

2013 PROTECTIVE HEALTH SERVICES  
OKLAHOMA STATE DEPARTMENT OF HEALTH



# Oklahoma State Department of Health

## VISION

Creating a State of Health

## MISSION

To protect and promote the health of the citizens of Oklahoma, to prevent disease and injury, and to assure the conditions by which our citizens can be healthy.

## VALUES

**Honesty** · to be truthful in all our endeavors; to be forthright with one another and with our customers, communities, suppliers, and stakeholders.

**Integrity** · to say what we mean, to deliver what we promise, and to fulfill our commitments to each other and our customers.

**Respect** · to treat one another and our customers with dignity and fairness, appreciating the diversity and uniqueness of each individual.

**Accountability** · to take responsibility for our actions, and those of our agency and to fearlessly seek clarification and guidance whenever there is doubt.

**Trustworthiness** · to build confidence in one another and our customers through team work and open, candid communication.

**Customer Service** · to provide quality and effective services to all.

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Public health impacts your life and that of your family every day through our assurance of quality in health care and consumer services. We oversee more than 144,000 assorted business and occupational licenses annually ranging from grocery stores, restaurants, hotels, and tattoo artists to ambulances, hospitals, surgical centers, and nursing homes.



Protective  
Health Services  
Oklahoma State  
Department of Health

Through our licensure and inspection services, we assure compliance with laws and rules that reflect current public health standards. We strive to identify unhealthy conditions and correct them before they result in injury and disease.

In addition to performing routine inspections, we are at work promoting the health of the citizens of Oklahoma when emergencies or natural disasters occur. During ice storms, we maintain contact with health care facilities to ensure heat, food and medical supplies are available to patients. When power outages affect the State, we drop by restaurants to make certain the food supply is being stored at safe temperatures and provide technical support to the business owner who is dealing with less than optimal circumstances.

We hope this booklet will help you identify the Protective Health Services of the Oklahoma State Department of Health that are working to keep all Oklahomans healthy. If you need more information, give us a call at 405.271.5288 or check our Web site at [http://www.ok.gov/health/Protective\\_Health/index.html](http://www.ok.gov/health/Protective_Health/index.html).

*Terry Cline, Ph.D.*

Terry Cline, Ph.D.  
Commissioner of Health  
Secretary of Health and Human Services



# Protective Health Services Leadership Team

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## CONSUMER HEALTH SERVICE

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**(Vacant), Director**  
**Consumer Protection Division**  
405.271.5243  
Fax: 405.271.3458

**Lynnette Jordan, Director**  
**Professional Counselors and**  
**Occupational Licensing Division**  
405.271.5779  
Fax: 405.271.5286  
lynnette@health.ok.gov

## ALARM AND LOCKSMITH INDUSTRY PROGRAM

<http://old.health.ok.gov>

### Clients Served

Licensed alarm companies, locksmith companies, employees, and consumers who purchase alarm or locksmith industry equipment or secure alarm monitoring.

### Contact

Lynnette Jordan, Director  
405.271.5779  
Fax: 405.271.5286  
[lynnette@health.ok.gov](mailto:lynnette@health.ok.gov)

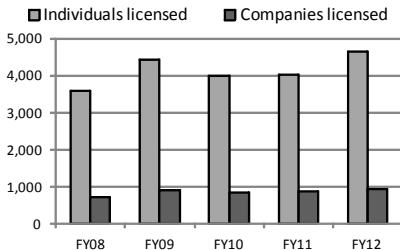
### Authority

59 O.S. Sections  
1800.1 et seq.  
OAC 310:205  
State license  
required.  
Annual renewal.

### Funding Source

Fees Collected

### Alarm and Locksmith Industry Program



### Program Fees

Company License (full year).....	\$250.00
Company License (partial year, issued after February 1st, but before July 1) .....	\$125.00

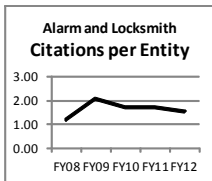
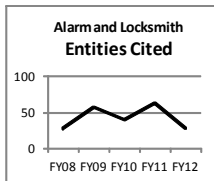
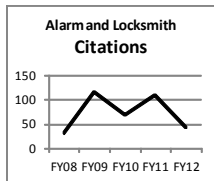
Manager Initial Application and Test Fee .....	\$200.00
Technician/Sales/Inspector	
Initial Application & Test Fee .....	\$75.00
Trainee Application Fee .....	\$75.00
Sprinkler Trainee Application Fee .....	\$20.00
Manager Renewal Fee (through June 30) .....	\$100.00
Manager Late Renewal Fee (beginning July 1) .....	\$200.00
Trainee Renewal Fee (through June 30) .....	\$25.00
Trainee Late Renewal Fee (beginning July 1) .....	\$50.00
Technician/Sales/Inspector	
Renewal Fee (through June 30) .....	\$35.00
Technician/Sales/Inspector	
Late Renewal Fee (beginning July 1) .....	\$70.00
Sprinkler Trainee Renewal Fee (through June 30) .....	\$15.00
Sprinkler Trainee Late Renewal Fee (beginning July 1) .....	\$30.00
Company Renewal Fee (through June 30) .....	\$250.00
Company Late Renewal Fee (beginning July 1) .....	\$500.00
Retest Fee .....	\$50.00
Exam Non-Appearance Fee .....	\$50.00
Duplicate License Fee .....	\$25.00

### Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Individuals licensed</i>	3,578	4,427	4,009	4,024	4,647
<i>Companies licensed</i>	731	904	857	867	952
<i>Fees collected</i>	\$462,846	\$507,185	\$658,890	\$593,780	\$269,830
<i>Fines collected from enforcement actions</i>	\$3,900	\$9,700	\$5,900	\$16,800	\$6,800

## Citations

	FY08	FY09	FY10	FY11	FY12
Citations written	32	116	68	109	43
Entities with citations	27	56	39	63	28
Average number of citations per entity	1.19	2.07	1.74	1.73	1.54



## FINE SCHEDULE FOR ALARM AND LOCKSMITH INDUSTRY

Nature of Violation	First Violation	Second or Subsequent Violation
Engaging in an industry business without a license in the appropriate category or classification.	\$200.00	\$200.00
Company employed unlicensed person to perform industry work (per person).	\$100.00	\$200.00
Altering a license.	\$200.00	\$200.00
Failure to display company license in a conspicuous place.	\$50.00	\$200.00
Individual not carrying personal license.	\$50.00	\$200.00
Failure to display company license number as required by statute or rule.	\$200.00	\$200.00
Company employing person to perform industry work without supervision of properly licensed manager.	\$200.00	\$200.00
Failure to have properly licensed manager or technician on site.	\$200.00	\$200.00
Failure to correct code violations per day after a Notice of Violation compliance date.	\$200.00	\$200.00
Failure to comply with a specific provision of the industry regulations.	\$50.00	\$200.00

**i** This program was created when the industry and consumers identified unqualified and unethical individuals engaged in selling, installing, and monitoring alarm systems. In 2007, the Legislature saw the need to include the activities of locksmithing, electronic access controls, closed circuit television, and nurse call activities, under the combined Alarm and Locksmith Industry. Occupational Licensing (OL) staff endeavor to assure that all companies and individuals engaged in the activities mentioned above are licensed as required and are in compliance with the Alarm Industry Act and Rules. OL staff offer weekly licensing examinations to individuals wishing to engage in the indus-

try, investigate complaints made against the industry, and perform job site inspections to verify licensed individuals are installing equipment approved for the location according to the adopted standard. In conjunction with the Alarm and Locksmith Industry Committee, OL staff utilize suggestions from the industry to propose rule changes, which are discussed at public meetings with licensed alarm and locksmith industry personnel and other interested persons. The proposed changes are approved by the Alarm and Locksmith Industry Committee prior to being presented to the Board of Health for consideration.

### **ALARM AND LOCKSMITH INDUSTRY COMMITTEE**

This Committee is mandated by statute (59 O.S., Section 1800.4) to assist and advise the Commissioner of Health on all matters relating to the formulation of rules, regulations, and standards in accordance with the Alarm and Locksmith Industry Act.

The Committee consists of nine members, one of whom is the Commissioner of Health or his designated representative. The State Board of Health appoints the remaining eight members. Seven of these members must have at least five years of experience in

the alarm or locksmith industry or in a closely related field, with broad knowledge of the alarm or locksmith industry, and one member must be a layperson. No more than two of the members shall be from each working field or closely related industries of burglar alarm, fire alarm, electronic access control, locksmith, closed circuit television, and nurse call station. No member can be

employed by the same person as any other member of the Committee. Members are appointed for a four year term or until successors are appointed. The Committee meets at such times as it deems necessary to implement the Alarm and Locksmith Industry Act. A majority of Committee members constitutes a quorum.

#### **Committee Members**

*Charles "Zeke" Lay, Chair*  
*Ronald Edwards*  
*Bob Carroll, Secretary*  
*Charles Hudecek*

*James Perry*  
*Lisa Fields*  
*Ed Humes*  
*(2 Vacancies)*

## **BARBER PROGRAM**

### **Clients Served**

Licensed barbers, barber apprentices, graduate apprentices, barber instructors, barber colleges, and consumers who utilize the services of barbers.

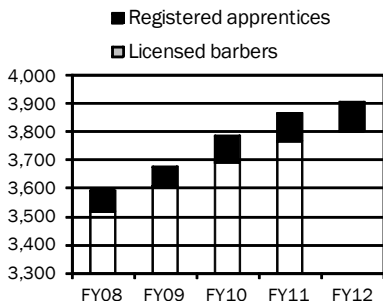
<http://old.health.ok.gov>

### **Contact**

Lynnette Jordan, Director  
405.271.5779  
Fax: 405.271.5286  
lynnette@health.ok.gov



## Barbers



### Authority

59 O.S. Sections  
61.1 et seq.  
OAC 310:210  
State license  
required.  
Annual renewal.

### Funding Source

Fees Collected

### Program Fees

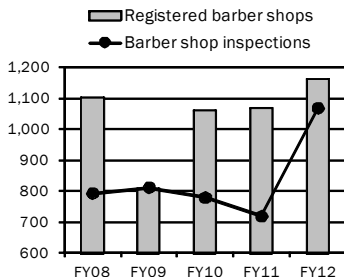
Initial Barber Test (\$35.00 exam fee; \$25.00 license fee) .....	\$60.00
Barber Retest Fee .....	\$35.00
Initial Barber Instructor Test (\$50.00 exam fee; \$50.00 license fee) .....	\$100.00
Barber Instructor Retest Fee .....	\$50.00
Barber Apprentice Fee .....	\$50.00
Graduate Apprentice Fee .....	\$10.00
Initial Barber College License Fee .....	\$200.00
Initial Reciprocal License Fee .....	\$200.00
Barber Renewal Fee (through June 30) .....	\$25.00
Barber Late Renewal Fee (beginning July 1) .....	\$50.00
Barber Instructor Renewal Fee (through June 30) .....	\$50.00
Barber Instructor Late Renewal Fee (beginning July 1) .....	\$75.00
Barber College Renewal Fee (through June 30) .....	\$200.00
Barber College Late Renewal Fee (beginning July 1) .....	\$400.00



### The Sunset Review

Board abolished the Barber Board in 1985. Since that time, this Department and the Barber Advisory Board have accomplished the program functions. This program began with primary goals of: (1) preventing the spread of disease during the practices of barbering; (2) establishing minimum barber college licensing requirements and curriculum to achieve consistent state-wide barber student training; and (3) establishing minimum requirements. County Health Department sanitarians perform annual license and shop inspections to verify

### Barber Shops



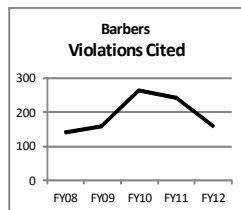
compliance with the adopted rules and to assure that individuals barbering hold a current license or registration. Occupational Licensing (OL) staff perform annual school inspections to verify compli-

### Statistics

	FY08	FY09	FY10	FY11	FY12
Licensed barbers	3,517	3,609	3,694	3,768	3,803
Registered apprentices	78	68	92	102	105
Barber instructors licensed	110	116	126	138	140
Barber colleges licensed	8	8	11	11	9
Registered barber shops	1,105	811	1,061	1,069	1,165
Barber shop inspections	793	812	780	719	1,069
Violations cited	142	158	264	242	158
Fees collected	\$131,640	\$121,340	\$141,496	\$135,755	\$70,336
Fines collected from enforcement actions	\$2,650	\$2,050	\$2,850	\$3,000	\$2,200

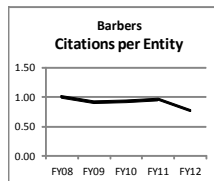
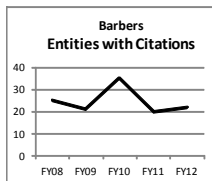
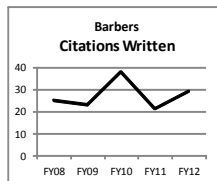
ance with current rules, investigate complaints, renew licenses annually, and in conjunction with the State Barber Advisory board, administers the barber examination six times each year. The Department utilizes suggestions from the State Barber Advisory Board, barber industry, and other interested persons to develop rule changes, as the need for rule change is recognized. The proposed changes are discussed at public meetings, and approved by the

State Barber Advisory Board, prior to being presented to the Board of Health for consideration.



### Citations

	FY08	FY09	FY10	FY11	FY12
<i>Citations written</i>	25	23	38	21	29
<i>Entities with citations</i>	25	21	35	20	22
<i>Average number of citations per entity</i>	1.00	0.91	0.92	0.95	0.76



**Barber Program**  
**Top 10 Violations for SFY2012**

01. *Equipment shall be clean and in good repair.*
02. *All persons in the shop properly licensed or registered with license or registration certificate posted at work station.*
03. *A safe and adequate water supply of continuous hot and cold running water must be provided. There shall be no cross connection between potable water and any non-potable or question through which the potable water supply might be contaminated.*
04. *All equipment shall be stored in a clean, smooth, nonporous surface.*
05. *Walls and ceiling in good repair and clean.*
06. *All barber shops and barber schools shall have in use at all times at each chair a water-based sanitizer and an oil-based sanitizer.*
07. *Floors shall be covered with hardwood, linoleum, composition tile or other washable, non-porous material for an area of eight feet in diameter centered on the barber chair.*
08. *The water-based sanitizer shall be used on all combs and other plastic equipment after each use.*
09. *Toilet facilities shall be provided and conveniently located, clean, in good repair, adequately lighted.*
10. *Approved lavatory facilities shall be provided to include soap, paper towels, and water.*

**STATE BARBER  
ADVISORY BOARD**

This Board is mandated by statute (59 O.S., Section 61.4) to advise the State Board of Health concerning regulations and to advise and assist the Department in adminis-

tering the Act and to develop and administer the barber licensure examinations. The Board consists of five members who are appointed by the Governor. Four

members must be licensed barbers and one member must be a layperson. Each member of the Board serves at the pleasure of the Governor for a term cotermi-

nous with that of the Governor. Each member may continue to serve after the expiration of the member's term until such time as a successor is appointed.

**Advisory Board Members**

*Paula Matthews, Chair*

*David Reed*

*George King*

*Noble D. Stanfield*

*Anthony Baldini*

## BEDDING INDUSTRY

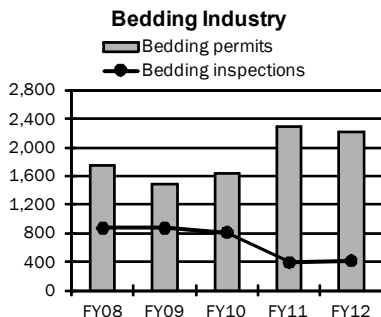
<http://cpd.health.ok.gov>

**Clients Served**

All segments of the bedding industry, including manufacturing, wholesale, retail and germicidal facilities.

**Contact**

(Vacant), Director  
405.271.5243  
Fax: 405.271.3458

**Authority**

63 O. S., Sections  
1-1001 et seq.  
OAC 310:215

**Funding Source**

Fees Collected

**Program Fees**

Initial Bedding Permit.....	\$5.00
Renewal Bedding Permit.....	\$5.00
Initial Germicidal Treatment Permit.....	\$25.00
Renewal Germicidal Treatment Permit.....	\$5.00

**Statistics**

	FY08	FY09	FY10	FY11	FY12
<i>Bedding permits</i>	1,752	1,483	1,631	2,289	2,224
<i>Bedding inspections</i>	874	874	816	393	420
<i>Fees collected</i>	\$109,891	\$99,753	\$98,048	\$109,277	\$127,672

**i** The bedding industry inspection program was created in the 1950's. It is a traditional public health program for the protection of the consumer. Consumer Pro-

tection Division (CPD) staff endeavor to assure the safe manufacture and processing of wholesale and retail bedding products, and for the germicidal treatment of

used bedding products. CPD staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry and consumers in bedding

manufacturing practices, meet with consumer advisory committees, and provide technical assistance as necessary. On-site inspections of the establishments are also performed by CPD staff.

## CONSUMER PRODUCT SAFETY COMMISSION

### **Clients Served**

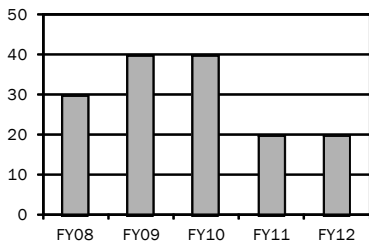
The consuming public and facilities that market the products being consumed or used.

<http://cpd.health.ok.gov>

### **Contact**

(Vacant), Director  
405.271.5243  
Fax: 405.271.3458

### Consumer Product Safety Commission Inspections



#### Authority

63 O. S. Section  
1-106

#### Funding Source

Contractual basis  
with the U. S.  
Consumer Product  
Safety Commission

#### Statistics

	FY08	FY09	FY10	FY11	FY12
Consumer Product Safety Commission Inspections	30	40	40	20	20

**i** This program serves to monitor effectiveness of either manufacturer-initiated or federally-initiated recalls, federal or manufacturer mandated product educational programs, and compliance with federal regulations. The program also serves as an initial contact for

consumers who may have questions or complaints about a product. Those complaints would then be forwarded to the Consumer Product Safety Commission Regional Office in Dallas, Texas.



## DRUGS, COSMETICS, MEDICAL DEVICES, COMPRESSED MEDICAL GASES & HEALTH FRAUD

<http://cpd.health.ok.gov>

### Clients Served

All segments of drugs, cosmetics, medical devices, compressed medical gases, wholesale manufacturing and processing facilities, and consumers of such products or devices.

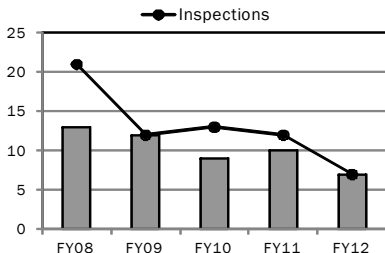
### Contact

(Vacant), Director  
405.271.5243  
Fax: 405.271.3458

### Authority

63 O.S. Sections  
1-1401 et seq.  
OAC 310:240

### Licensed Drugs, Cosmetics, Medical Devices, and Compressed Medical Gases Facilities



### Funding Source

Fees Collected

### Program Fees

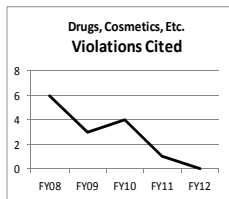
Initial license.....	\$350.00
Renewal license.....	\$250.00

**Statistics**

	FY08	FY09	FY10	FY11	FY12
<i>Drugs, cosmetics, medical devices and compressed medical gases facilities licensed</i>	13	12	9	10	7
<i>Drugs, cosmetics, medical devices and compressed medical gases facility inspections</i>	21	12	13	12	7
<i>Violations cited</i>	6	3	4	1	0
<i>Complaints</i>	0	0	0	0	0

**i** This program was created by statutory authority and regulations. Consumer Protection Division (CPD) staff endeavor to provide for the safe manufacture, processing and wholesale distribution of drugs (primarily over-the-counter drugs), cosmetics, and medical devices, and to protect the public from health fraud, including fraudulently labeled and advertised products. CPD staff develop, write, implement and interpret rules, issue licenses to establishments for

which there is statutory authority, track statistical data, provide for enforcement of establishments not in compliance, train industry and consumers in manufacturing practices, meet with consumer advisory committees, and provide technical assistance as necessary. On-site inspections of the establishments are also performed by CPD staff.



## FIRE EXTINGUISHER INDUSTRY PROGRAM

<http://old.health.ok.gov>

### Clients Served

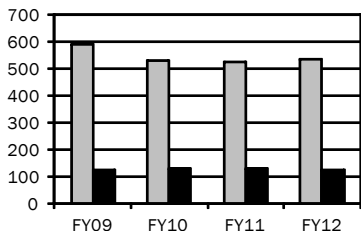
Licensed companies and employees, licensed individuals, and consumers who utilize the services of the fire extinguisher industry.

