arrangements and transactions involving the individual resident's funds. A written contract between the resident, or his representative, or, if the resident is a minor, his parent, or representative, and the facility or its agent or the waiver of same shall also be in this file.

(1) If the source of payment for the resident's care is, in full or in part, from public funds, there shall be a contract between the facility and the agency providing the funds. An individual contract between such resident and the nursing facility is not required.

(2) A resident may sign a waiver if the resident does not wish to have a contract with the facility.

(c) Each facility shall provide safe storage for administrative records and all current records shall be readily available to the Department upon request.

(d) Administrative records of the facility shall include the following information:

(1) A copy of the current statement of ownership.

(2) The current administrator's name, license number, and date of employment.

(3) The name of the individual responsible for the facility's operation in the absence of the administrator.

(4) Copies of credentials of all personnel and consultants working in the facility who are licensed, registered or certified.

(5) Copies of criminal background checks on all required current employees.

(6) A copy of all contracts with individuals or firms providing any services to the facility.

(7) Written admission and discharge policies.

(8) A description of the services provided by the facility and the rates charged for those services and services for which a resident may be charged separately; limitations of available services; causes for termination of services; and refund policies if services are terminated. Documentation shall show that each resident, and/or representative received this information prior to, or at, the time of admission.

(9) Copies of affiliation agreements, contracts, or written arrangements for advice, consultation, services, training, or transportation with other organizations or individuals, and public or private agencies.

(10) Written transfer agreements with other health facilities to make the services of such facilities readily accessible, and to facilitate the transfer of residents and essential resident information with the resident.

(11) Records of residents advisory council meetings.

(12) Copies of inspection reports from the local, county, and state agencies during the past three years.

(13) All adverse actions instituted against the facility during the past three years, including warning letters, administrative penalties, notice of hearing, hearing officer's findings, final orders, and court proceedings.

(14) Written disaster plan/emergency evacuation plan.

(15) A record of all nurse aide competency and certification records and contacts to Oklahoma and other state's nurse aide registries.

(16) Current resident census records.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-9. Personnel records [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-9.1. Written administrative policies and procedures

(a) The facility shall maintain written policies to govern the administration of the facility. These policies shall be reviewed annually and revised as necessary.

(b) The facility shall not admit any person unless it has the personnel and resources to provide all services and care prescribed for that person.

(c) All persons seeking admission shall be evaluated as to their medical, nursing and social needs. The scope of care and service to be provided by the facility, or through contract, shall be included in the resident care plan following admission.

(d) All residents shall have accommodations that are as close to their normal living arrangements as possible. Special care and arrangements shall be provided to ensure, if possible, that the accommodations support the resident's physical, mental and psycho-social needs in terms of sanitary environment, aesthetics and associations.

(e) Residents shall be accepted and cared for without discrimination on the basis of race, sex, color, religion, ancestry, disability, or national origin.

(f) Emergency care shall be provided to residents in case of sudden illness or accident, including persons to be contacted in case of an emergency.

(g) Conflict resolution procedures shall be adopted for processing complaints received from residents and employees.

(h) Job descriptions shall be developed that detail the functions of each classification of employee.

(i) Procedures shall be adopted for handling residents' funds and providing access to the written records regarding a resident's funds by the resident or representative.

(j) The facility has the following responsibilities concerning physicians:

(1) The health care services for each resident shall be under a physician's supervision.

(2) All physician orders shall be written in ink or indelible pencil and signed by the physician.

(3) No medication or treatment shall be administered except on a physician's order.

(4) The facility shall have a written policy that provides for physician services to be available twenty-four hours per day.

(5) A list of physicians shall be posted at the nursing station for use if the resident's attending physician is not available.

(6) The facility shall arrange for one, or more, physicians to be available in an emergency and to advise the facility. The physician called at the time of any emergency shall be noted in the records. If unable to contact a physician, the resident shall be transferred to a hospital emergency room.

(k) The facility shall adopt a nursing policy and procedure manual, which shall detail all nursing procedures performed within the facility. All procedures shall be in accordance with accepted nursing practice standards, and shall include, but not be limited to, the following:

(1) Ambulation, body alignment and positioning, and routine range of motion unless contraindicated by the resident's physician.

(2) Elimination, including a bowel and bladder training program, or frequent toileting for incontinent residents, when applicable.

