

Oklahoma

Agency Department of Health, Protective Health Services, Long Term Care Services Division

Contact

E-mail

Web Site <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service.html>

Opening Statement The Department of Health, Protective Health Services, Long-term Care Services, licenses assisted living centers and residential care facilities. While both types of facilities can provide personal care assistance, such as assistance with activities of daily living, assisted living facilities are licensed to provide medical care, which cannot be provided by a resident care home. In a residential care home, residents must be ambulatory and essentially capable of managing their own affairs.

Licensure Term Assisted Living Centers

Definition An assisted living center is a home or establishment offering, coordinating, or providing services to two or more persons who by choice or functional impairment need assistance with personal care or nursing supervision; and may need intermittent or unscheduled nursing care, medication assistance, and assistance with transfer and/or ambulation.

Regulatory and Legislative Update There are no regulatory updates affecting assisted living in Oklahoma in the last year.

Move-in Requirements Including Required Disclosures/Notifications Each assisted living center must provide each resident a copy of the resident service contract, which must include specified information, for example: admission criteria; services provided, discharge criteria; dispute resolution; and grievance procedures and service charges.

There is a required disclosure form that must be completed by all facilities that provide care to residents with Alzheimer's disease or related disorders in a special unit or under a special program. The form must be given to the Department of Health, the State Long Term Care Ombudsman, and any person seeking placement on behalf of a person with Alzheimer's disease or related disorders. Information provided in the form includes the type of services provided and any additional cost associated with those services; the admission process; the transfer/discharge process; planning and implementation of care including specific structured activities that

are offered; staffing and staff training to address the needs of the population; and safety features of the physical environment.

Facility Scope of Care

Providers may define their scope of services, admission criteria, and the nature of the residents they serve. Facilities may provide assistance with personal care; nursing supervision; intermittent or unscheduled nursing care; medication administration; assistance with cognitive orientation and care or service for Alzheimer's disease and related dementias; and assistance with transfer or ambulation.

Limitations of Services

An assisted living center shall not care for any resident needing care in excess of the level that the assisted living center is licensed to provide or capable of providing.

If a resident's need for care or services exceeds what the facility can provide the residents personal or attending physician, a representative of the assisted living center, and the resident or his/her designated representative shall determine through consensus any reasonable and necessary accommodations and additional services required to permit the resident to remain in place in the assisted living center as the least restrictive environment and with privacy and dignity.

Resident Assessment Requirements and Frequency

There is a required resident assessment form designated by the Department. The assisted living center must complete the admission assessment within 30 days before or at the time of admission, and a comprehensive assessment within 14 days after admission and once every 12 months thereafter or promptly after a significant change in resident condition.

Medication Management

Medication administration is permitted. Each assisted living center must provide or arrange for qualified staff to administer medications as needed. Unlicensed staff administering medications must have completed a training program that has been reviewed and approved by the Department of Health. Certified Medication Aides (CMAs) are allowed to perform advanced nursing tasks such as blood glucose monitoring, insulin administration, administering oral metered dose inhalers and handheld nebulizers, but only if the resident meets certain required criteria and the CMA has attended advanced training.

Staff Scheduling Requirements

The center must disclose whether it has special care units. If it does, it must outline the scope of services provided within the unit and specific staffing to address the needs of the population.

A minimum of two staff members must be on duty and awake on all shifts if a continuum of care facility or assisted living center has a unit or program designed to prevent or limit resident access to areas outside the designated unit or program, one of which must be on duty at all times in the restricted egress unit.

Staff working in a specialized unit must be trained to meet the specialized needs of residents.

Each center shall designate an administrator who is responsible for its operation. All staff are subject to national criminal arrest checks with fingerprinting and registry screenings applicable to nurse aides and non-technical workers in Oklahoma. While there are no staffing ratios, facilities shall provide adequate staffing as necessary to meet the services described in the facility's contract with each resident. Staff providing socialization, activity, and exercise services must be qualified by training. All direct care staff must be trained in first aid and CPR. Dietary and nurse staffing shall be provided or arranged. Certified nurse aids (certified as long term care aides or home health aides) must be under the supervision of a registered nurse.

An assisted living center that has only one direct care staff member on duty and awake during the night shift must disclose this fact to the resident or the resident's representative prior to move in and must have in place a plan that is approved by the Department of Health for dealing with urgent or emergency situations, including resident falls.

A minimum of two staff members must be on duty and awake on all shifts if a continuum of care facility or assisted living center has a unit or program designed to prevent or limit resident access to areas outside the designated unit or program, one of which must be on duty at all times in the restricted egress unit.

**Administrator/Director
Education and Training
Requirements**

An administrator must either hold a nursing home administrator's license, an assisted living/residential care (AL/RC) home administrator's certificate of training, or a nationally recognized assisted living certificate of training and competency approved by the Department of Health. AL/RC Administrators must complete 16 hours of continuing education per year.

**Direct Care Staff
Education and Training**

All staff shall be trained to meet the specialized needs of residents. Direct care staff shall be trained in first aid and CPR and be trained, certified and in good standing on the Oklahoma Nurse Aide Registry at a minimum as a long term care nurse aide or Home

Health nurse aide.

Quality Requirements

Each assisted living center shall establish and maintain an internal quality assurance committee that meets at least quarterly. The committee shall:

- (1) monitor trends and incidents;
- (2) monitor customer satisfaction measures; and
- (3) document quality assurance efforts and outcomes.

Quality assurance representatives

The quality assurance committee shall include at least the following:

- (1) registered nurse or physician if a medical problem is to be monitored or investigated;
 - (2) assisted living center administrator;
 - (3) direct care staff person or a staff person who has responsibility for administration of medications;
- and
- (4) pharmacist consultant if a medication problem is to be monitored or investigated.

Infection Control Requirements

(a) The facility shall have an infection control policy and procedures to provide a safe 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 proper disposal of infected materials.

(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) Test for tuberculosis and 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 test for tuberculosis. All tests and examinations shall be in conformance with the ""Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019"" guidelines for preventing the transmissions of mycobacterium tuberculosis in healthcare settings as published by the Centers for Disease Control and Prevention.

(1) Tests for tuberculosis 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."

Emergency Preparedness

The assisted living must have a written emergency and disaster preparedness plan for fires and other natural disasters.

Medicaid Policy and Reimbursement

1915 (c) Advantage Waiver
<https://oklahoma.gov/okdhs/services/cap/advantage-services.html>

Citations

<https://www.careoklahoma.com>
<https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service.html>
 <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service/rules-regulations-and-statutes>.

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