### Contact

Lynnette Jordan, Director  
405.271.5779  
Fax: 405.271.5286  
lynnette@health.ok.gov

### Fire Extinguisher Industry Program

■ Individuals licensed ■ Companies licensed



### Authority

59 O.S. Sections  
1820.1 et seq.  
OAC 310:451  
State license  
required; annual  
renewal.

### Funding Source

Fees Collected

### Program Fees

Company License .....	\$250.00
Company Qualified Agent.....	\$200.00
Designer Application .....	\$200.00
Technician.....	\$75.00
Trainee .....	\$75.00

Salesperson .....	\$75.00
Re-examination Fee (per attempt) .....	\$50.00
Duplicate License .....	\$25.00
Company Renewal (through September 30) .....	\$250.00
Company Late Renewal (beginning October 1) .....	\$500.00
Company Qualified Agent Renewal (through September 30).....	\$100.00
Company Qualified Agent Late Renewal (beginning October 1)..	\$200.00
Designer Renewal (through September 30) .....	\$100.00
Designer Late Renewal (beginning October 1).....	\$200.00
Technician Renewal (through September 30).....	\$35.00
Technician Late Renewal (beginning October 1).....	\$70.00
Trainee Renewal (through September 30) .....	\$35.00
Trainee Late Renewal (beginning October 1) .....	\$70.00
Salesperson Renewal (through September 30).....	\$35.00
Salesperson Late Renewal (beginning October 1).....	\$70.00

### Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Individuals licensed</i>	-----	590	533	527	537
<i>Companies licensed</i>	-----	127	130	130	127
<i>Fees collected</i>	\$3,450	\$99,500	\$72,870	\$77,744	\$77,870

**i** This program implements the Fire Extinguisher Industry Act passed by the Legislature to regulate companies and individuals in the fire extinguisher industry. Occupational Licensing (OL) staff endeavor to ensure that all companies and individuals engaged in the fire extinguisher industry are licensed as required and are in

compliance with the Fire Extinguisher Industry Act and rules. OL staff offer licensing examinations to individuals wishing to engage in the industry, investigate complaints made against the industry, and perform job site inspections to verify companies and individuals involved in the industry are licensed.

## **FIRE EXTINGUISHER INDUSTRY COMMITTEE**

This Committee is mandated by statute (59 O.S., Section 1820.1 et seq.) to assist and advise the Commissioner on all matters relating to the formulation of rules and standards in accordance with the Fire Extinguisher Licensing Act. The Committee consists of seven members. One member is the Commissioner of Health or a designated representative. One member is the State Fire Marshal, or a designated representative. One member is the Assistant State Fire Marshal, or a designated representative. Four members are ap-

pointed by the State Board of Health. Three of the appointed members must have at least five years of experience in the fire extinguisher industry. One of the appointed members must be a lay member. No member of the Committee can have any kind of employment relationship with any other member. A majority of Committee members constitutes a quorum to transact official business.

### **Committee Members**

*Chad Miller, Chairman  
Ed Hewett, Vice-Chair  
Eric Peoples, Secretary  
Valerie Hanson, Lay Member  
Jon Roberts  
Mark Huff  
(1 Vacancy)*

## HEARING AID PROGRAM

### Clients Served

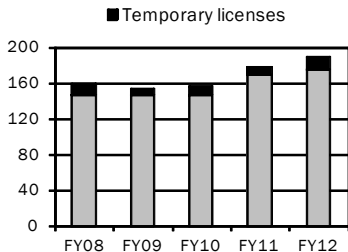
Licensed hearing aid dealers and fitters, and consumers who utilize the services of the hearing aid industry.

<http://old.health.ok.gov>

### Contact

Lynnette Jordan, Director  
405.271.5779  
Fax: 405.271.5286  
lynnette@health.ok.gov

### Licensed Hearing Aid Dealers and Fitters



### Authority

63 O.S. Sections  
1-1750, et seq.  
OAC 310:265

### Funding Source

Fees Collected

### Program Fees

Initial Hearing Aid Dealers Test (\$95.00 exam fee; \$50.00 license fee) .....	\$145.00
Hearing Aid Dealer Retest Fee .....	\$95.00
Temporary Hearing Aid Dealer License.....	\$15.00
Hearing Aid Dealer Renewal Fee (through January 30).....	\$50.00
Hearing Aid Dealer Late Renewal Fee (through February 28).....	\$75.00
Hearing Aid Dealer Late Renewal Fee (after February 28).....	\$100.00

<b>Statistics</b>					
	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>Licensed hearing aid dealers and fitters</i>	146	147	146	169	175
<i>Temporary licenses</i>	14	6	11	9	14
<i>Fees collected</i>	\$12,575	\$10,280	\$12,785	\$11,290	\$11,980

**i** This program was created to protect the public from unqualified and unscrupulous individuals involved in the hearing aid industry. Occupational Licensing (OL) staff endeavor to assure that all companies and individuals engaged in the hearing aid industry are licensed as required and are in compliance with the applicable rules. OL staff offer examinations a minimum of twice a year for applicants wishing to become licensed, and investigate

complaints made against the industry. The Department utilizes suggestions from the Hearing Aid Advisory Council, hearing aid industry, and other interested persons to develop rule changes, as the need for rule change is recognized. Proposed changes are discussed at public meetings prior to being presented to the Board of Health for consideration.

## HEARING AID ADVISORY COUNCIL

This Council is mandated by statute (63 O.S., Section 1-1753) to serve in an advisory capacity to the State Board of Health, and to make recommendations to the

Board concerning policy matters affecting hearing aid dealers and fitters in the state. The Council consists of seven members who are appointed by the State Board

of Health. Four members must be hearing aid dealers and fitters, one member must be an Otolaryngologist who is certified by the American Board of Otolaryngology or is eligible for such certification, one member must be an audiologist,

and one member must be a layperson. Members are appointed for a three year term. Each member may continue to serve after the expiration of his or her term until such time as a successor is appointed.

**Advisory Council Members**

*Craig Myers, Chair*

*Barbara Rollins, Vice-Chair*

*Mark Wood*

*Shohn Armstrong*

*Dr. Larry Engelmann*

*Janie Sylvester*

*(1 Vacancy)*

## HOTELS—MOTELS

### **Clients Served**

Hotel-motel owners, managers and operators, and the general public who utilize services of the hotel-motel industry.

<http://cpd.health.ok.gov>

### **Contact**

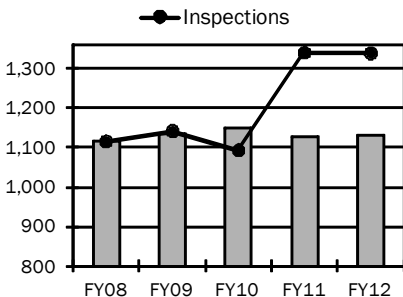
(Vacant), Director

405.271.5243

Fax: 405.271.3458



### Licensed Hotels-Motels



#### Authority

63 O.S. Section  
1-1201  
OAC 310:285

#### Funding Source

Fees Collected

### Program Fees

\$150.00 to \$350.00 dollars depending on the class of the permit or renewal.

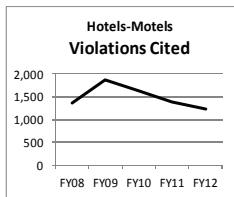
### Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Licensed hotels-motels</i>	1,116	1,134	1,149	1,126	1,131
<i>Hotel-motel inspections</i>	1,116	1,142	1,093	1,340	1,338
<i>Violations cited</i>	1,366	1,874	1,629	1,378	1,221
<i>Fees collected</i>	*	*	*	*	*

\*Fee collections for hotels-motels are included in the fee collections for the Retail Foods program area.

**i** This program serves to monitor the sanitary conditions existing in hotels-motels for compliance with regulatory standards established by the Department. Consumer Protection Division staff endeavor to provide consumers reasonable assurance of sanitary conditions. Regulations address buildings and appurtenances thereto, including plumbing, ventilation and lighting,

construction, cleanliness and bactericidal treatment of equipment and utensils, linens, cleanliness and hygiene of personnel, toilet facilities, disposal of wastes, water supply, and any other items deemed necessary to safeguard the health, comfort and safety of guests being accommodated.



**Hotels-Motels  
Top 10 Violations for SFY2012**

01. *No bare hand contact with ready-to-eat foods or alternate methods; glove limitations.*
02. *Cold holding temps; Received at proper temperature.*
03. *Date marking and disposition.*
04. *Disposition of returns; previously served, reconditioned, unsafe food.*
05. *Cooling time and temperature; Cooling methods.*
06. *Food in good condition, safe, unadulterated, segregated.*
07. *Food equipment: improper use, operation (materials, design).*
08. *Valid license to operate; Non-transferrable.*
09. *Sinks used for intended purposes.*
10. *Person in charge present; Demonstration of knowledge; Performs duties.*

## LICENSED BEHAVIORAL PRACTITIONERS

<http://pcl.health.ok.gov>

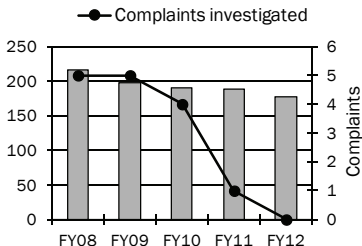
### Clients Served

Licensed behavioral practitioners, applicants, and consumers who utilize the services of behavioral practitioners.

### Contact

Lynnette Jordan, Director  
405.271.5779  
Fax: 405.271.5286  
lynnette@health.ok.gov

### Licensed Behavioral Practitioners



### Authority

59 O.S. Sections  
1930 et seq.  
OAC 310:403

### Funding Source


Fees Collected

### Program Fees

Application .....	\$275.00
Exam .....	\$75.00
Renewal .....	\$100.00

**Statistics**

	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>Licensed Behavioral Practitioners</i>	216	198	191	189	178
<i>Applicants for licensure who took the exam</i>	0	0	3	2	1
<i>Complaints investigated</i>	5	5	4	1	0
<i>Disciplinary actions</i>	0	1	1	1	0
<i>Fees collected</i>	\$20,140	\$18,275	\$16,850	\$19,430	\$17,258

 This program implements the Oklahoma Licensed Behavioral Practitioner Act passed by the legislature. Licensed Behavioral Practitioner (LBP) staff license and regulate qualified persons rendering professional behavioral health services to individuals and groups. LBP staff process

applications for licensure, establish minimum standards, review documentation of the completion of required pre-licensing supervision, issue licenses, review continuing education, process complaints and conduct hearings.

## **OKLAHOMA LICENSED BEHAVIORAL PRACTITIONER ADVISORY BOARD**

This Advisory Board is mandated by statute (59 O.S., Section 1930) to assist in administering the provisions of the Licensed Behavioral Practitioner Act. The Advisory Board consists of seven members appointed by the Commissioner of Health with the advice and consent of the State Board of Health.

Four members must be Licensed Behavioral Practitioners, one member must be a licensed mental health professional other than a Behavioral Practitioner and two members must be laypersons not associated with the practice of behavioral health services. Appointees are selected from a list of

qualified candidates submitted by the Executive Board of the North American Association of Masters in Psychology in conjunction with the executive committees of all state professional behavioral health associations who represent a specialty recognized pursuant to

the Act. Board members are ineligible for reappointment for a period of three years following completion of their term. The Advisory Board must hold at least four regular meetings each year. Four members constitute a quorum.

#### **Advisory Board Members**

*Kimberly Cox, M.S., Chair  
Lesia Foerster, M.Ed., Vice-Chair  
Mark Englander, Ph.D., Secretary  
Jim Gasso, Member*

*Curtis Gilley, M.Ed., Member  
Lorry Youll, Ph.D., Member  
(1 Vacancy)*

## LICENSED GENETIC COUNSELORS

### **Clients Served**

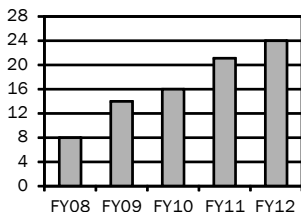
Licensed genetic counselors, applicants, and consumers who utilize the services of licensed genetic counselors.

<http://pcl.health.ok.gov>

### **Contact**

Lynnette Jordan, Director  
405.271.5779  
Fax: 405.271.5286  
lynnette@health.ok.gov

## Licensed Genetic Counselors



### Authority

63 O.S. Sections  
1-561 et seq.  
OAC 310:406

### Funding Source

Fees Collected

### Program Fees

Application: .....	\$300.00
Renewal: .....	\$200.00

### Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Licensed Genetic Counselors</i>	8	14	16	21	24
<i>Complaints investigated</i>	0	0	0	0	0
<i>Disciplinary actions</i>	0	0	0	0	0
<i>Fees collected</i>	\$1,077	\$2,000	\$1,652	\$2,700	\$3,200

**i** This program implements the Oklahoma Genetic Counseling Licensure Act passed by the legislature. Licensed Genetic Counselors (LGC) staff license and regulate qualified persons rendering

genetic counseling services to individuals and families in regard to estimating the likelihood of occurrence or recurrence of a birth defect or any potentially inherited or genetically influenced condition,

among other genetic counseling activities. LGC staff process applications for licensure, establish minimum qualifications, issue

licenses, review continuing education requirements, process complaints, and conduct hearings.

## **OKLAHOMA GENETIC COUNSELING ADVISORY BOARD**

This Advisory Committee is established by rule (OAC 310:406-3-1) to assist in administering the provisions of the Genetic Counseling Licensure Act. The Advisory Committee consists of five members who are appointed by the Commissioner of Health. Two members must be licensed genetic counselors, one member must be an ethicist or a geneticist currently licensed by the State Board of Examiners for Medical Licensure and Supervision of the Board of Osteopathic Examiners. One member must be a representative of the

Oklahoma Genetics Advisory Council and one member must be a layperson who is not affiliated with any practice of genetic counseling. The first Advisory Committee will serve staggered terms and thereafter, at the expiration of the term of each member, the Commissioner will appoint a successor for a four year term. Advisory Committee members may be reappointed at the completion of their term. The Advisory Committee may hold four regular meetings each year. Three members of the Advisory Committee constitute a quorum.

### ***Advisory Committee Members***

*Mary Rindler, M.S., Chair*  
*Patrick Wilson, M.S., Vice-Chair*  
*Michael Kayser, D.O., Secretary*  
*Susan Hassed, M.S., Member*  
*Joni Bruce, Member*

## LICENSED MARITAL AND FAMILY THERAPISTS

<http://pcl.health.ok.gov>

### Clients Served

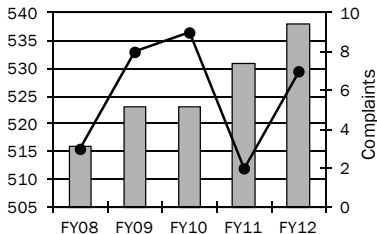
Licensed marital and family therapists, applicants, and consumers who utilize the services of marital and family therapists.

### Contact

Lynnette Jordan, Director  
405.271.5779  
Fax: 405.271.5286  
[lynnette@health.ok.gov](mailto:lynnette@health.ok.gov)

### Licensed Marital and Family Therapists

● Complaints investigated



### Authority

59 O.S. Sections  
1925.1 et seq.  
OAC 310:400

### Funding Source

Fees Collected

### Program Fees

Application .....	\$200.00
Exam.....	\$295.00
License .....	\$100.00
Renewal .....	\$100.00



<b>Statistics</b>					
	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>Licensed Marital and Family Therapists</i>	516	523	523	531	538
<i>Applicants for licensure who took the exam</i>	78	84	82	58	96
<i>Complaints investigated</i>	3	8	9	2	7
<i>Disciplinary actions</i>	0	1	0	1	1
<i>Fees collected</i>	\$58,091	\$58,449	\$42,891	\$56,499	\$61,735

**i** This program implements the Oklahoma Licensed Marital and Family Therapist Act passed by the legislature. Licensed Marital and Family Therapists (LMFT) staff license and regulate qualified persons rendering professional marital and family therapy services to individuals, family groups and marital pairs, singly or in groups.

LMFT staff process applications for licensure, administer examinations, establish minimum qualifications, review documentation of the completion of required pre-licensing supervision, issue licenses, review continuing education requirements, process complaints, and conduct hearings.

## **OKLAHOMA LICENSED MARITAL AND FAMILY THERAPIST ADVISORY BOARD**

This Advisory Board is mandated by statute (59 O.S., Section 1925.4) to assist in administering the provisions of the Marital and Family Therapist Licensure Act. The Advisory Board consists of seven members who are ap-

pointed by the Commissioner of Health with the advice and consent of the State Board of Health. Five members must be licensed marital and family therapists for a minimum of five years immediately preceding appointment and ac-

tively engaged as marital and family therapists in rendering professional services in marital and family therapy, or in rendering services in marital and family therapy as members of the clergy, who are in good standing in their denominations, or in the education and training of master's, doctoral or post-doctoral students of marital and family therapy, or in marital and family therapy research, and have spent the majority of the time devoted to such activity during the two years preceding appointment to the Advisory Board. Members must be laypersons that are not affiliated with any practice of marital and family therapy. All appoint-

ees are selected from a list of qualified candidates submitted by the executive committees of all marital and family therapists in this State who represent a specialty recognized pursuant to the provisions of the Marital and Family Therapist Licensure Act. Appointees must be a resident of the State of Oklahoma. Members are appointed for a four-year term. Advisory Board members are ineligible for reappointment for a period of three years following completion of their term. The Board must hold at least four regular meetings each year. Four members of the Board constitute a quorum.

#### ***Advisory Board Members***

*Joanni Sailor, Ph.D., Chair  
Canaan Crane, Ph.D., Vice-Chair  
Brenda Gill, M.S., Secretary  
Jill Butler, M.S., Member  
Paul Emrich, M.S., Member  
(2 Vacancies)*

## LICENSED PROFESSIONAL COUNSELORS

<http://pcl.health.ok.gov>

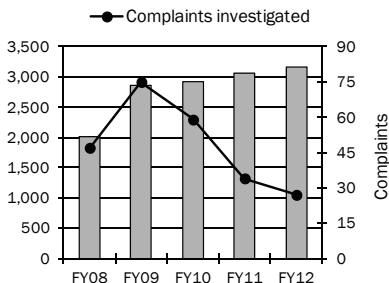
### Clients Served

Licensed professional counselors, applicants, and consumers who utilize the services of professional counselors.

### Contact

Lynnette Jordan, Director  
405.271.5779  
Fax: 405.271.5286  
lynnette@health.ok.gov

### Licensed Professional Counselors



### Authority

59 O.S. Sections  
1901 et seq.  
OAC 310:405

### Funding Source

Fees Collected

### Program Fees

Application .....	\$145.00
Exam.....	\$195.00
License .....	\$ 90.00
Renewal .....	\$ 80.00

**Statistics**

	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>Licensed Professional Counselors</i>	2,008	2,857	2,916	3,059	3,169
<i>Applicants for licensure who took the exam</i>	187	284	255	341	346
<i>Complaints investigated</i>	47	75	59	34	27
<i>Disciplinary actions</i>	2	9	6	2	4
<i>Fees collected</i>	\$256,129	\$277,323	\$175,450	\$308,833	\$203,143

**i** This program implements the Oklahoma Licensed Professional Counselor Act passed by the legislature. Licensed Professional Counselors (LPC) staff license and regulate qualified persons rendering professional counseling services to individuals and groups in regard to personal-social concerns,

educational progress and occupations, among other professional counseling activities. LPC staff process applications for licensure, administer examinations, establish minimum qualifications, issue licenses, review continuing education requirements, process complaints, and conduct hearings.

## **OKLAHOMA LICENSED PROFESSIONAL COUNSELORS ADVISORY BOARD**

This Advisory Board is mandated by statute (59 O.S., Section 1904) to assist in administering the provisions of the Licensed Professional Counselors Act. The Advisory Board consists of seven members who are appointed by the Commissioner of Health with the advice

and consent of the State Board of Health. Five members must be licensed professional counselors and two members must be laypersons who are not affiliated with any practice of counseling or delivering of health or mental health services. Appointees are selected

from a list of qualified candidates submitted by the Executive Committee of the Oklahoma Counseling Association in conjunction with the executive committees of all state professional counseling associations. Appointees must be a resident of the State of Oklahoma. Members are appointed for

a four-year term. Board members are ineligible for reappointment for a period of three years following completion of their term. The Advisory Board must hold at least four regular meetings each year. Four members of the Committee constitute a quorum.

**Advisory Board Members**

*Royce Caldron, M.S., Chair  
Sharon Davis, M.Ed., Member  
Paige Williams, Ph.D., Member  
(4 Vacancies)*

## MAMMOGRAPHY QUALITY STANDARDS ACT

**Clients Served**

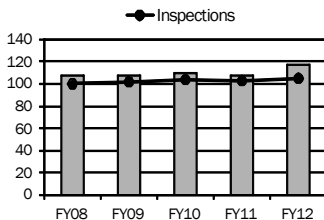
Facilities providing mammography services and consumers who utilize those services.