(3) Colostomy and ileostomy care.

(4) Nutrition and meal service.

(5) Oral suctioning and tracheotomy care.

(6) Treatments.

(7) Nasogastric care.

(8) Oral hygiene.

(9) Isolation procedures.

(10) Universal precautions.

(11) Emergency procedures.

(12) Medication Administration.

(13) Pain assessment and treatment.

(l) Each nursing station shall have a copy of the nursing policy and procedure manual, isolation techniques, and emergency procedures for fire and natural disasters.

(m) The facility shall adopt policies and procedures for the administration of social services, activities, dietary, housekeeping, maintenance and personnel.

(n) The facility shall adopt a policy that any person working in the facility who shows signs or symptoms of a communicable disease, shall be excluded from work, and shall be permitted to return to work only after approval of the director of nursing or charge nurse.

(o) The facility shall adopt a procedure for taking inventory of and inconspicuously marking, for identification, the resident's personal effects (clothing and property) which shall be completed on admission of the resident and subsequently when new clothing or property is received by the resident. Identification marking shall be by a method that shall withstand repeated laundering or cleaning without loss of legibility. Jewelry, watches and similar articles of value shall not be subject to the marking requirement.

(p) The facility shall adopt a policy that requires reporting of the loss of personal effects to the administrator, the resident, and the resident's representative. The policy shall require the staff to assist the resident in attempting to locate the lost property and may, at the request of the resident, require the reporting of such losses to law enforcement authorities. The policy shall also indicate that a resident has the right to report losses directly to law enforcement authorities without fear of reprisal from the facility's administration or staff.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 13 Ok Reg 2511, eff 6-27-96; Amended at 16 Ok Reg 2521, eff 6-25-99; Amended at 18 Ok Reg 2533, eff 6-25-01; Amended at 23 Ok Reg 156, eff 10-6-05 (emergency); Amended at 23 Ok Reg 2415, eff 6-25-06

310:675-7-10. Resident's records [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-10.1. Resident's clinical record

- (a) There shall be an organized, accurate, clinical and personal record, either typewritten or legibly written with pen and ink, for each resident admitted or accepted for treatment. The resident's clinical record shall document all nursing services provided.
- (b) The resident clinical record shall be retained for at least five years after the resident's discharge or death. A minor's record shall be retained for at least two years after the minor has reached the age of eighteen but, in no case, less than five years.
- (c) All required records, either original or microfilm copies, shall be maintained in such form as to be legible and readily available upon request of the attending physician, the facility, and any person authorized by law to make such a request.
- (d) Information contained in the resident record shall be confidential and disclosed only to the resident, persons authorized by the resident, and persons authorized by law.
- (e) Resident's records shall be filed and stored to protect against loss, destruction, or unauthorized use.
- (f) The Department shall be informed in writing immediately whenever any resident's records are defaced, or destroyed, before the end of the required retention period.
- (g) If a facility ceases operation, the Department shall be notified immediately of the arrangements for preserving the resident's record. The record shall be preserved for the required time and the information in the records shall be available to the health professionals or facilities assuming care of the resident so that continuity of care is available.
- (h) If the ownership of the facility changes, the new licensee shall have custody of the residents records and the records shall be available to the former licensee and other authorized persons.
- (i) A person employed by the owner shall be in charge of resident records and properly identifiable to others concerned.
- (j) The resident clinical record shall include:
 - (1) An admission record sheet which shall include:
 - (A) Identification of the resident (name, sex, age, date of birth, marital status).
 - (B) Identification numbers as applicable: i. e., Medicare number, Medicaid number.
 - (C) Date and time of admission.
 - (D) Diagnosis and known allergies.
 - (E) Name, address, and telephone number of responsible party, next of kin, pharmacist, and funeral home.
 - (2) Physician's orders for medications, diet, treatment, and therapy.
 - (3) Orders dated and signed by the physician giving the order. Verbal or telephone orders shall be signed by the physician within five working days, excluding weekends and holidays.
 - (4) Initial orders given by the physician at the time of admission shall be signed by the physician and placed in the clinical record within five working days of admission, excluding weekends and holidays.
 - (5) The most recent medical history and physical examination signed and dated by the physician.
 - (6) Nurse's notes, dated and signed at the time of entry.
 - (7) Temperature, pulse, respirations, blood pressure and weight when indicated by physician's orders or by a change in the resident's condition.
 - (8) Progress notes generated by all health care professionals and allied health personnel.
 - (9) An assessment and care plan based on the assessment.
 - (10) An inventory of personal effects including clothing and property on admission, and as necessary.
 - (11) Written acknowledgement by the resident or legal representative of receipt of the resident's rights upon admission and as needed.