<http://cpd.health.ok.gov>

**Contact**

(Vacant), Director  
405.271.5243  
Fax: 405.271.3458  
[tinaa@health.ok.gov](mailto:tinaa@health.ok.gov)

### Accredited & Provisionally Accredited Mammography Facilities



#### Authority

21 Code of  
Federal  
Regulations,  
Part 900

#### Funding Source

Federal Funds

#### Statistics

	FY08	FY09	FY10	FY11	FY12
Accredited and provisionally accredited mammography facilities	108	108	110	108	117
Inspections performed	100	102	104	103	105

**i** This program was developed to improve early diagnostic capabilities in detecting breast cancer. Consumer Protection Division (CPD) staff evaluate equipment function, ensure continuing accreditation of facilities, and evaluate qualifications of personnel

involved with mammography. CPD staff also perform on-site testing of mammography equipment and review the credentials of staff to determine if they are qualified to perform mammography activities.

## MEDICAL MICROPIGMENTATION PROGRAM

### Clients Served

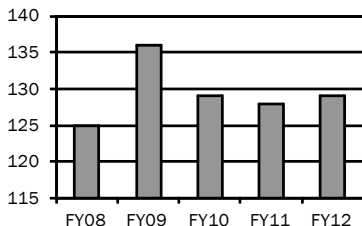
Persons who perform micropigmentation services, and the citizens of Oklahoma who obtain the services.

<http://cpd.health.ok.gov>

### Contact

(Vacant), Director  
405.271.5243  
Fax: 405.271.3458

### Certified Medical Micropigmentologists



### Authority

63 O.S. Sections  
1-1450 et seq.  
OAC 310:234

### Funding Source

Fees Collected

### Program Fees

New application for certification (includes subsequent cost of exams and re-exams) .....	\$515.00
Renewal of certification .....	\$100.00
Reinstatement of certification (if the renewal of the certification is 30 days or more after the expiration date) .....	\$375.00
Replacement of a certificate .....	\$125.00

**Statistics**

	FY08	FY09	FY10	FY11	FY12
<i>Certified medical micropigmentologists</i>	125	136	129	128	129
<i>Fees collected</i>	\$24,895	\$21,655	\$19,435	\$18,315	\$19,680

**i** This program was created to provide sufficient regulation to assure the protection of the public's health due to the growing demand of medical micropigmentation in the State of Oklahoma. Medical micropigmentation is a form of permanent cosmetics and requires a medical procedure in which any color or pigment is applied with a needle or electronic machine. The law authorizing medical micropigmentation does not include tattooing, thus, medical micropigmentation does not involve placing on the body any pictures, images, numbers, signs, letters of the alphabet, or designs. Individuals must apply to the De-

partment for certification if they wish to provide this procedure under the supervision of their employing dentist, medical physician, and/or osteopathic physician. Without proper certification as a micropigmentologist, as defined by the Department, only a physician may legally provide this procedure at this time. Consumer Protection Division staff process certification applications, promulgate rules of practice for medical micropigmentation training requirements and establish criteria for the certification of persons authorized to perform medical micropigmentation.

## **MEDICAL MICROPIGMENTATION ADVISORY COMMITTEE**

This Committee is mandated by statute (63 O.S., Section 1-1456)

to assist in: (1) the establishment of criteria for certification, training



and testing; (2) the promulgation of rules for the practice of medical micropigmentation; and (3) the periodic evaluation of the application and enforcement of the laws and rules regulating medical micropigmentation. The Medical Micropigmentation Advisory Committee is appointed by the State Commissioner of Health and consists of seven members. One member must be a physician licensed by the State Board of Medical Licensure and Supervision. One member must be a physician licensed by the State Board of Osteopathic Examiners. One member must be a dentist licensed by

the Board of Dentistry. Three members must each hold a current certificate issued by the State Board of Health pursuant to the provisions of the Oklahoma Medical Micropigmentation Regulation Act. One member must be from the public and must not be licensed to practice by the Oklahoma Board of Nursing, the State Board of Medical Licensure and Supervision, the State Board of Osteopathic Examiners, or the Board of Dentistry. Each member serves at the pleasure of the State Commissioner of Health.

#### ***Advisory Committee Members***

*Linda Lea, R.N., Micropigmentationologist, Chair*

*Jana S. Barker, Layperson*

*Harry Galoob, M.D.*

*James C. Griffith, II, D.D.S.*

*Colleen Hill, L.P.N., Micropigmentationologist*

*Laura Kilkenny, D.O.*

*Janice K. Miller, Micropigmentationologist*

## PUBLIC BATHING PLACES

<http://cpd.health.ok.gov>

### Clients Served

Individuals interested in building or modifying a public bathing place, including pools, spas, water slides and attractions, and therapy water units.

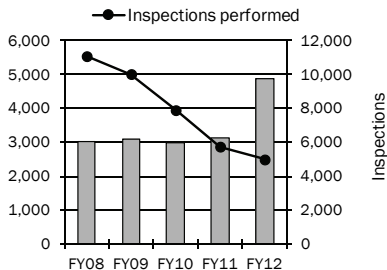
### Contact

(Vacant), Director

405.271.5243

Fax: 405.271.3458

### Licensed Public Bathing Places



### Authority

63 O.S. Sections

1-1013 et seq.

OAC 310:250

OAC 310:315

OAC 310:320

### Funding Source

Fees Collected

### Program Fees

#### Type 82 Class I "Indoor Facility"

Public Bathing Places License Fee ..... \$50.00

Public Bathing Places Re-inspection Fee ..... \$250.00

#### Type 82 Class O "Outdoor Facility"

Public Bathing Places License Fee ..... \$50.00

Public Bathing Places Re-inspection Fee ..... \$250.00

## Construction Permit Fees:

New Pools .....	\$100.00 per 5000 gallons (\$500.00 minimum)
Modification to Existing Pool .....	\$50.00 per 5000 gallons (\$250.00 minimum)
New Spas .....	\$50.00 per 100 gallons (\$250.00 minimum)
Modification to Existing Spa .....	\$25.00 per 100 gallons (\$125.00 minimum)

**Statistics**

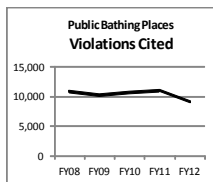
	FY08	FY09	FY10	FY11	FY12
<i>Licensed public bathing places</i>	3,005	3,096	2,996	3,114	4,882
<i>New construction permits issued</i>	121	108	77	58	84
<i>Inspections performed</i>	11,061	10,008	7,882	5,734	4,978
<i>Violations cited</i>	10,788	10,231	10,709	10,995	9,053
<i>Certified Pool Operator classes taught</i>	25	24	23	45	38
<i>Certified Pool Operator class attendees</i>	650	728	665	2,966	2,100
<i>Fees collected for licenses</i>	\$143,575	\$147,725	\$148,275	\$141,555	\$139,419
<i>Fees collected for construction permits</i>	-----	-----	-----	\$43,425	\$73,440

**i** This program was created to reduce the incidence of illness and injury in public bathing places. All

public bathing places must be maintained in a sanitary and safe condition, and all owners, manag-

ers, operators, and other attendants in charge of any public bathing place are responsible for the sanitation and safety of such places during the season or seasons when the public bathing place is in use. Consumer Protection Division staff develop, write and implement rules, provide for review of plans by the Department through contract, prepare and issue permits, provide for enforce-

ment of facilities not in compliance, train industry and consumers, track statistical data, and provide technical assistance. Inspection of the facilities is performed by county sanitarians.



**Public Bathing Places  
Top 10 Violations for SFY2012**

01. Decks, gutter pool finish: Clean in good repair.
02. Flow meter: Flow rate OK: Req\_\_\_GPM\_\_\_OBS\_\_\_GPM\_\_\_
03. Records kept: Required testing done; Inspection posted.
04. Free available chlorine less than 1ppm; Bromine less than 2ppm.
05. Total alkalinity between 80 and 200 ppm.
06. pH between 7.2 and 7.8
07. Skimmers: Weirs and baskets installed; Clean and operating.
08. Ring buoys, shepherd's crook, backboard; lifeline.
09. Other: Cyanuric acid 30-100 ppm; TDS, metals controlled at spa.
10. Enclosure: Height, no gaps over 4", good repair; SC/SL gates.

## RETAIL FOODS

<http://cpd.health.ok.gov>

### Clients Served

All segments of the retail food service industry, including restaurants, bars, retail food stores, mobile operators, temporary events, and the clients of those facilities/events.

### Contact

(Vacant), Director

405.271.5243

Fax: 405.271.3458

### Authority

63 O. S. Sections

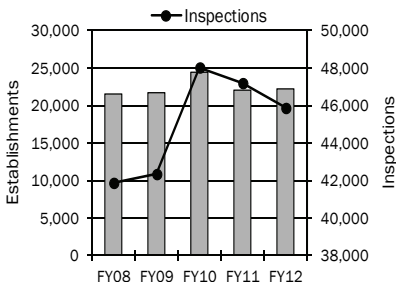
1-1101 et seq.

OAC 310:257

### Funding Source

Fees Collected

**Licensed Retail Food Establishments**



### Program Fees

Initial license fees are \$350.00 with a yearly renewal fee of \$250.00. Late renewal fees apply to any application received 30 days beyond expiration date. If a license is more than 90 days past expiration, it cannot be

renewed, but instead shall be reapplied for. Licensing fees for schools, hospitals, and non-profit institutions are \$100.00 for the initial license with a yearly renewal fee of \$100.00. The contract amount for inspection of DHS child care facilities is \$100.00 per inspection.

<b>Statistics</b>					
	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>Licensed retail</i>					
<i>food establishments</i>	21,598	21,695	24,369	22,127	22,276
<i>Inspections performed</i>					
<i>in retail food</i>					
<i>establishments</i>	41,872	42,342	48,036	47,201	45,874
<i>Inspections performed</i>					
<i>in child care facilities</i>	-----	-----	794	653	788
<i>Total inspections</i>					
<i>performed</i>	41,872	42,342	48,830	47,854	46,662
<i>Violations cited - Food</i>					
<i>Services</i>	132,068	121,349	118,744	115,629	112,913
<i>Violations cited - Mobile</i>	1,434	1,463	1,681	1,590	1,785
<i>Fees collected for retail</i>					
<i>food establishments*</i>	\$1,955,440	\$2,052,041	\$5,494,102	\$5,414,265	\$4,881,406
<i>Fees collected for child</i>					
<i>care facility inspections</i>	-----	-----	\$79,400	\$65,300	\$77,300

\*This also includes fees from the Hotels-Motels and Wholesale Foods programs.

**i** The food service inspection program was created in 1923. It is a traditional public health program for the protection of the consumer and of all food goods sold in the State. Consumer Protection Divi-

sion (CPD) staff endeavor to reduce the incidence of food-borne illness and provide for a sanitary environment in food service establishments. CPD staff develop, write, implement and

interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry food service workers and sanitarians in safe food service practices, meet with consumer advisory committees, and provide technical assistance as necessary.

Inspections are also conducted for the food service operations in daycare centers for children and residential child care facilities. These inspections are performed

through contract at the request of the Oklahoma Department of Human Services which is the Agency with jurisdiction and responsibility for regulation of child care facilities.

On-site inspection of food service operations in both retail establishments and child care facilities are performed by County Health Department Sanitarians.

**Retail Foods**  
**Top 10 Violations for SFY2012**

01. *Floors, walls, ceilings (physical facilities): Design, maintained, in good repair, outer openings protected.*
02. *Non-Food contact surfaces clean; Cleaning frequency.*
03. *Floors, walls, ceilings (premises): Clean, free of litter, removal of pests.*
04. *Wiping cloths: Properly used and stored; Sponges prohibited.*
05. *Contamination prevented during food preparation, Storage and Display; Washing fruits/vegetables.*
06. *Toilet facilities: Accessible, Properly constructed, Cleaned/self closures.*
07. *Food and non-food contact surfaces cleanable, Design.*
08. *Ventilation: Installed, maintained. Lighting: Adequate, shielded.*
09. *Adequate hand washing facilities: Supplied, accessible; Toilets properly supplied.*
10. *Water: Adequate pressure, sufficient capacity.*

**Food Services—Grocery**  
**Top 10 Violations for SFY2012**

01. *Non-food contact surfaces clean; Cleaning frequency.*
02. *Floors, walls, ceilings (premises): Clean, free of litter, removal of pests.*
03. *Food and non-food contact surfaces cleanable, design.*
04. *Floors, walls, ceilings (physical facilities): Design, maintained, in good repair; Outer openings protected.*
05. *Wiping cloths: Properly used and stored; Sponges prohibited.*
06. *Food contact surfaces of equipment and utensils clean.*
07. *Hot holding temperatures; Received at proper temperature.*
08. *Water: Adequate pressure, sufficient capacity.*
09. *Ventilation: Installed, maintained; Lighting: Adequate, shielded.*
10. *In-use utensils proper storage, cleaning frequency; Utensils, Equipment and linens: Properly stored, dried, handled; Linens cleaned.*

**Food Services—Bars**  
**Top 10 Violations for SFY2012**

01. *Floors, walls, ceilings (physical facilities): Design, maintained, in good repair; Outer openings protected.*
02. *Food and non-food contact surfaces cleanable, design.*
03. *Toilet facilities: Accessible, Properly constructed, Cleaned/self closures.*
04. *Non-food contact surfaces clean; Cleaning frequency.*
05. *Floors, walls, ceilings (premises): Clean, free of litter; Removal of pests.*
06. *Adequate hand washing facilities: Supplied, accessible; Toilets properly supplied.*
07. *Ventilation: Installed, maintained; Lighting: Adequate, shielded.*
08. *Plumbing system: Maintained, backflow device installed, inspected.*
09. *Food contact surfaces of equipment and utensils clean.*
10. *Warewash, sanitize equipment: Design, supplies, operated; Test strips; Temperature gauges; Alarms.*



**Food Services—Restaurants with Bars**  
**Top 10 Violations for SFY2012**

01. *Non-food contact surfaces clean; Cleaning frequency.*
02. *Food and non-food contact surfaces cleanable, design.*
03. *Wiping cloths: Properly used and stored; Sponges prohibited.*
04. *Food contact surfaces of equipment and utensils clean.*
05. *Floors, walls, ceilings (physical facilities): Design, maintained, in good repair; Outer openings protected.*
06. *Floors, walls, ceilings (premises): Clean, free of litter; Removal of pests.*
07. *In-use utensils proper storage, cleaning frequency; Utensils, equipment and linens: Properly stored, dried, handled; Linens cleaned.*
08. *Cold holding temperatures; Received at proper temperature.*
09. *Person in charge present, demonstration of knowledge, performs duties.*
10. *Ventilation: Installed, maintained; Lighting: Adequate, shielded.*

**Food Services—Schools**  
**Top 10 Violations for SFY2012**

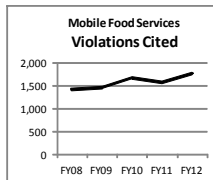
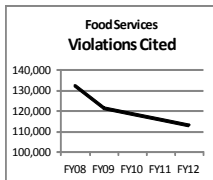
01. *Food and non-food contact surfaces cleanable, design.*
02. *Floors, walls, ceilings (physical facilities): Design, maintained, in good repair; Outer openings protected.*
03. *Non-food contact surfaces clean; Cleaning frequency.*
04. *Wiping cloths: Properly used and stored; Sponges prohibited.*
05. *In-use utensils proper storage, cleaning frequency; Utensils, equipment and linens: Properly stored, dried, handled; Linens cleaned.*
06. *Floors, walls, ceilings (premises): Clean, free of litter; Removal of pests.*
07. *Food contact surfaces of equipment and utensils clean.*
08. *Ventilation: Installed, maintained; Lighting: Adequate, shielded.*
09. *Water: Adequate pressure; Sufficient capacity.*
10. *Hot holding temperatures; Received at proper temperature.*

**Food Services—Seasonal  
Top 10 Violations for SFY2012**

01. Food and non-food contact surfaces cleanable, design.
02. Floors, walls, ceilings (physical facilities): Design, maintained, in good repair; Outer openings protected.
03. Single-use, single-service articles: Properly stored, used.
04. Warewash, sanitize equipment: Design, supplies, operated; Test strips; Temperature gauges; Alarms.
05. Adequate hand washing facilities: Supplied, accessible; Toilets properly supplied.
06. Plumbing system: Maintained, backflow device installed, inspected.
07. Hand washing sinks: Designed, clean, used; Proper storage.
08. Ventilation: Installed, maintained; Lighting: Adequate, shielded.
09. Non-food contact surfaces clean; Cleaning frequency.
10. Water: Adequate pressure; Sufficient capacity.

**Food Services—Prisons  
Top 10 Violations for SFY2012**

01. Insects, rodents and other pests controlled.
02. Wiping cloths: Properly used and stored; Sponges prohibited.
03. Food and non-food contact surfaces cleanable, design.
04. Floors, walls, ceilings (physical facilities): Design, maintained, in good repair; Outer openings protected.
05. Pasteurized food used; Prohibited food not offered; Pasteurized eggs used where required.
06. Time as public health control; Procedures/records.
07. Water: Adequate pressure; Sufficient capacity.
08. Cooling time and temperature; Cooling methods.
09. Adequate facilities/equipment to maintain food temperatures.
10. In-use utensils proper storage, cleaning frequency; Utensils, equipment and linens: Properly stored, dried, handled; Linens cleaned.



## OKLAHOMA FOOD SERVICE ADVISORY COUNCIL

Title 63, Section 1-106.3 of the Oklahoma Statutes creates the Oklahoma Food Service Advisory Council within the State Department of Health. The purpose of the Council is to advise the State Board of Health, the Commissioner of Health, and the Department regarding food service establishments and recommend actions to improve sanitation and consumer protection. Meetings of the Council are held on a quarterly basis.

The Advisory Council has the duty and authority to: (1) Review and approve in an advisory capacity only rules and standards for food service establishments operating in this state; (2) Evaluate, review and make recommendations regarding Department inspection

activities; and (3) Recommend and approve quality indicators and data submission requirements for food service establishments which shall be used by the Department to monitor compliance with licensure requirements and to publish an annual report of food service establishment performance.

The Advisory Board consists of thirteen (13) members. Eight (8) members are appointed by the Commissioner of Health with the advice and consent of the State Board of Health, from a list of three names for each position provided by an association representing the majority of the restaurant owners in the State. These eight appointments to the Council include the following:

-One (1) member represents the Oklahoma Restaurant Association;

-One (1) member represents the Oklahoma Hotel and Motel Association;

-One (1) member represents the Oklahoma Grocers Association;

-One (1) member represents Food Service Education;

-One (1) member represents Food Processing Education;

-One (1) member shall be an Independent Food Service Operator;

-One (1) member shall be a Food Processor; and

-One member shall be a Citizen representing the public and shall not be a food service establishment operator or employee and

shall not be a member of a food service governing board.

The remaining five appointments consist of:

-The Director of the Oklahoma City-County Health Department, or a designee;

-The Director of the Tulsa City-County Health Department, or a designee;

-Two (2) Directors from other county health departments in this State or a designee, appointed by the Commissioner; and

-The Director of the State Department of Agriculture, or a designee.

Members of the Advisory Council serve three year terms.

#### **Advisory Council Members**

*Yves Badaroux*

*Michael Echelle*

*Jim Hopper*

*Harold Kelly*

*Park Ribble*

*Bill Ryan, Ed.D., RD, LD*

*John Williams*

*Phil Maytubby*

*J. Roy Escoubas, Ph.D.*

*Tina R. Johnson, MPH, RN*

*Elizabeth Nutt*

*Bill Ricks*

*Stan Stromberg*

## SANITARIAN & ENVIRONMENTAL SPECIALIST PROGRAM

### **Clients Served**

Registered professional sanitarians, sanitarians in training, environmental specialists, environmental specialists in training, and consumers who utilize services provided by registered professional sanitarians and environmental specialists.

<http://old.health.ok.gov>

### **Contact**

Lynnette Jordan, Director  
405.271.5779  
Fax: 405.271.5286  
lynnette@health.ok.gov

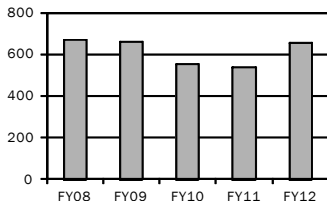
### **Authority**

59 O.S. Sections  
1150 et seq.  
OAC 310:345  
State registration  
required.

### **Funding Source**

Fees Collected

**Licensed Sanitarians and  
Environmental Specialists**



### **Program Fees**

Initial License for Registered Professional Sanitarian or Registered Professional Environmental Specialist .....	\$25.00
Initial License for both Registered Professional Sanitarian and Registered Professional Environmental Specialist .....	\$50.00
Initial License for Sanitarian-in-training.....	\$10.00
Initial License for Environmental Specialist-in-training.....	\$10.00

Initial License for both Sanitarian-in-training and Environmental Specialist-in-training .....	\$20.00
Registered Professional Sanitarian or Registered Professional Environmental Specialist Renewal Fee (through January 31) .....	\$25.00
Registered Professional Sanitarian or Registered Professional Environmental Specialist Late Renewal Fee (after February 1) .....	\$35.00
Registered Professional Sanitarian and Registered Professional Environmental Specialist Renewal Fee (through January 31) .....	\$50.00
Registered Professional Sanitarian and Registered Professional Environmental Specialist Late Renewal Fee (after February 1) .....	\$70.00
Life Registered Sanitarian or Environmental Specialist One-time Fee .....	\$60.00
Examination Fee .....	\$30.00

## Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Registered Professional Sanitarians, Sanitarians in Training, Environmental Specialists and Environmental Specialists in Training</i>	668	661	554	538	656
<i>Fee collections</i>	\$6,818	\$20,635	\$16,216	\$14,723	\$13,895

**i** This program was created to establish minimum qualifications for employment in state, federal, and private environmental programs for performing inspections of regulated facilities (which in-

cludes barber shops, restaurants, food manufacturers, percolation testing and inspections for septic systems, bedding manufacturers and refurbishers, etc.) and investigating complaints. Occupational Licensing (OL) staff endeavor to provide a means to standardize inspection or regulated facilities and to resolve complaints in a timely manner. OL staff offer examinations six times per year to individuals wishing to be regis-

tered. The Department utilizes suggestions from the Sanitarian and Environmental Specialist Registration Advisory Council, the industry, and other interested persons to develop rule changes, as the need for rule change is recognized. The proposed changes are discussed at public meetings, prior to being presented to the Board of Health for consideration.

### **SANITARIAN & ENVIRONMENTAL SPECIALIST REGISTRATION ADVISORY COUNCIL**

This Council is mandated by statute (59 O.S., Section 1150.5) to assist and advise the State Board of Health in licensing and otherwise regulating sanitarians and environmental specialists. The Council consists of nine members. One member must be the Commissioner of Health or his designee, one member must be the Executive Director of the Department of Environmental Quality or his designee, one member must be the Administrator of the Office of Per-

sonnel Management or his designee, one member must be appointed by the Director of the Oklahoma City-County Health Department, one member must be appointed by the Director of the Tulsa City-County Health Department, two members must be employed by state government and appointed by the Commissioner of Health, and two members must be appointed by the Executive Director of the Department of Environmental Quality (one who is em-

ployed by private industry and one who is employed by the Indian Health Service of the Public Health Service or by a tribal government with an office in the State of Oklahoma). With the exception of the Administrator of the Office of Personnel Management or his designee, the appointed members must have at least five years of experience as registered sanitarians or environmental specialists. Members are appointed for a three year term or until a successor is appointed. Sixty days prior to the

expiration of the term to be filled or whenever a vacancy occurs, any statewide organization whose membership represents more than 20% of the registered sanitarians and environmental specialists in the state may recommend three persons for such position or vacancy to the appointing authority. The Council must meet at such times, as it deems necessary to implement the Oklahoma Sanitarian Registration Act. A majority of Council members constitutes a quorum.

***Advisory Council Members***

*Alisa Mankins, Chair*  
*Jim Echelle, Vice-Chair*  
*Gary Collins, R.P.S.*

*Bob Rabatine*  
*Chad Newton*  
*Patricia Nelson*

*Harold Cully*  
*(2 Vacancies)*



## TATTOOING & BODY PIERCING PROGRAM

<http://cpd.health.ok.gov>

### Clients Served

Owners of tattooing and/or body piercing establishments, persons performing tattoos and/or body piercings, and clients who seek tattooing and/or body piercing services.

### Contact

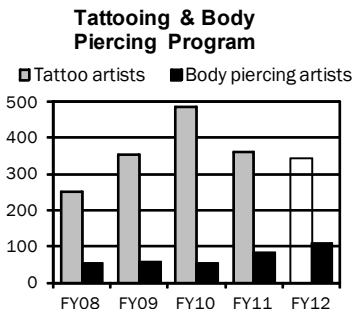
(Vacant), Director  
405.271.5243  
Fax: 405.271.3458

### Authority

21 O.S. Section  
842.1  
OAC 310:233  
State license or  
permit required.  
Annual renewal.

### Funding Source

Fees Collected



### Program Fees

#### Tattoo Artist Licensing Fees

Initial license .....	\$250.00
Renewal license .....	\$250.00
Late renewal license (not renewed within 30 days after expiration) .....	\$350.00
Temporary license (not to exceed 7 days) .....	\$50.00

### Body Piercing Artist Licensing Fees

Initial license .....	\$250.00
Renewal license .....	\$250.00
Late renewal license (not renewed within 30 days after expiration .....	\$350.00
Temporary license (not to exceed 7 days) .....	\$50.00

### Tattoo Establishment Permit Fees

Initial license .....	\$1,000.00
Renewal license .....	\$500.00
Late renewal license (not renewed within 30 days after expiration .....	\$750.00
Temporary event license (not to exceed 3 days) .....	\$500.00

### Body Piercing Establishment Permit Fees

Initial license .....	\$500.00
Renewal license .....	\$250.00
Late renewal license (not renewed within 30 days after expiration .....	\$350.00
Temporary event license (not to exceed 3 days) .....	\$250.00

**i** This program was created to require persons who own tattooing and/or body piercing establishments to maintain a level of sanitation in the facility and a level of sterilization in the equipment used to reduce the possibility of transmitting disease through the body piercing procedure. The program also requires persons performing tattooing or body piercing to be

licensed and to have attended an approved blood borne pathogens training session.

Consumer Protection Division (CPD) staff endeavor to establish procedures and standards to prevent infection and transmission of disease. CPD staff issue temporary and permanent licenses, regulate facility requirements, regulate equipment setup and require-

ments, recommend procedures for maintaining sanitary conditions, and evaluate and approve training sessions on blood borne patho-

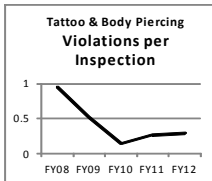
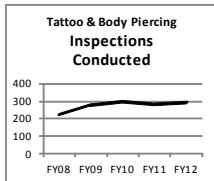
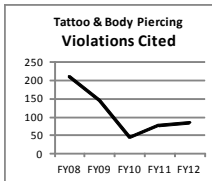
gens. The legislature did not establish an advisory council for this program.

### Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Licensed tattoo artists</i>	236	322	450	237	249
<i>Temporary tattoo artists</i>	15	32	35	126	95
<i>Licensed tattoo establishments</i>	99	100	108	97	130
<i>Fines and fees collected for tattoo artist licenses</i>	\$59,300	\$80,500	\$90,850	\$83,450	\$65,750
<i>Licensed body piercing artists</i>	53	54	55	68	105
<i>Temporary body piercing artists</i>	1	3	0	16	3
<i>Licensed body piercing establishments</i>	49	47	50	48	62
<i>Fees collected for body piercing artist licenses</i>	\$14,050	\$13,800	\$18,350	\$18,550	\$26,250
<i>Fees collected for temporary artist licenses</i>	\$4,000	\$8,750	\$8,500	\$10,900	\$4,750
<i>Fees collected for establishment licenses</i>	\$89,000	\$56,000	\$58,000	\$78,175	\$80,427

### Violations

	FY08	FY09	FY10	FY11	FY12
<i>Violations cited</i>	211	145	43	77	85
<i>Inspections conducted</i>	222	280	297	283	292
<i>Average number of violations per inspection</i>	0.95	0.52	0.14	0.27	0.29



### **Tattoo & Body Piercing Top 10 Violations for SFY2012**

01. Records of piercing/tattoo with name, DOB, address, client signature or consent form, procedure date, location of piercing/tattoo, photocopy of client's identification, artist name and license number; Records shall be retained for 3 years.
02. 18 years old, current blood borne pathogen, first aid and CPR certification, proof of training and experience, name, DOB, sex, address, place of employment, and posted in a prominent location.
03. Monthly spore destruction tests verified by an independent laboratory for the autoclave, kept for 3 years.
04. Verbal and written instructions on aftercare of piercing. Written instructions include name, address and phone number of establishment. Document signed and dated by both parties.
05. Floors, walls, ceilings smooth, in good repair, clean.
06. Establishment complies with plumbing code, handsink with hot and cold water under pressure, wrist or foot controls, liquid germicidal soap, and disposable towels. 1 handsink required at each body piercing or tattoo procedure area station.
07. Manually or mechanically preclean instruments; Equipment rinsed after precleaning, then cleaned in ultrasonic unit.
08. No operation without license, non transferrable, posted in prominent area.
09. Client record discloses to artist if the client has diabetes, hemophilia, skin disease or allergy, epilepsy, fainting, are taking anticoagulants.
10. At least 1 covered waste receptacle per body piercing or tattoo area, covered receptacle in each toilet room. Receptacle(s) emptied daily.

## WHOLESALE FOODS & DEPARTMENT OF CORRECTIONS FACILITIES

<http://cpd.health.ok.gov>

### Clients Served

All segments of wholesale foods, including manufacturers, processors, bottled water, water vending industry and Department of Correction facilities.

### Contact

(Vacant), Director  
405.271.5243  
Fax: 405.271.3458

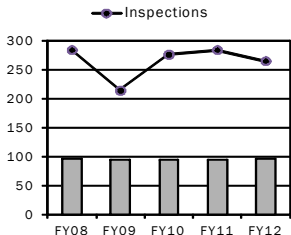
### Authority

63 O.S. Sections 1-1101 et seq.  
OAC 310:225  
OAC 310:260

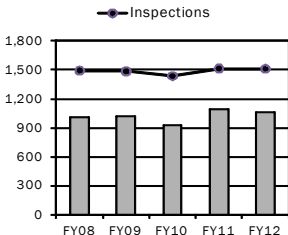
### Funding Source

Fees Collected

**Licensed Correctional Facilities**



**Licensed Food Manufacturers**



### Program Fees

Initial license.....	\$350.00
Renewal license.....	\$250.00

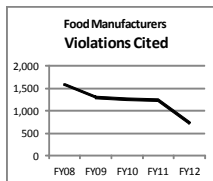
## Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Food manufacturers licensed</i>	1,009	1,020	924	1,093	1,064
<i>Food manufacturer inspections</i>	1,494	1,486	1,437	1,515	1,513
<i>Violations cited - Food</i>					
<i>Manufacturers</i>	1,566	1,285	1,258	1,232	730
<i>Correctional facilities licensed</i>	96	95	95	95	96
<i>Correctional facility inspections</i>	284	214	276	284	265
<i>Fees collected</i>	*	*	*	*	*

\*Fee collections for this program area are included in the fee collections for the Retail Foods program area.

**i** The food service inspection program was created in 1923, which was later expanded to include the manufacture of foods and the distribution process. Bottled water and water vending regulations were added in the 1980s. The inspection of Department of Correction facilities was mandated by a federal court and has continued. This is a traditional public health program for the protection of the consumer and of all food goods manufactured in the state. This program is part of a shared responsibility between the state and the Food and Drug Administration under the Federal Food, Drug, and Cosmetic Act. Consumer Protection Division (CPD) staff endeavor to reduce the incidence of food-borne illness and to provide for a sanitary environment in

food manufacturing, processing and wholesale establishments. CPD staff develop, write, implement and interpret rules, issue mandated licenses, track statistical data, provide for enforcement of establishments not in compliance, train industry and consumers in food manufacturing practices, meet with consumer advisory committees, and provide technical assistance as necessary. Inspection of the facilities is performed by CPD staff sanitarians, except for Oklahoma City and Tulsa, where it is performed through contract.



**Food Manufacturers**  
**Top 10 Violations for SFY2012**

01. Valid license to operate; Non-transferrable.
02. Food separated/protected; Proper tasting procedures; Self-serve operations; Single service use when required.
03. Insects, rodents and other pests controlled.
04. Date marking and disposition.
05. Food and non-food contact surfaces; Cleanable, Design.
06. Floors, walls, ceilings (premises): Clean, free of litter; Removal of pests.
07. Floors, walls, ceilings (physical facilities): Design, maintained, in good repair; Outer openings protected.
08. Consumer advisory; Child menu; Allergen label.
09. Wiping cloths: Properly used and stored; Sponges prohibited.
10. Food, water, ice: Obtained from approved source.

**Food Wholesalers**  
**Top 10 Violations for SFY2012**

01. Cooling time and temperature; Cooling methods.
02. Food properly labeled; Original container; Honestly presented.
03. Warewash, sanitize equipment: Design, supplies, operated; Test strips; Temperature gauges; Alarms.
04. Time as Public Health Control; Procedures/Records.
05. Plumbing Sewage System: Design, Approved, Installed/Cross-Connection Prohibited, Air gaps, disposal.
06. Thermometers provided; Accurate, conspicuous.
07. Consumer advisory; Child menu; Allergen label.
08. Food and non-food contact surfaces; Cleanable, Design.
09. Floors, walls, ceilings (physical facilities): Design, maintained, in good repair; Outer openings protected.
10. Warewashing; Sanitize at x ppm/Temp

**Food Salvagers**  
**Top 10 Violations for SFY2012**

01. Food properly labeled; Original container; Honestly presented.
02. No bare hand contact with ready-to-eat foods or alternate methods: Glove limitations.
03. Adequate hand washing facilities: Supplied, accessible; Toilets properly supplied.
04. Cooling time and temperature; Cooling methods.
05. Hands clean, washed, maintained; Hand antiseptics.
06. Food separated/protected; Proper tasting procedures; Self-serve operations; Single service use when required.
07. Warewash, sanitize equipment: Design, supplies, operated; Test strips; Temperature gauges; Alarms.
08. Valid license to operate; Non-transferrable.
09. Required records (Shellstock tags, parasite destruction).
10. Sinks used for intended purposes.

**Bottled Water**  
**Top Violations for SFY2012**

01. Insects, rodents and other pests controlled.
02. Valid license to operate; Non-transferrable.
03. Date marking and disposition.
04. Food properly labeled; Original container; Honestly presented.
05. Person in charge present; Demonstration of knowledge; Performs duties.
06. Required records (Shellstock tags, parasite destruction).
07. Food separated/protected; Proper tasting procedures; Self-serve operations; Single service use when required.
08. Cold holding temperatures; Received at proper temperature.
09. Food additives: Approved, properly used.



## X-RAY TUBES

<http://cpd.health.ok.gov>

### Clients Served

Hospitals, physician offices, dental practices, veterinary practices, chiropractic offices, podiatry practices, employees who work in these entities and consumers who utilize services provided by these entities.

### Contact

(Vacant), Director

405.271.5243

Fax: 405.271.3458

### Authority

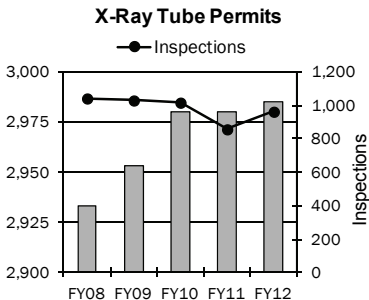
63 O.S. Sections

1-1502 et seq.

OAC 310:281

### Funding Source

Fees Collected



### Program Fees

The fee for this permit varies, depending upon the number of tubes in the facility, and the class of permit requested. Fees range from \$30.00 to \$100.00 for the initial tube, and \$20.00 to \$90.00 for each additional tube. \$500.00 is the maximum fee charged for annual renewal.

## Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Permits issued</i>	2,933	2,953	2,980	2,980	2,985
<i>Inspections performed</i>	1,040	1,028	1,015	856	961
<i>Fees collected</i>	\$361,555	\$361,860	\$234,265	\$359,255	\$373,480

**i** This program was created to protect the general public, health care employees, and patients from excessive radiation emitted by diagnostic x-ray equipment. Consumer Protection Division (CPD) staff endeavor to minimize exposure to radiation encountered by

these individuals. CPD staff test diagnostic x-ray equipment for proper functioning, make practitioners and health care workers aware of proper techniques to minimize exposure, and monitor procedures utilized during diagnostic x-ray examinations.

## RADIATION ADVISORY COMMITTEE

This Committee is mandated by statute (63 O.S., Section 1-1504.1) to serve in an advisory capacity to the State Board of Health in the formulation and amendment of rules and regulations relating to the use of diagnostic x-ray systems. The Commit-

tee consists of seven members appointed by the Board on the basis of training and experience in the field of diagnostic x-ray technology and procedure. They serve in an advisory capacity to the Board in the formulation and alteration of rules and regulations

relating to radiation hazards and radiation protection. Members of the committee serve at the pleasure of the Board.

***Advisory Committee Members***

*B. Wally Ahluwalia, Ph.D.  
Carl R. Bogardus, Jr., M.D.  
Farah Masood, D.D.S.  
Dean R. Fullinghim, D.O., F.A.O.C.R.  
Mike Morris, M.S.  
Thomas J. Ranallo, B.S.R.T.  
Robert Bahr, D.V.M.*



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## HEALTH RESOURCES DEVELOPMENT SERVICE

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**James Joslin, Chief**  
**405.271.6868**  
**Fax: 405.271.7360**  
**james@health.ok.gov**

**Darlene Simmons, Director**  
**Health Facility Systems**  
405.271.6868  
Fax: 405.271.7360  
healthresources@health.ok.gov

**John W. Judge, Jr., Director**  
**Managed Care Systems**  
405.271.6868  
Fax: 405.271.7360  
healthresources@health.ok.gov

**John W. Judge, Jr., Director**  
**Jail Inspection Division**  
405.271.3912  
Fax: 405-271-5304  
jails@health.ok.gov

**Vicki Kirtley, Director**  
**Nurse Aide Registry**  
405.271.4085  
Fax: 405.271.1130  
nar@health.ok.gov

## ADULT DAY CARE CENTER LICENSE APPLICATIONS

<http://hfs.health.ok.gov>

### **Clients Served**

Adult Day Care Centers and participants of the centers.

### **Contact**

Darlene Simmons, Director  
405.271.6868  
Fax: 405.271.7360  
healthresources@health.ok.gov

### **Authority**

63 O.S. Sections  
1-870 et seq.  
OAC 310:605

### **Funding Source**

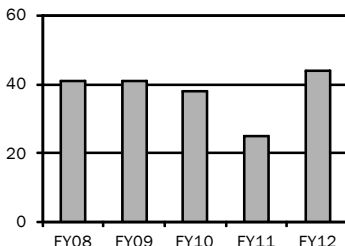
Fees Collected

State license required;  
annual renewal.

Medicare Certification  
is not applicable.  
Medicaid Certification  
can be obtained  
through the  
Department of  
Human Services.

There is no Certificate of  
Need for this program.

**Licensed  
Adult Day Care Centers**



### **Program Fees**

Initial license and annual renewal ..... 75.00

**Statistics**

	FY08	FY09	FY10	FY11	FY12
<i>Adult day care centers licensed</i>	41	41	38	25	44
<i>Total licenses issued, including renewals, bed changes, name changes, and changes of ownership</i>	43	46	52	39	39
<i>Fees collected</i>	\$3,300	\$3,490	\$2,891	\$2,625	\$5,561

**i** This program was created to protect residents and to assure accountability of adult day care centers. The owner of each center must file a license application and submit a licensing fee annually. Health Facility Systems staff review the application for completeness, accuracy, and consistency and issue a license. The applicant

must provide a statement of ownership, a financial statement, and evidence of compliance with the requirements of all applicable federal, state and local laws and regulations. On-site activities are conducted by staff in Long Term Care.

## CERTIFIED WORKPLACE MEDICAL PLANS

**Clients Served**

Workplace medical plans, insurance companies, employers and employees who are covered by workplace medical plans.

<http://hrds.health.ok.gov>

**Contact**

John W. Judge, Jr., Director  
405.271.9444, Ext. 57273  
Fax: 405.271.7360  
johnwj@health.ok.gov



### Authority

85 O.S. Sections  
1 et seq.  
OAC 310:657

### Funding Source

Fees Collected  
and State Funds

### Program Fees

Initial certification and five year renewal .....	\$1,500.00
Annual on-site inspection.....	\$1,500.00
Follow-up visits .....	\$1,000.00
Change of ownership .....	\$1,500.00

**i** This program was created as part of the November 1994 State workers' compensation reform package to: (1) protect employees; (2) protect employers and workers' compensation insurance carriers; (3) ensure access to medical and health services provided in a managed care setting for workers' compensation compensable injuries; and (4) ensure the quality of services offered by certified workplace medical plans. Workplace medical plans operate statewide within approved geographic areas.

Applications for five-year certification are reviewed. Amended contracts and marketing materials are subject to desk reviews. Early calendar year 2006, Managed Care Systems (MCS) staff began site visits to ensure that medical services to a claimant and the medical management of the claimant's needs are adequately met in a timely manner and that the certified workplace medical plan is complying with all other applicable provisions of the Act and rules, and is operating in accordance



with their current application. MCS staff also accept and investigate

inquiries from any party seeking assistance.

### Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Number of certified</i>					
<i>workplace medical plans</i>	7	6	6	6	5
<i>Initial certifications processed</i>	1	0	0	0	0
<i>Five-year certification renewals</i>	1	0	0	2	2
<i>Changes of ownership</i>	0	0	0	1	0
<i>Annual inspections</i>	7	6	4	4	5
<i>Follow-up inspections</i>	0	0	7	0	0
<i>Complaints investigated</i>	1	0	1	0	0
<i>Requests for information</i>	0	0	0	1	0
<i>Workplace medical</i>					
<i>plan members</i>	180,643	190,496	190,496	163,195	155,712
<i>Fees collected</i>	\$15,000	\$9,375	\$6,693	\$4,500	\$6,179

## CONTINUUM OF CARE FACILITIES & ASSISTED LIVING CENTERS LICENSE APPLICATION

### Clients Served

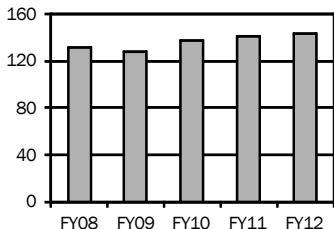
Continuum of Care Facilities and Assisted Living Centers and their residents/participants. A continuum of care facility includes a nursing facility and either an assisted living center or an adult day care center.