(12) Discharge summary signed by the attending physician that shall include the diagnosis or reason for admission, summary of the course of treatment in the facility, final diagnosis with a follow-up plan, if appropriate, condition on discharge or transfer, or cause of death, date and time of discharge, and diagnosis on discharge.

(13) A transfer or discharge form when a resident is transferred, or discharged, to the hospital, another facility or released from care. Transfer or discharge forms may be excluded when a resident is discharged to his/her home when the stay in the facility is for respite care only. The transfer form shall include, but not be limited to, the following information:

- (A) Identification of the resident and his attending physician.
- (B) Diagnosis, medications and medication administration schedule.
- (C) Name of transferring facility.
- (D) Name of receiving facility.
- (E) Date of transfer.
- (F) Family or legal representative.
- (G) Condition on transfer.
- (H) Reason for transfer.
- (I) Known allergies.
- (J) Pertinent medical history.
- (K) Any advance directive for medical care.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-11. Physician records and reports [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-11.1. Medication records

- (a) The facility shall maintain written policies and procedures for safe and effective acquisition, storage, distribution, control, and use of medications and controlled drugs.
- (b) The facility shall establish a policy for providing information about administering prescribed medications to residents who are on leave from the facility.
- (c) The facility shall maintain records of consultation and services provided by the consultant registered pharmacist at the facility.
- (d) The facility shall maintain a system to account for controlled medications prescribed for each resident, and an individual inventory record on all Schedule II medications.
- (e) The facility shall maintain a medication regimen review record on each resident.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 163, eff 6-1-93]

310:675-7-12. Pharmaceutical records [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

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 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-07¹; Amended at 25 Ok Reg 2482, eff 7-11-08; Amended at 26 Ok Reg 2059, eff 6-25-09]

EDITOR'S NOTE: ¹See Editor's Note at beginning of this Chapter.

310:675-7-13. Incident reports [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-13.1. Consultation reports

The facility shall maintain a report of all services rendered by health professionals and allied health personnel each consultation visit.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-14. In-service training classes [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-14.1. Facility maintenance

(a) Each facility shall have a maintenance program, which ensures continuing maintenance of the facility and equipment, promotes good housekeeping and sanitary practices throughout the facility.

(b) The maintenance records shall include:

(1) A written orientation program for maintenance personnel.

(2) A plan for reporting problems and responding to maintenance, housekeeping, or sanitation needs.

(3) Response to major maintenance problems, if any, and plans for addressing any problem that cannot be corrected within three calendar days.

(4) A copy of the service record from a sprinkler or fire alarm company that provides service for the automatic sprinkler and fire alarm system.

(5) Verification that facility maintenance personnel are certified or licensed as required by state law.

(c) The facility shall be maintained free of infestations of insects, pests and rodents.

(1) The facility shall have a pest control program provided by maintenance personnel, or by contract with a pest control company, using the least toxic, least flammable, and most effective

pesticides. If maintenance employees are used, they shall be currently licensed as commercial pesticide applicators.

(2) Pesticides shall be stored in locked storage areas and not be stored in resident or food areas,

(3) In the absence of other effective controls, screens shall be provided on all building exterior openings except doors.

(d) All sewage shall be discharged into a public sewer system, or if such is not available, shall be disposed of in a manner approved by state and local health authorities.

(1) When a private sewage disposal system is used, maintenance records and system design plans shall be at the facility.

(2) No exposed sewer lines shall be located directly above working, storage, or eating surfaces in the kitchens, dining rooms, pantries, or food storage rooms, or where medical or surgical supplies are prepared, processed, or stored.

(e) All plumbing in the facility shall be installed and maintained in accordance with state and local plumbing codes. All plumbing shall be maintained free of the possibility of back-flow and back siphonage through the use of vacuum breakers and fixed air gaps.

(f) If an incinerator is used, it shall comply with state and local air pollution regulations, and shall be constructed to prevent insect and rodent breeding and harborage.