<http://hfs.health.ok.gov>

### Contact

Darlene Simmons, Director  
405.271.6868  
Fax: 405.271.7360  
healthresources@health.ok.gov

### Licensed Continuum of Care Facilities



#### Funding Source

Fees Collected

#### Authority

63 O.S. Sections  
1-890.1 et seq.  
OAC 310:663

State license required;  
annual renewal.

Medicare and Medicaid  
certification are  
applicable to nursing  
facility beds in  
continuum of care  
facilities.

Certificate of Need is  
applicable to  
continuum of care  
facilities.

#### Program Fees

\$10.00 per licensed bed for establishment, with a \$1,000.00 maximum.

\$10.00 per licensed bed per year, plus \$75.00 for any Adult Day Care Center for initial or renewal license.

**i** This program was created to protect residents and to assure accountability of facilities/centers. An assisted living center is a home or establishment that may provide assistance with personal care,

medications, and ambulation. The center may also provide nursing supervision and intermittent or unscheduled nursing care. A continuum of care facility combines the services of a nursing facility

<b>Statistics</b>					
	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>Licensed continuum of care facilities and assisted living centers</i>	131	128	138	141	143
<i>Assisted living centers</i>	119	117	126	124	126
<i>Nursing facilities with assisted living centers</i>	12	11	12	17	17
<i>Nursing facilities with adult day care centers</i>	0	0	0	0	0
<i>Assisted living centers licenses issued</i>	-----	146	103	143	108
<i>Continuum of care facilities licenses issued</i>	-----	13	16	27	23
<i>Total licenses issued, including renewals, bed changes, name changes, and changes of ownership</i>	141	159	119	170	131
<i>Assisted Living Fees Collected</i>	-----	-----	\$92,717	\$83,204	\$98,106
<i>Continuum of Care Fees Collected</i>	-----	-----	\$21,545	\$10,936	\$22,720
<i>Total fees collected</i>	\$91,869	\$93,530	\$114,262	\$71,172	\$120,826

with an assisted living center or an adult day care center. A continuum of care facility must also meet requirements applicable to nursing facilities, assisted living centers, and adult day care centers, as applicable. The owner of each facility or center must file a license application and submit a licensing

fee annually. After receipt of the fee, the application is reviewed for completeness, accuracy, and consistency. On-site activities are conducted by staff in Long Term Care.

## HEALTH MAINTENANCE ORGANIZATIONS

<http://hrds.health.ok.gov>

### Clients Served

Health maintenance organizations, prepaid health plans, provider service networks, and consumers who purchase services from or are members of health maintenance organizations, prepaid health plans, or provider service networks.

### Contact

John W. Judge, Jr., Director  
405.271.9444, Ext. 57273  
Fax: 405.271.7360  
[johnwj@health.ok.gov](mailto:johnwj@health.ok.gov)

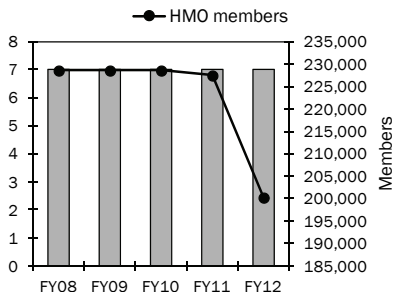
### Authority

63 O.S. Sections  
1-105e  
36 O.S., Sections  
6901 et seq.  
OAC 310:659

### Funding Source

Fees Collected  
and State Funds

**Licensed Health Maintenance Organizations**



### Program Fees

Certificate of Authority .....\$1,500.00

<b>Statistics</b>					
	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>Number of licensed health maintenance organizations</i>	7	7	7	7	7
<i>HMO members</i>	228,554	228,554	228,554	227,450	200,275
<i>Fees collected</i>	\$1,500	\$0	\$0	\$0	\$0

**i** The Department's role as a regulator of health maintenance organizations is to certify to the Oklahoma Insurance Commissioner that each entity is in compliance with Section 6907 of the Health Maintenance Organization Act of 2003. The certification review conducted by staff from Managed Care Systems (MCS) includes quality of health care, internal quality assurance, patient record keeping and clinical records, provider credentialing and emergency services. The quality review may be administered with on-site inspections to ensure compliance.

nance organization's quality assurance processes are performed at least once every three years through contract with independent accrediting bodies. Health management organizations are responsible for payment of those reviews. The sharing of responsibilities between the two agencies has enhanced the consumer and provider protections. While the Office of the Insurance Commissioner focuses on financial and consumer protection issues, MCS staff focus on health and quality assurance.

Major on-site reviews to assess the effectiveness of the health mainte-

## HOME CARE ADMINISTRATOR REGISTRY

<http://hcar.health.ok.gov>

### Clients Served

Individuals who function as a home care administrator and their clients.

### Authority

63 O.S. Section  
1-1962  
OAC 310:664

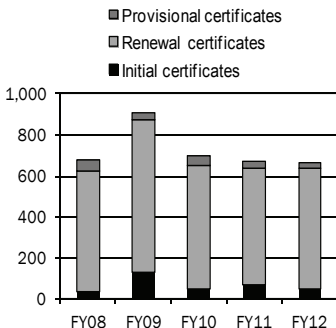
### Funding Source

Fees Collected and  
State Funds

### Contact

John W. Judge, Jr., Director  
405.271.9444, Ext. 57273  
Fax: 405.271.7360  
hcar@health.ok.gov

### Certified Home Care Administrators



### Program Fees

Initial application .....	\$140.00
Provisional application .....	\$80.00
Deeming application .....	\$80.00
Annual Renewal .....	\$55.00

**Statistics**

	FY08	FY09	FY10	FY11	FY12
<i>Certified home care administrators</i>	716	753	788	791	799
<i>Initial certificates issued</i>	40	130	53	70	51
<i>Renewal certificates issued</i>	587	748	602	570	587
<i>Provisional certificates issued</i>	52	28	44	30	27
<i>Complaints investigated</i>	1	0	0	0	1
<i>Tested for OHCAPA*</i>	94	111	101	103	63
<i>Approved Testing Sites</i>	9	8	9	9	9
<i>Approved preparedness programs</i>	3	3	3	3	2
<i>Preparedness program attendees</i>	21	12	30	46	30
<i>Fees collected</i>	\$57,118	\$41,141	\$41,419	\$64,429	\$39,132
*OK Home Care Administrator Preparedness Assessment					

**i** This program became effective on June 11, 1998. The purpose is to establish and enforce minimum criteria for the issuance, maintenance,

renewal, educational preparation, test development and a registry for Home Care Administrators.

## INDEPENDENT REVIEW ORGANIZATIONS

**House Bill 2072, The Uniform Health Carrier External Review Act, transferred responsibility for external reviews on Independent Review Organizations to the Oklahoma Insurance Department effective August 26, 2011.**

<http://hrds.health.ok.gov>

### Contact

John W. Judge, Jr., Director  
405.271.9444, Ext. 57273  
Fax: 405.271.7360  
johnwj@health.ok.gov

## JAIL INSPECTIONS

<http://jails.health.ok.gov>

### Clients Served

City and county jails, ten-day lockup facilities, twelve-hour holding facilities, and the individuals who inhabit such facilities.

### Contact

John W. Judge, Jr., Director  
405.271.3912  
Fax: 405.271.5304  
[jails@health.ok.gov](mailto:jails@health.ok.gov)

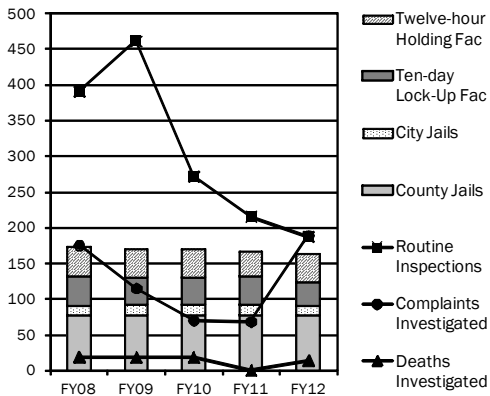
### Authority

10 O.S. Section 1108(a)(3)  
OAC 310:670

### Funding Source

State Funds

### Jail Inspection Division





<b>Statistics</b>					
	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>County jails</i>	77	77	77	77	77
<i>City jails</i>	14	15	15	16	14
<i>Ten-day lock-up facilities</i>	41	39	39	40	33
<i>Twelve-hour holding facilities</i>	41	40	40	34	40
<i>Routine inspections</i>	391	461	272	216	187
<i>Complaints investigated</i>	175	115	70	68	189
<i>Deaths investigated</i>	19	18	18	0	14
<i>Attempted suicides recorded</i>	52	68	72	60	36
<i>Escapes recorded</i>	18	19	12	16	4
<i>Jailers trained</i>	2,169	2,378	2,224	2,126	1,534
<i>Facilities tested</i>	96	146	64	102	129
<i>New jails under construction</i>	13	3	2	5	1
<i>New jails in the planning stage</i>	8	6	6	2	3

**i** This program is designed to monitor compliance with minimum jail standards and to improve the facilities. Staff from Consumer Protection Division implement and interpret rules, provide jailer-

training classes to jail employees, issue jailer training cards, conduct routine jail inspections, investigate complaints and jail deaths, and provide technical assistance as necessary.

## NURSE AIDE REGISTRY

<http://nar.health.ok.gov>

### Clients Served

Unlicensed persons and employers of these persons, who provide nursing or nursing-related services to individuals receiving services in long term care facilities, home health agencies, intermediate care facilities for the mentally retarded, residential care homes, and adult day care centers.

### Contact

Vicki Kirtley, Director  
405.271.4085  
1.800.695.2157  
Fax: 405.271.1130  
nar@health.ok.gov

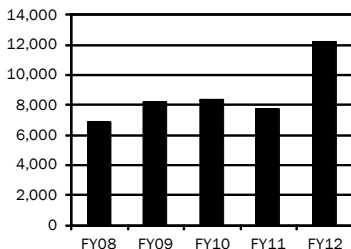
### Authority

63 O.S. Sections  
1-1950.3 et  
seq.  
OAC 310:677  
42 CFR 483.75  
through  
485.158  
42 CFR 484.36

### Funding Source

State and Federal  
Funds

### Nurse Aides Added



## Program Fees

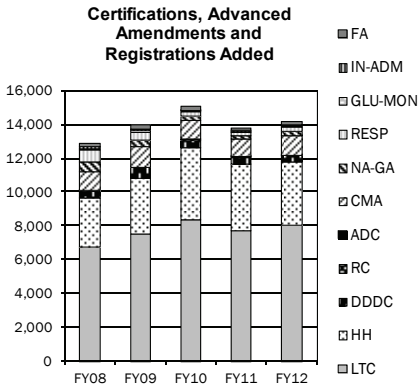
**Fees are not charged for processing applications specific to Long Term Care. Fees are charged for processing applications for all other certifications.**

Recertification processing fee .....	\$10.00
Deeming application processing fee .....	\$15.00
Reciprocity application processing fee .....	\$15.00
Training exception application processing fee .....	\$15.00
Foreign graduate training exception application processing fee .....	\$15.00
Training and testing waiver application processing fee .....	\$15.00
Retesting application processing fee .....	\$15.00
Duplicate certification card processing fee .....	\$10.00

## Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Nurse aides added this year</i>	6,838	8,170	8,365	7,685	12,187
<i>Total number of nurse aides with current certification</i>	-----	-----	-----	-----	71,329
<i>Certifications *, Advanced Amendments and Registrations added this year</i>	12,870	13,947	15,073	13,786	14,144
<i>Department approved nurse aide training programs</i>	415	420	386	424	376
<i>Facilities ineligible to train due to Substandard Quality of Care</i>	56	81	57	80	64
<i>Confirmed cases of nurse aide abuse, neglect, or misappropriation of resident property</i>	39	34	39	18	32
<i>Fees collected</i>	\$83,863	\$83,804	\$105,196	\$118,866	\$122,981

\*A nurse aide may be certified in more than one category (LTC, HH, DDDC, RC, ADC).



### Certifications, Advanced Amendments and Registrations Added This Year

	FY08	FY09	FY10	FY11	FY12
Long Term Care Certification (LTC)	6,752	7,498	8,365	7,685	8,004
Home Health Certification(HH)	2,860	3,300	4,252	3,967	3,739
Developmentally Disabled Direct Care Certification (DDDC)	418	631	475	407	429
Residential Care Certification (RC)	49	37	21	7	15
Adult Day Care Certification (ADC)	8	1	0	1	0
Certified Medication Aide* (CMA)	1,072	1,182	1,114	1,027	1,141
CMA Advanced					
Nasogastric/Gastrostomy (NA-GA)	637	416	270	201	234
CMA Advanced Respiratory (RESP)	653	425	243	221	247
CMA Advanced Glucose Monitoring (GLU-MON)	114	135	51	61	86
CMA Advanced Insulin Administration (IN-ADM)	91	95	43	51	67
Registered Feeding Assistants (FA)	216	227	239	158	182

\*A CMA must also have a LTC, HH, or DDDC Certification.

<b>Program Activities</b>					
	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>Renewal forms mailed</i>	19,998	30,460	32,404	26,987	33,760
<i>Certification cards mailed</i>	37,195	41,488	41,308	42,183	38,693
<i>Training program inspections conducted</i>	-----	-----	-----	-----	202
<i>CNA Re-tester</i>	265	358	396	378	402
<i>CMA Re-tester</i>	189	208	177	114	58
<i>RN/LPN Student CNA/CMA training exceptions</i>	124	122	126	111	80
<i>RN/LPN Graduate CNA waivers</i>	21	18	27	20	16
<i>Foreign CNA training exceptions</i>	7	6	7	4	9
<i>Reciprocity CNA coming to Oklahoma</i>	923	927	953	1,081	1,154
<i>Reciprocity CNA leaving Oklahoma</i>	416	447	517	583	571
<i>LTC deemed to DDDC</i>	33	98	122	91	58
<i>HH deemed to LTC</i>	12	12	5	0	2
<i>DDDC deemed to RC</i>	3	15	1	0	0
<i>LTC deemed to RC</i>	0	0	0	3	3

**i** This program was created through a federal mandate and regulations effective September 1991. The duties of the nurse aide registry include: (1) review and approve/disapprove nurse aide training program curriculum; (2) review and approve/disapprove nurse aide training programs; (3) review and approve/disapprove nurse aide testing; (4) develop and maintain the nurse aide registry; (5) maintain the abuse registry; (6) certify nurse aides; (7) provide

public education; and (8) develop rules, policies, procedures, applications and forms necessary to implement the program.

## ACTIVE NURSE AIDE TRAINING PROGRAMS

	FY08	FY09	FY10	FY11	FY12
Long Term Care	126	123	107	165	172
Home Health	10	10	5	8	0
Combination Long Term Care and Home Health	63	64	62	64	7
Developmentally Disabled	23	23	21	22	23
Residential Care	26	26	25	3	11
Adult Day Care	9	7	3	2	2
Combination Residential Care and Adult Day Care	3	3	0	0	0
Certified Medication Aide	56	56	56	54	55
CMA Continuing Education	46	48	49	47	48
CMA Diabetes Care and Insulin Administration	25	27	28	26	27
CMA Glucose Monitoring	1	1	1	2	2
CMA Respiratory	1	1	1	1	1
CMA Respiratory and Gastrostomy	23	28	28	27	28
Competency Evaluation Program	3	3	3	3	3

## NURSE AIDE TEMPORARY EMERGENCY WAIVER

<http://hrds.health.ok.gov>

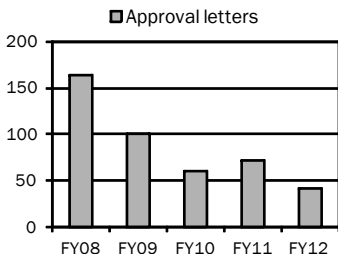
### Clients Served

Nursing facilities, specialized facilities, continuum of care facilities, assisted living centers, adult day care centers, and residential care homes that require a temporary emergency waiver.

### Contact

John W. Judge, Jr., Director  
405.271.6868  
Fax: 405.271.7360  
[johnwj@health.ok.gov](mailto:johnwj@health.ok.gov)

### Nurse Aide Temporary Emergency Waiver



#### Authority

63 O.S. Section  
1-1950  
OAC 310:677-1-6

#### Funding Source


State Funds  
and Fees

#### Program Fees

Initial nurse aide temporary emergency waiver ..... \$100.00  
Renewal nurse aide temporary emergency waiver ..... \$75.00

#### Statistics

	FY08	FY09	FY10	FY11	FY12
Initial approval letters	-----	1	4	3	5
Renewal approval letters	-----	11	57	69	37
Total approval letters	164	101	61	72	42
Withdrawn approval letters	6	0	0	1	0
Denial letters issued	0	0	0	0	0
Initial fees collected	-----	\$100	\$400	\$300	\$500
Renewal fees collected	-----	\$825	\$4,275	\$5,125	\$4,925
Total fees collected	-----	\$925	\$4,675	\$5,425	\$5,425

 The Department may grant a temporary emergency waiver to a facility that can demonstrate it has been unable to successfully meet staffing requirements related to the provisions in the Act. The facility must meet the requirements and demonstrate diligent efforts are being made to recruit

and retain certified nurse aides. A waiver shall not exceed six months. A facility may apply for a subsequent waiver as provided in rule. A non-refundable fee was enacted on June 25, 2009 for each waiver application submitted.

## NURSING AND SPECIALIZED FACILITIES CERTIFICATE OF NEED

### **Clients Served**

Nursing and specialized facilities, and prospective residents of each.

<http://hfs.health.ok.gov>

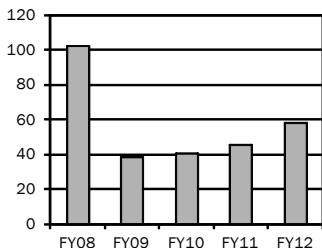
### **Contact**

Darlene Simmons, Director  
405.271.6868

Fax: 405.271.7360  
[healthresources@health.ok.gov](mailto:healthresources@health.ok.gov)



### Certificate of Need Applications Reviewed for Nursing and Specialized Facilities



#### Authority

63 O.S. Sections  
1-850 et seq.  
OAC 310:4  
OAC 310:620  
OAC 310:625  
OAC 310:630

#### Funding Source

Fees Collected

### Program Fees

\$3000 for New Facility (standard review), minimum \$1000; \$3000 for acquisition; \$100 for exemption from Certificate of Need.

### Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Certificate of Need applications reviewed (includes exemptions from CON)</i>	102	38	40	45	58
<i>Exemptions approved</i>	87	23	17	23	24
<i>Exemptions denied</i>	6	0	1	1	3
<i>Acquisitions approved</i>	19	10	7	9	13
<i>New construction approved</i>	1	0	2	0	1
<i>CNs withdrawn</i>	5	3	5	4	2
<i>Fees collected</i>	\$94,307	\$64,428	\$64,274	\$58,100	\$58,290

**i** This program was created to ensure that development of long term care services in Oklahoma was performed in a planned, orderly, and economical manner consistent with and appropriate to services needed by people in various regions, districts or localities in the State of Oklahoma. The Certificate of Need Act furthered this public policy by providing for the

submission of plans and applications, and by prohibiting the offering, development or change of existing services prior to the issuance of a Certificate of Need by the Department. Health Facility Systems staff review applications submitted by facilities primarily through paper review with limited on-site inspection to ensure compliance.

## NURSING AND SPECIALIZED FACILITIES LICENSE APPLICATIONS

### **Clients Served**

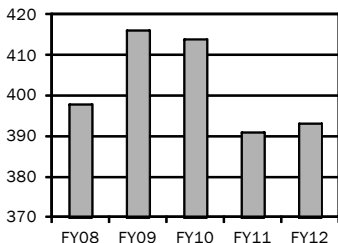
Nursing facilities, specialized facilities (including nursing facilities for Alzheimer's patients and intermediate care facilities for persons with mental retardation), and residents of the facilities.

<http://hfs.health.ok.gov>

### **Contact**

Darlene Simmons, Director  
405.271.6868  
Fax: 405.271.7360  
[healthresources@health.ok.gov](mailto:healthresources@health.ok.gov)

### Licensed Nursing and Specialized Facilities



#### Authority

63 O.S. Sections  
1-1901 et seq.  
OAC 310:675

State license required;  
annual renewal.

Medicare Certification  
is optional. Medicaid  
Certification is  
optional.

Certificate of Need is  
required.

#### Funding Source

Fees Collected

### Program Fees

\$10.00 per licensed bed for initial license and renewal license.

**i** The Department, under authority of the Oklahoma Public Health Code, licenses several different types of long-term care services. This program was created to protect residents and to assure accountability of facilities. Generally, no person may operate a long-term care service without first getting a license from the Department. The

owner of each facility must file a license application and submit a licensing fee annually. Health Facility Systems staff receive the fee and review the application for completeness, accuracy, and consistency. On-site activities are conducted by staff in Long Term Care.

<b>Statistics</b>					
	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
Licensed nursing and specialized facilities*	398	416	414	391	393
Nursing facilities	310	327	325	296	292
Specialized facilities for the developmentally disabled (ICF/MR facilities)	85	86	86	86	88
Specialized alzheimer's nursing facilities	3	3	3	2	2
Total licenses issued, including renewals, bed changes, name changes, and changes of ownership	427	444	446	405	329
Nursing Facilities with suspended licenses	-----	-----	-----	7	10
Closed Nursing Facilities	-----	-----	-----	4	1
Fees collected	\$338,098	\$339,974	\$315,966	\$332,628	\$364,036

\*Does not include continuum of care nursing facilities.

## PSYCHIATRIC & CHEMICAL DEPENDENCY TREATMENT FACILITIES CERTIFICATE OF NEED

<http://hfs.health.ok.gov>

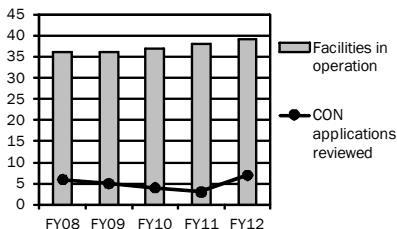
### Clients Served

Psychiatric and chemical dependency treatment facilities and prospective clients of either.

### Contact

Darlene Simmons, Director  
405.271.6868  
Fax: 405.271.7360  
healthresources@health.ok.gov

### Certificate of Need for Psychiatric & Chemical Dependency Treatment Facilities



### Authority

63 O.S. Sections  
1-880.1 et seq.  
OAC 310:635  
OAC 310:4-1-1  
et seq.  
OAC 310:620-1-1  
et seq.

### Funding Source

Fees Collected

### Program Fees

.75% of capital cost of project, with a \$1,500 minimum and \$10,000 maximum.

### Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Facilities in operation</i>	36	36	37	38	39
<i>Certificate of Need applications reviewed</i>	6	5	4	3	7
<i>Acquisitions approved</i>	4	1	1	1	2
<i>Bed additions approved</i>	2	4	1	1	1
<i>Beds added to inventory</i>	32	66	34	11	8
<i>Conversion from adult beds to child beds</i>	-----	-----	9	0	0
<i>Fees collected</i>	\$33,106	\$36,826	\$10,074	\$22,225	\$58,777

**i** This program was created to ensure the development of psychiatric and chemical dependency services in a planned, orderly, and economical manner consistent with and appropriate to services needed by people in various regions, districts or localities in the State of Oklahoma. Health Facility

Systems (HFS) staff endeavor to control capital expenditures, bed expansions, and changes of ownership of such facilities. HFS staff review applications submitted by facilities primarily through paper review with limited on-site inspection to ensure compliance.

## RESIDENTIAL CARE HOMES LICENSE APPLICATIONS

### **Clients Served**

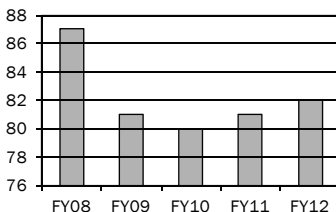
Residential Care Homes and residents of the homes.

<http://hfs.health.ok.gov>

### **Contact**

Darlene Simmons, Director  
405.271.6868  
Fax: 405.271.7360  
[healthresources@health.ok.gov](mailto:healthresources@health.ok.gov)

### Licensed Residential Care Homes



#### Authority

63 O.S. Sections  
1-820 et seq.  
OAC 310:680

State license  
required.

No Medicare or  
Medicaid  
Certification.

Certificate of Need  
does not apply to  
this program.

#### Funding Source


Fees Collected

#### Program Fees

Probationary license and two-year renewal license .....	\$50.00
Modification to the license documentation .....	\$20.00

#### Statistics

	FY08	FY09	FY10	FY11	FY12
Licensed residential care homes	87	81	80	81	82
Total licenses issued, including renewals, bed changes, name changes, and changes of ownership	48	56	30	54	36
Fees collected	\$2,450	\$2,540	\$2,910	\$1,400	\$3,000

 This program was created to protect residents and to assure accountability of residential care homes. The residential care home offers or provides residential accommodations, food service, and supportive assistance. A residential care home may provide assistance with meals, dressing, bathing, and other personal needs, and it may assist in the administration of medications. However, it cannot provide medical care. The owner of each home must file a license application and submit a licensing fee annually. Health Facility Systems staff receives the fee and review the application for completeness, accuracy, and consistency. On-site activities are conducted by staff in Long Term Care.



## LONG TERM CARE SERVICE

**Dorya Huser, Chief**  
**405.271.6868**  
**Fax: 405.271.2206**  
**doryah@health.ok.gov**

**Mike Cook**  
**Assistant Chief**  
405.271.6868  
Fax: 405.271.2206  
mikec@health.ok.gov

**Mary Fleming**  
**Director of Survey**  
405.271.6868  
Fax: 405.271.2206  
maryf@health.ok.gov

**Patty Scott**  
**Director of Intakes  
and Incidents**  
405.271.6868  
Fax: 405.271.2206  
pattys@health.ok.gov

## ADULT DAY CARE CENTERS INSPECTIONS & INVESTIGATIONS

<http://ltc.health.ok.gov>

### Clients Served

Participants, their families, friends and advocates, facility staff and operators. Adult Day Care Centers provide supervised health, social, and recreational services in a structured daytime program to serve functionally impaired adults who need assistance in caring for themselves yet continue to live in their own homes, usually with the aid of family caregivers.

### Contact

Dorya Huser, Chief

405.271.6868

Fax: 405.271.2206

doryah@health.ok.gov

### Authority

63 O.S. Sections

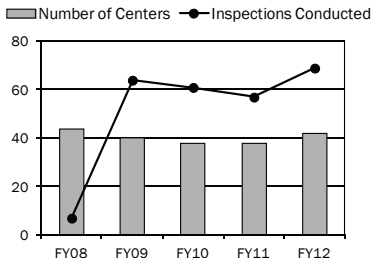
1-870 et seq.

OAC 310:605

### Funding Source

State Funds

**Adult Day Care Centers  
Inspections and Investigations**



**i** This program was established in 1992 to support and regulate a community-based system of quality adult day care. Participants do not stay in the center overnight and continue to live in their own homes, usually with the aid of family caregivers. Adult Day Care Centers prevent premature or inappropriate institutionalization of functionally impaired elderly or disabled

adults, provide periods of relief for caregivers, and enable family caregivers to continue gainful employment. Long Term Care (LTC) staff develop minimum licensure requirements and monitor the center's compliance with the rules. Each center is required to submit

an application for licensure. LTC teams of health professionals investigate complaints and perform on-site surveys prior to licensure approval. Periodic inspections are performed during the licensure period.

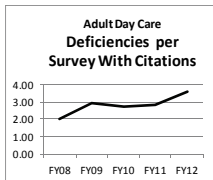
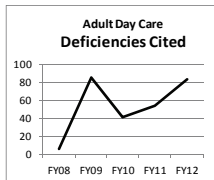
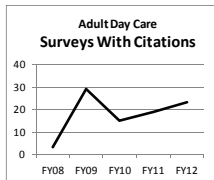
### Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Number of adult day care centers</i>	44	40	38	38	42
<i>Capacity for participants</i>	2,044	1,954	1,918	1,858	2,062
<i>Average license capacity for participants</i>	46	49	50	48	49
<i>Participants served by largest center</i>	150	150	150	150	150
<i>Participants served by smallest center</i>	10	12	12	12	12
<i>Licensure surveys, follow-up visits and other inspections conducted</i>	7	64	61	57	69
<i>Centers closed</i>	0	3	3	3	0
<i>State enforcement actions</i>	0	0	0	0	0

### Deficiencies

	FY08	FY09	FY10	FY11	FY12
<i>Surveys with citations</i>	3	29	15	19	23
<i>Deficiencies cited</i>	6	85	41	54	83
<i>Average number of deficiencies cited per survey with citations</i>	2.00	2.93	2.73	2.84	3.61

## Long Term Care Service



### **Adult Day Care Centers Top 10 State Licensure Deficiencies for SFY2012**

01. Admission. Written plan of care developed within 10 days.
02. Fire Safety. Smoking regulations.
03. Fire Safety. Use of extension cords or temporary wiring.
04. General Safety. Hot water provided at a temperature not to exceed 115 degrees F.
05. Staffing requirements. Each paid staff person shall arrange for an employment examination within 72 hours of employment.
06. Admission. A signed application for participation and current medical information obtained prior to or upon applicant's first day of participation.
07. Required services. Regular drills for all staff in handling different kinds of emergencies and documented. Drills conducted every 3 months.
08. Admission. A current medical report and medical assessment by the participant's physician of the participant's medical condition...within five days of participant's entry.
09. Medication storage and administration. Written policies and procedures governing the storage, maintenance, and administration of medications.
10. Required services. A monthly schedule of activities planned, implemented and posted.

## ASSISTED LIVING CENTERS INSPECTIONS & INVESTIGATIONS

<http://ltc.health.ok.gov>

### Clients Served

Residents, their families, friends and advocates, facility staff and operators. Assisted Living Centers provide services to those who, by choice or functional impairments, need assistance with personal care or nursing supervision, may need intermittent or unscheduled nursing care, may need medication assistance, and may need assistance with transfer and/or ambulation.

### Contact

Dorya Huser, Chief  
405.271.6868  
Fax: 405.271.2206  
doryah@health.ok.gov

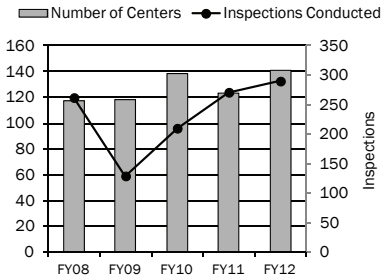
### Funding Source

State Funds

### Authority

63 O.S. Sections  
1-890.1 et seq.  
OAC 310:663

**Assisted Living Centers  
Inspections and Investigations**



**i** This program was created in 1997 to establish a system of licensure of assisted living centers. Long Term Care (LTC) staff evaluate compliance of centers with the licensure regulation and endeavor to ensure individuals receive services to meet their needs.

LTC staff investigate complaints, perform annual licensure surveys, conduct revisits

when necessary, monitor compliance with licensure rules, implement and interpret rules, provide technical assistance as necessary, participate

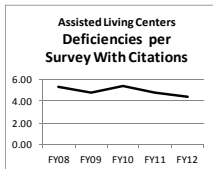
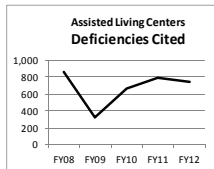
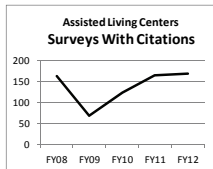
in provider training programs, and take enforcement actions against centers when appropriate.

## Statistics

	FY08	FY09	FY10	FY11	FY12
Number of assisted living centers	117	118	138	123	141
Number of licensed beds	6,753	6,948	8,280	7,773	8,389
Average licensed bed capacity	58	59	60	63	60
Largest assisted living center	166	162	166	166	162
Smallest assisted living center	4	5	5	5	5
Licensure surveys, complaint investigations, follow-up visits and other inspections conducted	262	129	210	271	290
Centers closed	0	5	0	1	0
State enforcement actions	12	19	50	28	40

## Deficiencies

	FY08	FY09	FY10	FY11	FY12
Surveys with citations	162	68	124	165	169
Deficiencies cited	858	326	663	791	744
Average number of deficiencies cited per survey with citations	5.30	4.79	5.35	4.79	4.40



**Assisted Living Centers Top 10  
State Licensure Deficiencies for SFY2012**

01. *Use of assessment. Use the results of the resident's assessment to develop a care plan for the resident, in consultation with the resident.*
02. *Resident rights. Every resident shall be free from mental and physical abuse and neglect.*
03. *Resident rights. Resident's right to receive adequate and appropriate medical care; Participate in planning of care and treatment.*
04. *Medication administration. Adopt written procedures to ensure safe administration of medications.*
05. *Food storage preparation and service. Food shall be stored, prepared and served in accordance with Chapter 257 of this Title.*
06. *Incident report timelines are met.*
07. *Assessment time frames are met.*
08. *Conduct of assessment. The assisted living center shall ensure that each comprehensive assessment includes a personal interview between the resident and the person completing the form or if mentally impaired, with the person's physician or patient representative and the person completing the form..*
09. *Staff qualifications. Direct care staff shall be trained in first aid and cardiopulmonary resuscitation.*
10. *Incidents requiring report.*

## CONTINUUM OF CARE FACILITIES INSPECTIONS & INVESTIGATIONS

<http://ltc.health.ok.gov>

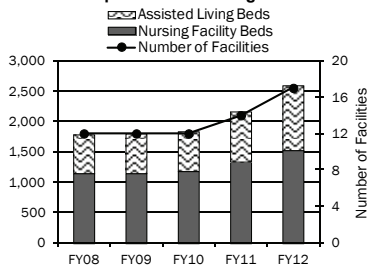
### Clients Served

Residents of continuum of care facilities, their families, friends and advocates, facility staff and operators.

### Contact

Dorya Huser, Chief  
405.271.6868  
Fax: 405.271.2206  
[doryah@health.ok.gov](mailto:doryah@health.ok.gov)

### Continuum of Care Facilities Inspections & Investigations



### Authority

63 O.S. Sections  
1-890.1 et seq.  
OAC 310:663

### Funding Source

State and  
Federal Funds

**i** This program was created in 1997 to establish a system of licensure of continuum of care facilities. Continuum of care facilities provides a range of long term care services. A continuum of care facility may provide nursing facility services, assisted

living services, and adult day care services under one license. Each facility type has separate licensure surveys, complaint investigations, follow-up visits, and other inspections consistent with the applicable administrative code. Long Term



Care (LTC) staff evaluate services provided in these facilities to ensure the needs of residents are met.

LTC staff investigate complaints, perform annual licensure, certification surveys, conduct revisits when necessary, monitor compliance with

State and Federal regulations, provide technical assistance as necessary, participate in provider training programs, and take enforcement action against facilities when appropriate.

<b>Statistics</b>					
	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>Number of continuum of care facilities</i>	12	12	12	14	17
<i>Number providing nursing facility services</i>	12	12	12	14	17
<i>Number of nursing facility beds</i>	1,124	1,134	1,174	1,321	1,506
<i>Number providing assisted living services</i>	12	12	12	14	17
<i>Number of assisted living beds</i>	644	644	654	831	1,077
<i>Facilities closed</i>	0	1	0	0	0
<i>State enforcement actions</i>	1	7	8	5	4

## INTAKES AND INCIDENTS

<http://ltc.health.ok.gov>

### Clients Served

Individuals who reside in long term care facilities, family members, friends, and advocates. Long term care facilities consist of nursing facilities and specialized nursing facilities including intermediate care facilities for the mentally retarded, assisted living centers, residential care homes, and adult day care centers.

### Contact

Patty Scott, Director

405.271.6868

Fax: 405.271.2206

[pattyrs@health.ok.gov](mailto:pattyrs@health.ok.gov)

### Authority

63 O.S. Sections

1-821, 1-830,

1-875, 1-1909,

1-1939, 1-1940,

and 1-1941

OAC 310:663-25-2

OAC 310:675-7-6.1

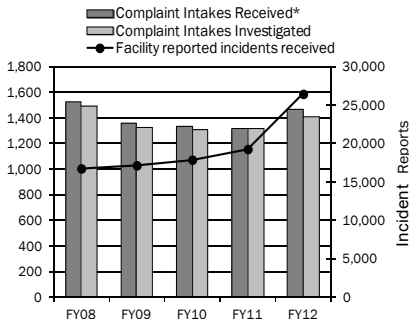
OAC 310:680-3-9

### Funding Source

State and

Federal Funds

**Long Term Care  
Intakes and Incidents**



\*Includes facility incident reports converted to intakes

**Statistics**

	FY08	FY09	FY10	FY11	FY12
<i>Complaint intakes received*</i>	1,527	1,362	1,332	1,318	1,463
<i>Total complaint intakes investigated</i>	1,489	1,327	1,308	1,319	1,410
<i>Complaint intakes investigated that involve nursing and specialized facilities</i>	1,313	1,191	1,105	1,111	1,240
<i>Complaint intakes investigated that involve assisted living centers</i>	133	89	147	172	122
<i>Complaint intakes investigated that involve residential care homes</i>	43	45	51	33	45
<i>Complaint intakes investigated that involve adult day care centers</i>	0	2	5	3	3
<i>Facility reported incidents received</i>	16,744	17,149	17,884	19,264	26,455

\*Includes facility incident reports converted to complaints.

**i** The purpose of this program is to receive complaints alleging violations of Federal and/or State rules and laws. In addition, qualified staff review facility reported incidents that are mandated by Federal and State rules and laws. Long term care staff strive to ensure practices that protect residents and clients and promote quality of care and quality of life for long term care residents/clients. To this end, expressed concerns by interested parties are investigated by qualified survey staff.

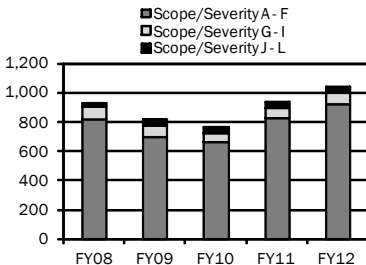
eral laws or regulations have been violated may request an investigation. Intakes and incidents are prioritized based on the Centers for Medicare and Medicaid Services' triage guidelines that take into consideration the seriousness of the allegation. Investigation findings may provide a basis for imposing remedies against providers. In some cases, the results of investigations have led to closing poorly operated facilities.

Any individual with personal knowledge or substantial specific information who believes that State or Fed-

### Deficiencies Cited on Federal Nursing Home Complaints

	FY08	FY09	FY10	FY11	FY12
Scope/Severity A - F	816	695	660	826	916
Scope/Severity G - I	89	80	61	69	81
Scope/Severity J - L	22	38	46	43	45
Total number deficiencies cited	927	813	767	938	1,042

### Deficiencies Cited on Federal Nursing Home Complaints



## INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR) INSPECTIONS & INVESTIGATIONS

<http://itc.health.ok.gov>

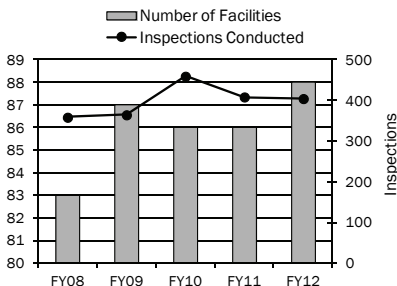
### Clients Served

Residents with mental retardation and/or developmental disabilities, their families, friends and advocates, facility staff and operators.

### Contact Person

Dorya Huser, Chief  
405.271.6868  
Fax: 405.271.2206  
doryah@health.ok.gov

### ICF/MR Facilities Inspections and Investigations



### Authority

63 O.S. Sections 1-1901 et seq.  
Title 42, US Code, §1396- 1396v, Subchapter XIX, Chapter 7  
42 CFR 440.150;  
42 CFR 483.400 through 483.480  
OAC 310:675

### Funding Source

State and Federal Funds

**i** This program was created to establish a system of licensure for the purpose of protecting the health, welfare, and safety of residents in ICF/MR facilities. The additional responsibility of the program is to implement a federally mandated survey and certification system for facilities to participate in the Medicaid reimbursement program.

The ICF/MR Program was established in 1971 when legislation was enacted which provided for Federal Financial Participation (FFP) for ICF/MR facilities as an optional Medicaid service. Congressional authorization

for ICF/MR services as a State plan option under Medicaid allowed states to receive Federal matching funds for institutional services that had been funded with state or local government money.

Long Term Care (LTC) staff endeavor to promote and evaluate compliance of ICF/MR facilities with the regulations by assuring individual needs are aggressively met to insure a higher quality of life for all. LTC staff investigate complaints, perform annual licensure and certification surveys, and conduct revisits when necessary. Facilities are licensed

and certified based on the survey outcomes. LTC staff also develop and interpret licensure rules, monitor compliance with Medicaid certification requirements, provide technical

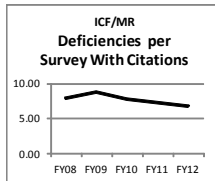
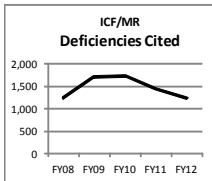
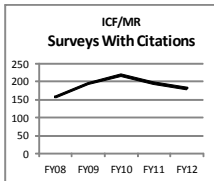
assistance as necessary, participate in provider training programs and take enforcement actions against facilities when appropriate.