(g) Entrances, exits, steps and outside walkways shall be kept reasonably free from ice, snow, and other hazards.

(h) Buildings, grounds, and parking areas shall be maintained in a clean, orderly condition, in good repair, and be monitored for possible hazards.

(i) Storage areas, attics, roofs, and basements shall be kept safe and free from accumulations of extraneous materials such as refuse, discarded furniture, and old newspapers.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-15. Consultation reports [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-15.1. Housekeeping laundry, and general storage

(a) **Housekeeping.** Each facility shall have housekeeping services that are planned, operated, and maintained to provide a pleasant, safe and sanitary environment.

(1) The facility shall employ housekeeping personnel suitable by training, experience, and in sufficient number.

(2) Housekeeping personnel, using accepted practices and procedures, shall keep the facility free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards.

(3) Deodorizers shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.

(4) Suitable equipment and supplies shall be provided for all cleaning activities and shall be maintained in a safe, sanitary condition.

(5) Cleaning shall be performed in a manner that minimizes the spread of pathogenic organisms.

(A) Floors shall be cleaned regularly.

(B) Any polish used on floors shall provide a non-slip finish.

(C) Used mop water shall not be stored in mop buckets and the mop shall be stored properly.

(6) Housekeeping personnel shall receive effective supervision, orientation and training. Housekeeping personnel shall be skilled in the six basic functions of sweeping, mopping, dusting, cleaning, waxing, and polishing.

(7) Resident rooms, furniture, bedding and equipment shall be thoroughly cleaned and sanitized before use by another resident.

(8) All garbage and rubbish not disposable as sewage shall be collected in impervious containers in such a manner as not to become a nuisance or a health hazard and shall be removed to an approved storage area at least once a day.

(A) The refuse and garbage storage area shall be kept clean and orderly.

(B) There shall be a sufficient number of impervious containers with tight fitting lids that are clean and in good repair.

(9) The containers used to transport refuse within the building shall be constructed of impervious materials, be lid or door enclosed, used solely for refuse, and maintained in a clean manner. All kitchen waste, contaminated refuse, and patient room trash shall be securely bagged before placed in these containers.

(10) Bathtubs, showers or lavatories shall not be used for laundering, cleaning of bedside utensils, mops, nursing utensils or equipment, nor for the dumping of waste water, nor for storage.

(11) Draperies and furniture shall be kept clean and in good repair.

(b) **Laundry.** Each facility shall have laundry services that are planned, operated, and maintained to provide sufficient, safe and sanitary laundering of linen, supplies, and clothing.

(1) If the facility does not provide laundry services it shall contract with a commercial laundry service that provides these standards.

(2) Laundry facilities shall be provided with the necessary washing and drying equipment.

(3) Laundry equipment shall be designed and installed that complies with applicable laws.

(4) Laundry processing and procedures shall render soiled linens and resident clothing clean, dry, soft and free of detergent, lint and soap.

(5) Soiled laundry shall be processed frequently to prevent the accumulations of soiled linens and resident's clothing.

(6) The facility's linen supply shall include at least two complete changes of linen for each resident bed. All linen shall be clean, sorted, and in good repair. When linen is not in use all shall be properly stored.

(7) Soiled linen, including blankets, shall be placed in bags or impervious linen hampers/carts with lids tightly closed and shall be removed to the laundry area from the resident care unit at least every eight hours.

(8) Sorting and pre-rinsing of all clothing shall be done in the soiled utility and laundry areas.

(9) All soiled linen shall be enclosed in bags before placing them in the laundry chute. Laundry chutes shall be cleaned as scheduled in the facility's policy and procedure manual.

(10) Carts and hampers used to transport soiled linen shall be constructed of, or lined with, impervious materials, which can be cleaned and disinfected after each use, and used only for transporting soiled linen. Tight fitting lids or covers shall be used.

(11) Soiled linen and clothing shall be stored in the utility rooms and not in the halls.

(12) All personnel shall wash their hands or use alcohol gel thoroughly after handling soiled linen.

(13) There shall be at least one storage area for clean linen.

(c) **General storage.** The facility shall provide general storage as follows:

(1) Combustibles, such as cleaning rags and compounds, shall be in closed, metal containers.

(2) Cleaning compounds and hazardous substances shall be labeled properly and stored in safe places. Food substances shall not be stored in the same cabinets, shelves, or in close proximity to prevent accidental selection of the hazardous substance in the place of the food substance.