### Statistics

	FY08	FY09	FY10	FY11	FY12
Number of ICF/MR facilities	83	87	86	86	88
Number of licensed beds	1,977	2,018	1,959	1,910	1,850
Average licensed bed capacity	26	23	23	22	21
Largest ICF/MR facility	175	175	160	160	160
Smallest ICF/MR facility	3	3	3	3	3
Licensure/recertification surveys, life safety code surveys, complaint investigations, follow-up visits and other inspections conducted	359	365	460	409	405
Facilities closed	9	1	0	0	0
State enforcement actions	11	7	6	1	0

### Deficiencies

	FY08	FY09	FY10	FY11	FY12
Surveys with citations	156	193	219	197	181
Deficiencies cited	1,237	1,712	1,722	1,433	1,230
Condition tags cited	80	35	14	25	15
Average number of deficiencies cited per survey with citations	7.93	8.87	7.86	7.27	6.80



**ICF/MR Top 10**  
**Federal Certification Deficiencies for SFY2012**

01. *Governing body. The governing body must exercise general policy, budget, and operating direction over the facility.*
02. *Infection control. Prevention, control, and investigation of infection and communicable diseases.*
03. *Physician services. The facility must provide or obtain preventive and general medical care.*
04. *Space and equipment. Maintain in good repair, and teach clients to use dentures, eyeglasses, hearing and other communications aids, braces, identified by interdisciplinary team and patient needs..*
05. *Food and nutrition services. Nourishing, well balanced diet including modified and specially prescribed diets.*
06. *Floors. Exposed floor surfaces and floor coverings that promote maintenance of sanitary conditions.*
07. *Program documentation. Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measureable terms.*
08. *Drug administration. Assure that all drugs, including those that are self administered, are administered without error.*
09. *Client records. Develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.*
10. *Physician services. Provide or obtain an annual physical examination of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.*

**ICF/MR Top 10  
State Licensure Deficiencies for SFY2012**

01. *Facility maintenance. Maintenance program, which ensures continuing maintenance of the facility and equipment, promotes good housekeeping and sanitary practices throughout the facility.*
02. *Food storage, supply and sanitation. Food shall be stored, prepared and served in accordance with chapter 256 of this Title.*
03. *Requirements for active treatment.*
04. *Basic nursing and personal care shall be provided for residents as needed.*
05. *Personnel records, health examination on hire. Record of health examination conducted within thirty days of employment.*
06. *Diet-meals. Nourishing, palatable, well balanced diet that meets the resident's daily nutritional and special dietary needs.*
07. *Sexual/Violent offender status. Prior to admission (or no later than 3 days after admission) or employment determine whether the prospective employee or accepted resident is registered or qualifies for registration on either registry.*
08. *Housekeeping. Draperies and furniture shall be kept clean and in good repair.*
09. *Medication labels and handling.*
10. *Clinical laboratory. Provide, or obtain, clinical laboratory services to meet the resident's needs. Meet the applicable conditions of the services furnished by independent laboratories.*



## NURSING FACILITIES INSPECTIONS & INVESTIGATIONS

### Clients Served

Residents, in nursing facilities, their families, friends and advocates, facility staff and operators.

<http://ltc.health.ok.gov>

### Contact

Dorya Huser, Chief  
405.271.6868  
Fax: 405.271.2206  
doryah@health.ok.gov

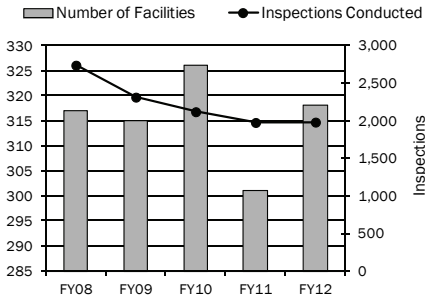
### Authority

63 O.S. Sections 1-1901 et seq.  
Title 42, US Code, §1395 et seq., Subchapter XVIII, Chapter 7  
Title 42, US Code, §1396-1396v, Subchapter XIX, Chapter 7  
42 CFR Part 483;  
42 CFR Part 488  
OAC 310:675

### Funding Source

State and Federal Funds

**Nursing Facilities  
Inspections and Investigations**



**i** This program was created in the mid 1950's to establish a system of licensure for the purpose of protecting the health,

welfare, and safety of residents in nursing facilities. The additional responsibility of the program is to implement a federally mandated

survey and certification system for facilities to participate in the Medicare and Medicaid reimbursement programs. Long Term Care (LTC) staff evaluate compliance with the regulations to assure that individual needs of the residents are met, and to promote a care delivery system to enhance the quality of life for each resident.

LTC staff investigate complaints, perform annual licensure and certification surveys, and conduct

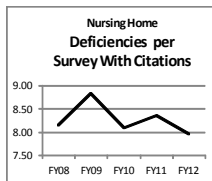
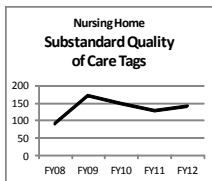
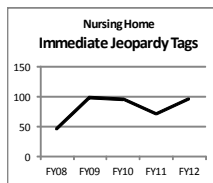
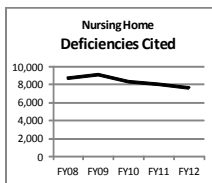
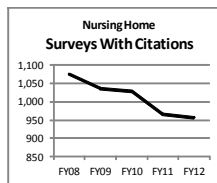
revisits when necessary. Facilities are licensed and certified based on the survey findings. Remedies are imposed when facilities fail to comply with the Federal and State requirements. LTC staff also develop and interpret licensure rules, monitor compliance with Medicaid and Medicare certification requirements, provide technical assistance as necessary, participate in provider training programs, and take enforcement actions against facilities when appropriate.

## Statistics

	FY08	FY09	FY10	FY11	FY12
Total number of nursing facilities	317	315	326	301	318
Number of hospital-based skilled nursing units	8	8	9	6	5
Number of private-pay only facilities	6	6	9	2	5
Number of residents	17,681	17,813	19,623	18,512	18,813
Number of licensed beds	28,309	29,151	29,494	27,856	28,896
Average number of licensed beds	89	93	90	93	91
Largest nursing facility	375	375	375	375	375
Smallest nursing facility	8	8	29	8	8
Licensure/recertification surveys, life safety code surveys, complaint investigations, follow-up visits and other inspections conducted	2,739	2,314	2,120	1,977	1,982
Facilities closed	10	4	4	7	4
State enforcement actions	132	119	115	104	120

**Deficiencies**

	FY08	FY09	FY10	FY11	FY12
Surveys with citations	1,075	1,035	1,028	966	956
Deficiencies cited	8,759	9,139	8,323	8,068	7,603
Immediate jeopardy tags cited	46	99	96	71	95
Substandard quality of care tags cited	90	171	149	129	141
Average number of deficiencies cited per survey with citations	8.15	8.83	8.10	8.35	7.95

**Federal Enforcement Actions**

	FY08	FY09	FY10	FY11	FY12
Opportunity to correct	308	198	233	358	342
No opportunity to correct	60	73	7	62	60
Past Non-compliance	1	1	0	6	2
Total federal enforcement actions	369	272	310	426	404

**Nursing Facilities Top 10  
Federal Certification Violations for SFY2012**

01. Life safety code. Heating, ventilating, and air conditioning comply and are installed in accordance with the manufacturer's specifications.
02. Facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being.
03. Infection control. Prevent spread, linens.
04. Resident records. Complete, accurate, accessible.
05. Life safety code. Emergency lighting of at least 1½ hour duration is provided
06. Resident's right to participate in care plan, treatment.
07. Free of accident hazards, supervision, devices.
08. Food: procure, store, prepare, serve—under sanitary conditions.
09. Life safety code. Hazardous areas are separated by construction providing at least a one hour fire resistance rating, or are protected by an automatic sprinkler system.
10. Develop comprehensive care plans. Use results of assessment to develop, review and revise the resident's comprehensive plan of care.

**Nursing Facilities Top 10  
State Licensure Violations for SFY2012**

01. Basic nursing and personal care. Provided for residents as needed.
02. Infection control. Policy and procedures to provide a safe and sanitary environment.
03. Resident's clinical record. Organized, accurate, all nursing services documented.
04. Food storage, supply, sanitation. Food shall be stored, prepared and served in accordance with chapter 257 of this Title.
05. Written resident assessment. Assessment and care plan reviewed and updated, at least quarterly, and as needed when the resident's condition indicates.

06. *Resident assessment. The facility shall conduct, initially and periodically, a comprehensive, accurate, standardized, reproducible assessment for each resident's functional capacity.*
07. *Assessment and care plan. A resident assessment and an individual care plan shall be completed and implemented for each resident.*
08. *Diet-meals. Nourishing, palatable, well balanced diet that meets the resident's daily nutritional and special dietary needs.*
09. *Medication accountability. Medications shall be administered only on a physician's order.*
10. *Nursing and personal care services. The facility shall ensure that resident rights are respected in the provision of care.*

## RESIDENTIAL CARE HOMES INSPECTIONS & INVESTIGATIONS

<http://ltc.health.ok.gov>

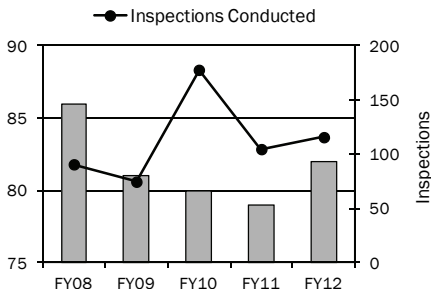
### **Clients Served**

Residents living in residential care homes, their families, friends and advocates, facility staff and operators.

### **Contact**

Dorya Huser, Chief  
405.271.6868  
Fax: 405.271.2206  
doryah@health.ok.gov

## Residential Care Homes Inspections and Investigations



### Authority

63 O.S. Sections  
1-819 et seq.  
OAC 310:680

### Funding Source

State Funds

### Statistics

	FY08	FY09	FY10	FY11	FY12
Number of residential care homes	86	81	80	79	82
Number of licensed beds	2,772	2,652	2,640	2,473	2,541
Average number of licensed beds	32	33	33	31	31
Largest residential care home	100	100	100	98	98
Smallest residential care home	4	4	4	4	4
Licensure inspections, complaint investigations, monitoring visits and follow-up visits conducted	91	75	178	105	116
Facilities closed	3	4	3	4	0
State enforcement actions	5	16	17	13	8

**i** This program was created in 1991 to establish standards for licensure of Residential Care Homes. Long Term Care (LTC) staff evaluate compliance with the regulations to

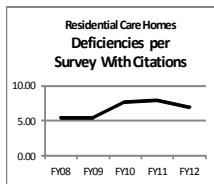
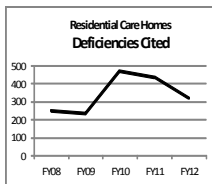
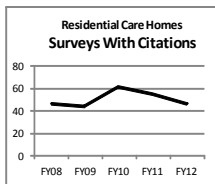
assure that individual needs of the residents are met to optimize the quality of life in the homes. LTC staff investigate complaints, perform annual licensure surveys,

conduct revisits when necessary, monitor compliance with licensure standards, implement and interpret rules, provide technical assistance as necessary, participate in provider

training programs, and take enforcement actions against homes when appropriate.

### Deficiencies

	FY08	FY09	FY10	FY11	FY12
<i>Surveys with citations</i>	46	44	61	55	46
<i>Deficiencies cited</i>	250	237	472	435	318
<i>Average number of deficiencies cited per survey with citations</i>	5.43	5.39	7.74	7.91	6.91



### Residential Care Homes Top 10 State Licensure Violations for SFY2012

01. *Staff training. All employees shall be currently certified in first aid and cardiopulmonary resuscitation; documentation kept current in file.*
02. *Criminal arrest. Employer shall provide for a criminal arrest check to be made on the nurses aide or other person pursuant to the provisions of this section.*
03. *Administration of Medications. Self-administration; develop policies for accountability.*

04. *Appropriate occupancy. Shall not admit or provide services to a resident who is not ambulatory and essentially capable of participating in their own activities of daily living. Residents shall not routinely require nursing services*
05. *Medications quarterly review. Storage and maintenance.*
06. *Food. Storage, preparation, and serving of food (including milk and ice).*
07. *Statement provisions. Adequate and appropriate medical care; Fully informed by attending physician of medical condition in terms and language resident can understand; Right to refuse.*
08. *Resident records/medical summary. Includes quarterly weight of resident, medications, and dosages.*
09. *Food service. Licensed in accordance with Chapters 255 and 295 of this Title, regarding storage, preparation, and serving of food (including milk and ice.)*
10. *Resident records/name and address. Includes name, address, and telephone numbers of resident's physician and dentist.*



## LONG TERM CARE ADVISORY BOARD

### **OSDH Contact:**

Dorya Huser, Chief  
405.271.6868

Fax: 405.271.2206  
doryah@health.ok.gov

The Long-Term Care Facility Advisory Board is mandated by statute (63 O.S., Section 1-1923) to serve as an advisory body to the Commissioner of Health. The Board consists of twenty-seven members who are appointed by the Governor. Members of the Board are comprised of the following persons:

- one representative from the Office of the State Fire Marshal, designated by the State Fire Marshal;
- one representative from the Oklahoma Health Care Authority, designated by the Administrator;
- one representative from the Department of Mental Health and Substance Abuse Services, designated by the Commissioner of Mental Health and Substance Abuse Services;
- one representative from the Department of Human Services, designated by the Director of Human

Services;

- one member who is a licensed general practitioner of the medical profession;
- one member who is a general practitioner of the osteopathic profession;
- one member who is a registered pharmacist;
- one member who is a licensed registered nurse;
- one member who is a licensed practical nurse;
- three members who are of reputable and responsible character and sound physical and mental health and are operator-administrators of nursing homes which have current licenses issued pursuant to the Nursing Home Care Act and who have had five years experience in the nursing home profession as operator-administrators;
- three members who are residen-

tial care home operator-administrators licensed pursuant to the Residential Care Act;

- three members who are adult day care facility owner-operators licensed pursuant to the Adult Day Care Act;

- three members who are continuum care of facility or assisted living center owner-operators licensed pursuant to the Continuum of Care and Assisted Living Act; and

- six members who are over the age of sixty-five who represent the general public.

After the initial designations or appointments (that began in 1980), the designated representatives from the

Office of the State Fire Marshal, Oklahoma Health Care Authority, the Department of Human Services, and the Department of Mental Health and Substance Abuse Services serve at the pleasure of their designators. All other terms are for a three-year period. In case of a vacancy, the Governor appoints individuals to fill the remainder of the term.

The Department provides clerical support to perform designated duties of the Advisory Board. The Department also provides space for meetings of the Advisory Board. The Board must meet at least quarterly, and may hold such special meetings as may be necessary.

### **LONG-TERM CARE FACILITY ADVISORY BOARD MEMBERS**

*Kay Parsons, Chair*  
*Dewey Sherbon, Vice-Chair*  
*Donna Bowers, Sec-Treas.*

<b><u>Position</u></b>	<b><u>Member</u></b>	<b><u>Term Expires</u></b>
State Fire Marshal	JoAnne Sellars	Designee
Health Care Authority (OHCA)	Cassell Lawson	Designee
Department of Mental Health & Substance Abuse Services (DMHSAS)	Mich Magness	Designee
Department of Human Services	Esther Houser	Designee

<b><u>Position</u></b>	<b><u>Member</u></b>	<b><u>Term Expires</u></b>
Licensed General Practitioner	Vacant	*
Osteopathic General Practitioner	Vacant	*
Registered Pharmacist	Alan Mason	11/01/2012
Licensed Registered Nurse	Diana Lynn Sturdevant	11/01/2011
Licensed Practical Nurse	Kay Parsons	11/01/2013
Nursing Home		
Operator-Administrator	Vacant	*
Nursing Home		
Operator-Administrator	Marla Heckman	11/01/2012
Nursing Home		
Operator-Administrator	Margaret Wallace	11/01/2011
Residential Care Home		
Operator-Administrator	Wendell Short	11/01/2013
Residential Care Home		
Operator-Administrator	Sharon Housh	11/01/2012
Residential Care Home		
Operator-Administrator	Vacant	*
Adult Day Care Facility		
Owner-Operator	Donna Bowers	11/01/2012
Adult Day Care Facility		
Owner-Operator	Jane Carlson	01/14/2012
Adult Day Care Facility		
Owner-Operator	Tammy Vaughn	01/14/2012
Continuum of Care or ALC		
Owner-Operator	Angela York	11/01/2012
Continuum of Care or ALC		
Owner-Operator	Dustin Cox	11/01/2013
Continuum of Care or ALC		
Owner-Operator	Renee Hoback	11/01/2011

### *Long Term Care Service*

<b><u>Position</u></b>	<b><u>Member</u></b>	<b><u>Term Expires</u></b>
General Public Over Age 65	Bonita Cordray	11/01/2012
General Public Over Age 65	Theo Crawley	11/01/2012
General Public Over Age 65	H.F. Timmons	11/01/2011
General Public Over Age 65	Dewey Sherbon	11/01/2013
General Public Over Age 65	Willie Cantwell	11/01/2012
General Public Over Age 65	Vacant	*

*(\*New appointments and/or re-appointments for vacant positions or expired terms have not been announced.)*

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## MEDICAL FACILITIES SERVICE

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**Lee Martin, Jr., Chief**  
**405.271.6576**  
**Fax: 405.271.1141**  
**leem@health.ok.gov**

**(Vacant), Assistant Chief**  
405.271.2657  
Fax: 405.271.4240

### **Emergency Systems Unit**

**Dale Adkerson, Director**  
**Emergency Medical Services**  
405.271.4027  
Fax: 405.271.4240  
dalea@health.ok.gov

**Brandon Bowen, Director**  
**Trauma Service**  
405.271.4027  
Fax: 405.271.4240  
brandonb@health.ok.gov

**Y. Vonnie Meritt, Director**  
**Quality Initiatives**  
405.271.6576  
Fax: 405.271.1141  
vonniem@health.ok.gov

**Karla Cason, Director**  
**Facility Services Division**  
405.271.6576  
Fax: 405.271.1308  
karlac@health.ok.gov

**Tina Hughes, Director**  
**Home Services Division**  
405.271.6576  
Fax: 405.271.1141  
tinah@health.ok.gov

**Bill Culver, Architect**  
**Health Facilities Plan Review**  
405.271.6785  
Fax: 405.271.1738  
williamc@health.ok.gov

## AMBULATORY SURGICAL CENTERS

<http://mfs.health.ok.gov>

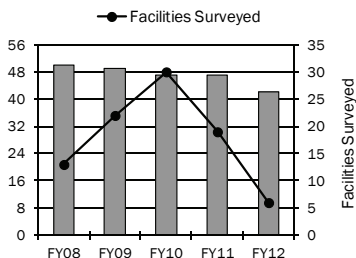
### Clients Served

Ambulatory surgery patients and facilities.

### Contact

Karla Cason, Director  
405.271.6576  
Fax: 405.271.1308  
karlac@health.ok.gov

### Ambulatory Surgical Centers



### Authority

63 O.S. Sections  
2657 et seq.  
OAC 310:615  
The Social Security Act  
42 CFR Part 416

### Funding Source

Federal contract  
allocation and State  
licensure fees

### Program Fees

Initial license .....	\$2,000.00
Annual renewal.....	\$500.00

**i** This program was created to require standards of care for surgery performed in freestanding Ambulatory Surgical Centers. The quality of medical care in ambulatory surgical centers is to be the same as that required in hospitals licensed in the State of Oklahoma. Facility Services

Division (FSD) staff strive to ensure compliance with minimum standards and the provision of quality care. FSD staff review initial and final construction, perform on-site surveys

to assure compliance with standards, issue licenses, monitor compliance, investigate complaints, and sanction facilities that fail to comply.

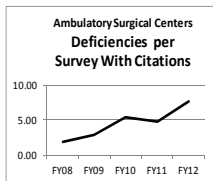
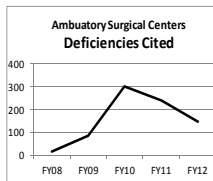
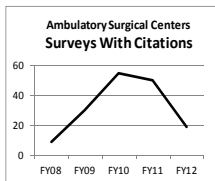
### Statistics

	FY08	FY09	FY10	FY11	FY12
Licensed ambulatory surgical centers	50	49	47	47	42
Total facilities surveyed	13	22	30	19	6
Licensure surveys and follow-ups	3	7	21	14	0
Recertification surveys and follow-ups	2	5	28	27	7
Life safety code surveys and follow-ups	2	20	20	18	5
Complaint investigations	5	0	2	1	0
Fees collected*	*	\$5,000	\$5,500	\$22,500	\$20,150

\*These fees were included in the fee collections for the Hospitals program area.

### Deficiencies

	FY08	FY09	FY10	FY11	FY12
Surveys with citations	9	30	55	50	19
Deficiencies cited	17	87	302	240	146
Condition tags cited	2	19	27	24	19
Average number of deficiencies cited per survey with citations	1.89	2.90	5.49	4.80	7.68



**Ambulatory Surgical Centers Top 10  
Federal Certification Violations for SFY2012**

01. *Sanitary environment. Functional and sanitary environment. Adhering to professionally acceptable standards of practice.*
02. *Form and content of record. Accurate, legible, promptly completed. Required content.*
03. *Infection control program—QAPI. The program is an integral part of the ASC's quality assessment and performance improvement program.*
04. *Governing body and management. Assumes full legal responsibility for determining, implementing, and monitoring policies. Oversight of QAPI Program.*
05. *Infection control program. Maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases.*
06. *Infection control program—responsibilities. Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.*
07. *Contract services. Ensures services provided through contract are provided in a safe and effective manner.*
08. *Infection control program—direction. Under the direction of a designated and qualified professional who has training in infection control.*
09. *Radiologic services. Procedures for obtaining radiological services from a Medicare approved facility to meet the needs of patients.*
10. *Infection control. Maintain an infection control program that seeks to minimize infections and communicable diseases.*



## BIRTHING CENTERS

<http://mfs.health.ok.gov>

### Clients Served

Birthing centers and consumers who utilize the services of such centers.