(3) Residents shall not have access to storage areas for cleaning agents, bleaches, insecticides or any other dangerous, poisonous or flammable substances.

(4) Paper towels, tissues, and other supplies shall be stored in a manner to prevent their contamination prior to use.

(5) Closed storage shall be provided for pillows, blankets, sheepskins, draw sheets, weight distribution pads, and pressure padding.

(6) Equipment shall not be stored in a hallway or corridor.

(7) No item shall be stored directly on the floor.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-16. Facility maintenance records [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-16.1. Quality assessment and assurance

(a) The facility shall maintain a quality assessment and assurance committee to address facility and resident's needs.

(b) The committee shall include the director of nursing, a physician designated by the facility, and at least one other appropriate staff.

(c) The quality assessment and assurance committee shall meet at least quarterly to identify quality assessment and assurance activities.

(d) The committee shall develop and implement appropriate plans of action to correct identified quality deficiencies.

(e) The Department shall not require disclosure of the records of the committee unless such disclosure is related to the committee's compliance with the requirements of this section.

(f) Good faith attempts by the committee to identify and correct quality deficiencies shall not be used as a basis for sanctions.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 20 Ok Reg 2399, eff 7-11-03]

310:675-7-17. Housekeeping, general sanitation and infection control [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-17.1. Infection control

(a) The facility shall have an infection control policy and procedures to provide a safe and sanitary environment. The policy shall address the prevention and transmission of disease and infection. The facility, and its personnel, shall practice the universal precautions identified by the Centers for Disease Control. All personnel shall demonstrate their knowledge of universal precautions through performance of duties.

(b) The facility shall maintain a sanitary environment and prevent the development and transmission of infection in the following areas.

(1) Food handling practices.

(2) Laundry practices including linen handling.

(3) Disposal of environmental and resident wastes.

(4) Pest control measures.

(5) Traffic control for high-risk areas.

(6) Visiting rules for high-risk residents.

(7) Sources of air-borne infections.

(8) Health status of all employees and residents.

(9) Isolation area for residents with communicable diseases.

(c) Infection control policies to prevent the transmission of infection shall include the following:

(1) Excluding personnel and visitors with communicable infections.

(2) Limiting traffic in dietary and medication rooms.

(3) Using aseptic and isolation techniques including hand washing techniques.

(4) Bagging each resident's trash and refuse.

(5) Issuing daily damp wipe cloths, treated dust cloths and clean wet mops, as needed.

(6) Laundering the used wet mops and cleaning cloths every day.

(7) Cleaning the equipment for resident use daily, and the storage and housekeeping closets as needed.

(8) Providing properly identifiable plastic bags for the proper disposal of infected materials.

(9) **Tuberculosis risk assessment.** An annual facility tuberculosis risk assessment is to be performed by a licensed nurse or physician using a Department approved risk assessment tool.

(d) When scheduled to be cleaned, the toilet areas, utility rooms, and work closets, shall be cleaned with a disinfectant solution and fresh air shall be introduced to deodorize.

(e) **Tuberculin skin test for residents.** Within thirty (30) days from admission, all residents admitted to the facility after the adoption of this rule shall receive a two-step tuberculin skin test in conformance with the "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings;" Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17).

(1) Tuberculin skin tests shall be administered by a licensed nurse or physician.

(2) Where a skin test is contra-indicated, a chest radiograph, interpreted by a medical consultant in collaboration with the city, county or state health department, is acceptable.

(3) Residents claiming a prior positive tuberculin skin test shall have documentation in their medical record, obtained from a licensed health care professional, of their test results and interpretation; otherwise, a two-step tuberculin skin test shall be done.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-07¹; Amended at 25 Ok Reg 2482, eff 7-11-08]

EDITOR'S NOTE: ¹See Editor's Note at beginning of this Chapter.

310:675-7-18. Animals allowed to visit or reside [REVOKED]

[Source: Revoked at 9 Ok Reg 3163, eff 7-1-92 (emergency); Revoked at 10 Ok Reg 1639, eff 6-1-93]

310:675-7-18.1. Personnel records

Each facility shall maintain a personnel record for each current employee containing:

(1) Application for employment. An application for employment which contains employee's full name, social security number, professional license or registration number, if any, employment classification, and information about past employment, including: place of employment, position held, length of employment, and reason for leaving.

(2) **Employee time records.** Copies of current employee time records, signed by the employee, shall be maintained by the facility for at least thirty-six (36) months.

(3) **Training, arrest check, and certification.** Documentation of orientation and training (may be kept in separate file), continuing education, a copy of the criminal arrest check, and appropriate certification and licensure.

(4) **Health examination on hire.** Record of health examination conducted within thirty days of employment which shall include, but not be limited to, a complete medical history, physical examination by body system and, a two-step tuberculin skin test in conformance with the "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings;" Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17).

(A) Tuberculin skin tests shall be administered by a licensed nurse or physician.

(B) Where a skin test is contra-indicated, a chest radiograph, interpreted by a medical consultant in collaboration with the city, county or state health department, is acceptable.

(C) Employees claiming a prior positive tuberculin skin test shall have documentation in their file, obtained from a licensed health care professional, of their test results and interpretation, otherwise, a two-step tuberculin skin test shall be done.

(5) **Tuberculin skin test.** Results of subsequent tuberculin skin test performed based on facility TB risk classification established in OAC 310:675-7-17(c)(9) (relating to annual facility tuberculosis risk assessment) or results of a physician's examination for signs and symptoms of tuberculosis for those employees who react significantly to a tuberculin skin test. All tests and examinations shall be in conformance with the "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings;" Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17).

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93; Amended at 24 Ok Reg 2030, eff 6-25-07¹; Amended at 25 Ok Reg 2482, eff 7-11-08]

EDITOR'S NOTE: ¹See Editor's Note at beginning of this Chapter.

310:675-7-19. Residential and visiting pets

(a) Each facility that allows residential or visiting animals shall adopt and comply with policies that meet or exceed 310:675-7-19(a) and 310:675-7-19(b). The facility's policies shall describe the schedule of animal care and zoonotic infection control for the respective facility. The facility shall not allow any animal to reside in the facility until all of the following requirements are met:

(1) The animal is a dog, cat, fish, bird, rabbit, or guinea pig. If a facility desires to include other types of animals in their program, the facility shall submit a supplemental request accompanied by its policies, procedures, and guidelines to the Department and receive written approval from the Department prior to implementation.

(2) For residential pets, excluding fish, the number of animals in a facility shall be limited to no more than one dog per 50 residents; 1 cat, rabbit, or guinea pig per 30 residents; or 1 bird per 20 residents, unless the facility has received the Department's prior approval of a greater number of pets through a supplemental request pursuant to 310:675-7-19(a)(1).

(3) The facility adopts policies ensuring non-disruption of the facility.

(4) All pets are housed and controlled in a manner that ensures that neither the pet nor the residents are in danger. A pet cage or container must not obstruct an exit or encroach on the required corridor width.

(5) The following veterinary medical services are obtained for each pet, when applicable to species, and a record of service is maintained on file at the facility:

(A) A health certificate from a veterinarian licensed to practice in Oklahoma stating the animal is healthy on physical exam and of acceptable temperament to be placed in the facility;

(B) Proof of evaluation by a veterinarian licensed to practice in Oklahoma for presence of internal parasites on a semi-annual basis and for the presence of external parasites as needed;

(C) Proof of current rabies immunization for dogs and cats, and leptospirosis immunization for dogs administered by a licensed veterinarian;

(D) Proof of spaying/neutering for dogs and cats over six months of age; and

(E) Statement from a licensed veterinarian certifying that each bird tested negative for *Chlamydia psittaci* infection (psittacosis) within 30 days prior to placement in the facility. Birds equal in size to or larger than a parakeet shall receive a serologic test. Culture from fresh droppings or cloacal swab will be acceptable test in smaller birds, such as canaries and finches.

(6) The pet's skin appears normal, and its coat or feathers are free of ectoparasites, matted hair, feces, and other debris.

(7) Residential pets shall be the responsibility of the administrator, who shall designate at least one attendant to supervise the care and maintenance of resident animals. The administrator and the designated attendants shall at least annually review the facility's policy on residential and visiting pets, and shall document that they have read and understood the policy.

(8) The facility provides for the cleaning and disinfecting of any areas contaminated by urine or excrement, and for the regular cleaning of aviaries, aquariums, and animal cages. Water in