### Contact

Karla Cason, Director  
405.271.6576  
Fax: 405.271.1308  
karlac@health.ok.gov

### Authority

63 O.S., Section 1-701  
OAC 310:616  
No comparable Federal program exists.

### Funding Source

State Licensure Fees

### Program Fees

Per bed per year ..... \$10.00

### Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Licensed birthing centers</i>	0	0	0	0	0
<i>Licensure surveys and follow-ups</i>	0	0	0	0	0
<i>Complaint investigations</i>	0	0	0	0	0
<i>Fees collected*</i>	*	*	*	*	*

\*Fee collections for birthing centers are included in the fee collections for the Hospitals program area.

**i** This program was established to allow certified nurse midwives to operate birthing facilities and to receive a license if certain criteria are met. A license is not compulsory for this program, however, if a facility is

licensed, compliance with minimum standards is determined by the Facility Services Division (FSD). FSD staff perform on-site inspections, issue licenses, and investigate complaints.

## CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)

<http://mfs.health.ok.gov>

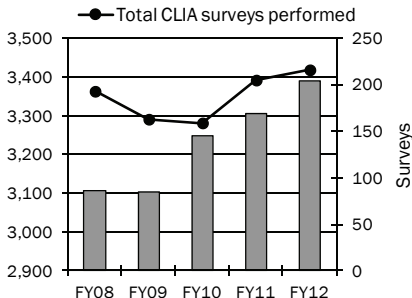
### Clients Served

Clinical laboratories and consumers who utilize the services provided by clinical laboratories.

### Contact

Karla Cason, Director  
405.271.6576  
Fax: 405-271.1308  
karlac@health.ok.gov

### Clinical Laboratories



### Authority

Public Law 100-578  
(CLIA-88)  
42 CFR Part 493  
No comparable  
State program  
exists.

### Funding Source

Federal Contract  
Allocation

**i** Federal law (CLIA-67) was amended in 1998 to regulate all clinical laboratory testing regardless of location. The Department agreed to contract with the Centers for Medicare & Medicaid Services (CMS) to implement the program. Facility Services Division (FSD) staff strive to ensure quality laboratory testing. FSD staff conduct on-site surveys

and certify laboratories every two years, conduct complaint investigations, monitor proficiency testing,

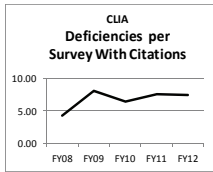
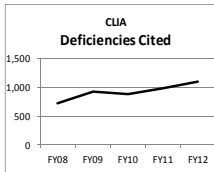
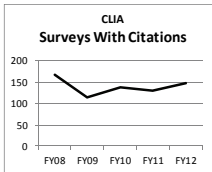
train providers, and sanction non-compliant laboratories as necessary.

### Statistics

	FY08	FY09	FY10	FY11	FY12
<i>Certificate of Compliance Labs</i>	-----	277	294	306	297
<i>Certificate of Waiver Labs</i>	-----	2034	2183	2236	2330
<i>Certificate of Provider Performed Microscopy Procedures Labs</i>	-----	534	533	533	513
<i>Certificate of Accreditation Labs</i>	-----	260	237	230	245
<i>Total Clinical Laboratories in operation</i>	3,108	3,105	3,247	3,305	3,389
<i>Total CLIA surveys performed</i>	193	163	159	205	216
<i>Initial surveys for new laboratories</i>	18	11	23	13	19
<i>Recertification surveys for Certificate of Compliance laboratories</i>	116	105	114	123	132
<i>Validation surveys of Certificate of Accreditation laboratories</i>	8	5	7	6	5
<i>Recertification surveys of Certificate of Waiver laboratories</i>	39	16	41	43	34
<i>Complaint investigations</i>	4	5	1	2	7
<i>Follow-up surveys</i>	8	21	14	18	19

### Deficiencies

	FY08	FY09	FY10	FY11	FY12
<i>Surveys with citations</i>	167	114	137	130	148
<i>Deficiencies cited</i>	723	920	880	978	1,094
<i>Condition tags cited</i>	47	75	69	63	75
<i>Average number of deficiencies cited per survey with citations</i>	4.33	8.07	6.42	7.52	7.39



### **Clinical Laboratory (CLIA) Top 10 Federal Certification Violations for SFY2012**

01. Test systems, equipment, instruments, reagent. Selected by the laboratory; Performed following manufacturer's instructions; Within the laboratory's stated performance specifications.
02. Test systems, equipment, instruments, reagent. Define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting.
03. Certificate of waiver tests. Follow manufacturers' instructions for performing the test; and meet the requirements in Subpart B, Certificate of Waiver.
04. Testing of proficiency samples. Document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. Maintain copy of all records.
05. Director responsibilities. Ensure that laboratory personnel are performing the test methods as required for accurate and reliable results.
06. Control procedures. Control procedures that monitor the accuracy and precision of the complete analytic process. Document all control procedures performed.
07. Analytic systems quality assessment. Establish and follow written policies and procedures to monitor, assess, and when indicated, correct problems identified in the analytic systems.
08. Calibration and calibration verification. Perform and document calibration verification procedures in specified manner.
09. Evaluation of proficiency testing performance. Review and evaluate the results obtained on proficiency testing performed.
10. Director responsibilities. Ensure the quality control programs are established and maintained to assure the quality of laboratory services provided.

## EMERGENCY SYSTEMS UNIT EMERGENCY MEDICAL SERVICES

[www.ok.gov/health/Protective\\_Health/Emergency\\_Medical\\_Services/](http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/)

### Clients Served

Ambulance services, emergency medical technicians, training programs, emergency medical responders, emergency medical response agencies, and consumers who utilize these several services.

### Contact

Dale Adkerson, Director  
405.271.4027  
Fax: 405.271.4240  
dalea@health.ok.gov

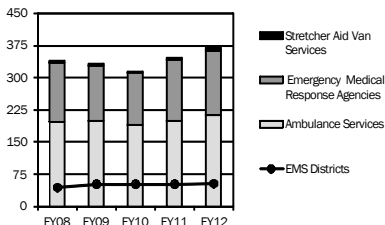
### Authority

63 O.S. Sections  
1-2501 et seq.  
OAC 310:641  
No comparable  
Federal program  
exists.

### Funding Source

State Licensure Fees  
and State Appropriated Funds

Emergency Medical Services



### Program Fees

#### Fees for Agencies:

(issued for a two year period)

Ambulance Services Licenses:

Initial ..... \$600.00, plus  
\$20.00 for each vehicle in excess of two, and  
\$150.00 for each substation

## Medical Facilities Service

Renewal .....	\$100.00, plus
	\$20.00 for each vehicle in excess of two, and
	\$50.00 for each substation
Emergency Medical Response Agency (issued for a two year period):	
Initial .....	\$50.00
Renewal .....	\$20.00

## Fees for Individual Emergency Medical Technicians (EMTs):

(issued for a two year period)

Initial EMT Licensure, including practical skills testing:

Basic .....	\$75.00 + \$10.00 DBA*
Intermediate .....	\$150.00 + \$10.00 DBA*
Paramedic .....	\$200.00 + \$10.00 DBA*

EMT Re-licensure:

Basic .....	\$20.00 + \$2.50 DBA*
Intermediate .....	\$25.00 + \$2.50 DBA*
Paramedic .....	\$30.00 + \$2.50 DBA*

Skills re-testing fees (Intermediate and Paramedic only):

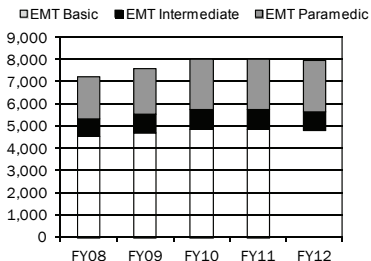
Partial (up to 2 skills for Intermediate; up to 5 skills for Paramedic) .....	\$50.00
Full test, all skills .....	\$100.00

(\*Death Benefit Assessment)

Agencies					
	FY08	FY09	FY10	FY11	FY12
EMS Districts	44	52	52	52	53
Ambulance Services	197	198	189	198	212
Emergency Medical Response Agencies	137	130	121	142	150
Stretcher Aid Van Services	4	4	4	5	7

**Training**

	FY08	FY09	FY10	FY11	FY12
<i>EMS Training Institutions</i>	41	40	41	40	41
<i>EMT training courses approved</i>	982	1,003	1,026	795	908
<i>ALS exams administered</i>	12	12	12	12	12
<i>Candidates tested</i>	288	301	340	283	310

**Emergency Medical Technicians****Emergency Medical Technicians**

	FY08	FY09	FY10	FY11	FY12
<i>EMT Basic</i>	4,539	4,686	4,878	4,884	4,796
<i>EMT Intermediate</i>	791	840	894	856	853
<i>EMT Paramedic</i>	1,919	2,080	2,229	2,305	2,336
<i>Total EMTs</i>	7,249	7,606	8,001	8,045	7,985

**i** The Emergency Medical Services (EMS) program was created to: (1) implement a national standard of care for the provision of emergency medical services; (2) implement

statewide coordination of EMS; (3) monitor compliance with minimum standards; and (4) collect data on emergency medical services responses statewide. EMS staff draft,

implement and interpret rules; issue licenses to appropriate entities consistent with statute and rule; collect statistical data; inspect and approve training programs; coordinate testing of EMT candidates, inspect and approve ambulance services, vehicles, equipment, and documentation; investigate complaints against regulated entities; provide technical assistance as necessary, and take

enforcement actions against regulated entities for noncompliance.

The EMS Division has two EMS Administrators assigned to support ambulance services and emergency medical response agencies in the state, a Training and Licensure section to regulate and develop EMS education, and a Data section to coordinate the collection and collation of pre-hospital run report data.

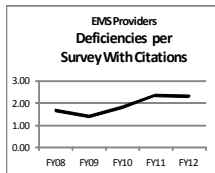
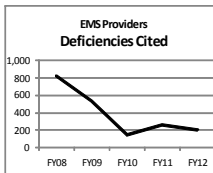
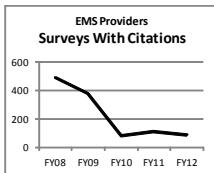
### Program Activities

	FY08	FY09	FY10	FY11	FY12
<i>Surveys of licensed ambulance services conducted</i>	195	195	193	116	141
<i>Complaints investigated</i>	62	52	43	56	56
<i>Training program site visits conducted</i>	65	51	27	14	15
<i>EMT new licenses issued</i>	-----	450	514	803	1,182
<i>EMS new licenses issued</i>	-----	6	4	8	5
<i>EMT renewal licenses issued</i>	-----	3,385	3,466	3,130	2,651
<i>EMS renewal licenses issued</i>	-----	97	83	138	128
<i>Total new and renewal licenses</i>	1,300	3,938	4,067	4,079	3,966
<i>Fees collected</i>	\$194,704	\$241,775	\$271,028	\$222,869	\$252,537

### Deficiencies

	FY08	FY09	FY10	FY11	FY12
<i>Surveys with citations</i>	487	376	80	110	88
<i>Deficiencies cited</i>	817	529	146	258	204
<i>Average number of deficiencies cited per survey with citations</i>	1.68	1.41	1.83	2.35	2.32





### **EMS Provider Top 10 Violations for SFY2012**

- 01. Equipment for ground transport vehicles. Each ambulance vehicle (except stretcher aid vans) will carry fire extinguishers, mounted with quick release in cab and patient compartment (each dry powder, ABC, five (5#) pound).*
- 02. Sanitation requirements. Medications and equipment with expiration dates shall be current. Expired medications and equipment shall be discarded appropriately.*
- 03. New Vehicles. Vehicles under new ownership will conform to the General Service Administration (GSA) specifications KKK A 1822, as amended and as in effect at the time of manufacture. (Does not apply to stretcher aid vans.)*
- 04. Ambulance service emergency medical response. Maintain files about the operation, maintenance, and such other required documents; Maintain copies of licenses, certificates.*
- 05. Ground ambulance service—personnel staffing. Drivers certified as an Emergency Medical Responder. All drivers of a ground ambulance service shall successfully complete an emergency vehicle operator course approved by the Department within 120 days of employment. Emergency vehicle operators shall successfully complete a refresher course approved by the Department every two (2) years.*
- 06. Equipment for ground transport vehicles. Equipment shall be clean, in good working condition, and appropriately secured.*
- 07. Equipment for ground transport vehicles. Required equipment.*

08. *Requirement. Physician director, knowledgeable and actively involved in quality assurance and educational activities of the EMT. Oversee the QA program.*
09. *Equipment for ground transport vehicles. Extrication and other required equipment.*
10. *Sanitation requirements. Interior of the vehicle and the equipment within the vehicle shall be sanitary and maintained in good working order, at all times.*

## **OKLAHOMA EMERGENCY RESPONSE SYSTEMS DEVELOPMENT ADVISORY COUNCIL (OERSDAC)**

This Council (OERSDAC) is authorized by statute (Title 63, Oklahoma Statutes, Section 1-2516) and is composed of physicians, health service providers, consumers of health care, other health care professionals and persons involved in the education and training of emergency medical personnel.

The Council consists of 19 members, eight of whom must be persons representing rural areas of the state and counties with populations under 50,000. Six members are appointed by the Governor, five members are appointed by the Commissioner of Health, four members are appointed by the Speaker of the House of Representatives, and four members are appointed by the President Pro Tem-

pore of the Senate. Members are appointed for a two-year term. Appointees are eligible for reappointment, but in no case can any appointee serve for more than six consecutive years on the Council.

The Council advises the Commissioner, or the Commissioner's designee, on the following: (1) training program specifications for emergency medical personnel, the types of medical care procedures which may be performed by emergency medical personnel, and qualifications for license and certification of emergency medical personnel; (2) patient care equipment for ambulances, ambulance specifications, criteria and standards for the classification

of emergency medical services rendered by providers, including communications and reporting requirements, and operational procedures for providers of ambulance services; (3) design of the statewide communications system, including procedures for summoning and dispatching emergency

medical service, including 911; (4) projects, programs, and legislation needed to improve emergency medical services in the state; and (5) such other matters and activities as directed by the Commissioner, or the Commissioner's designee.

***OERSDAC Membership***

*Jim Johnson, Chair*  
*Steve Williamson*  
*Wade Patterson*  
*Gina Riggs*  
*Ellen Rockenbach*  
*Vanessa Brewington*  
*Sean Lauderdale*  
*C. Michael Ogle*

*Jay Gregston*  
*Gerald Doeksen*  
*Kellie Swim*  
*Jeffrey Goodloe*  
*Bob Hawley*  
*Angela Selman*  
*Ron Feller*  
*(4 Vacancies)*

## EMERGENCY SYSTEMS UNIT TRAUMA SERVICE

<http://td.health.ok.gov>

### Clients Served

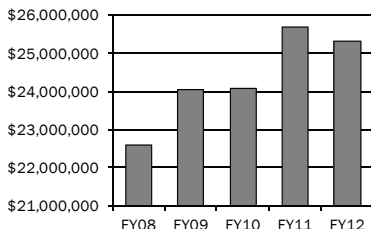
All Oklahomans and the public requiring trauma care.

### Contact

Brandon Bowen, Director  
405.271.4027  
Fax: 405.271.4240  
[brandonb@health.ok.gov](mailto:brandonb@health.ok.gov)

### Trauma Division

■ Dollars Distributed



### Authority

63 O.S. Sections  
1-2530 et seq.  
OAC 310:669  
No comparable  
Federal program  
exists.

### Funding Source

State Tobacco  
Taxes, Fines,  
and Special  
Assessments

### Statistics

	FY08	FY09	FY10	FY11	FY12
Amount distributed to physicians, hospitals and EMS agencies for reimbursement of eligible uncompensated major trauma care claims	\$22,604,360	\$24,059,301	\$24,076,837	\$25,680,066	\$25,307,779

**i** The charge of the Trauma Service is to create a statewide system of optimal care for all trauma patients to ensure the right patient goes to the right facility and receives the right treatment in the right amount of time. Trauma Service initiatives in FY 2011 included development, planning and implementation of Regional Trauma Plans in each of the eight geographic Trauma Regions, disbursement of the Trauma Care Assistance Revolving Fund to qualified entities for reimburse-

ment for uncompensated major trauma care, quality improvement activities, oversight of the Trauma Referral Centers (TReC), administration and management of EM-Resource, and facilitation of the Oklahoma Trauma System Improvement and Development Advisory Council, Medical Audit Committee, Regional Trauma Advisory Boards (RTABs), and RTAB subcommittees.

### **OKLAHOMA STATE TRAUMA SYSTEMS IMPROVEMENT & DEVELOPMENT ADVISORY COUNCIL (OTSIDAC)**

The Oklahoma Trauma Systems Improvement and Development Advisory Council is established in statute (63 O.S., Section 1-2530.4). The purpose of the Council is to make recommendations to the Commissioner regarding matters related to the responsibilities of the Department under the Oklahoma Trauma Systems Improvement and Development Act.

The Council is composed of 19 members who are appointed by the Governor, Speaker of the House, and President Pro Tempore of the Senate representing the following categories of individuals.

The President Pro Tempore of the Senate appoints: (1) a faculty member from a state university college of public health; (2) a

trauma registrar of a licensed hospital that is classified as providing trauma and emergency operative services; (3) a representative of a licensed hospital that is classified as providing trauma and emergency operative services in a rural community; (4) an emergency medical technician who is employed by a provider of emergency medical services (5) an orthopedic surgeon with privileges at a licensed hospital classified as providing trauma and emergency services, and (6) a person representing a hospital primarily engaged in the practice of orthopedic medicine and/or neurosurgery.

The Speaker of the House of Representatives appoints: (1) a board-certified emergency physician; (2) a licensed physician who is an emergency medical services medical director; (3) a representative from a rehabilitation facility; (4) a hospital administrator from a licensed hospital classified as a level I or II trauma and emergency operative services facility; (5) a trauma surgeon with privileges at a licensed hospital classified as providing trauma and emergency operative services, and (6) a per-

son representing a hospital primarily engaged in the practice of orthopedic medicine and/or neurosurgery.

The Governor appoints: (1) a representative from the Department of Public Safety; (2) a licensed physician who is a pediatrician with privileges at a licensed hospital classified as providing trauma and emergency operative services; (3) a representative of the general public who is not qualified to serve under another subdivision of this subsection; (4) an administrative director of a licensed ambulance service; (5) a representative of a licensed hospital that is classified as providing trauma and emergency operative services in an urban community, (6) a person representing a hospital primarily engaged in the practice of orthopedic medicine and/or neurosurgery, and (7) an oral or maxillofacial surgeon.

The duties and responsibilities of the Council are to: (1) periodically review rules promulgated by the State Board of Health related to the Oklahoma Trauma Systems Improvement and Development

Act and may recommend changes in those rules to the Board; (2) reassess as necessary the need to modify trauma care systems in all regions of the state and receive recommendations forwarded by regional trauma advisory boards; and (3) develop and recommend a statewide trauma systems plan to be incorporated into the comprehensive plan for emergency medi-

cal services specified in 63 O.S., Section 1-2511.

The plan recognizes geographic regions of the state and identifies emergency medical services and licensed hospitals located in each region. The plan also establishes continuous quality improvement activities to be conducted in each region.

#### **OTSIDAC Appointments**

*Michael Lapolla, MHA, Chairperson*

*Tonya Washburn, M. D.*

*V. Pam Broyles, R. N.*

*Steve Katsis, M. D.*

*Eddie Sims, EMT-P*

*David Teague, M. D.*

*Bob Letton, M. D.*

*Robert Steves, M.D.*

*Vacancy, Representing the Public*

*Vacancy, Representing an Orthopedic or Neuro Hospital*

*Vacancy, Representing the Department of Public Safety*

*Cole C. Eslyn, FACHE*

*Rick Ferguson*

*Jimmy Johnson*

*John Sacra, M. D.*

*Bob Swietek, R. N.*

*Roxie Albrecht, M. D.*

*Steven Sullivan, D.D.S.*

*J. Michael Fitzgerald, D.O.*

## **MEDICAL AUDIT COMMITTEE**

The Medical Audit Committee is mandated by statute (63 O.S.

Section 1-2540.6). The purpose of the Medical Audit Committee is to

review trauma patient care and continuous quality improvement activities of the regional trauma

advisory boards. The Medical Audit Committee meets bi-monthly.

**Medical Audit  
Committee Members**

*Roxie Albrecht, M.D.  
Jeffrey Goodloe, M.D.  
Terrence Boring, M.D.  
M. Edmund Braly, D.D.S.  
Charles Fullenwider, M.D.  
Johnny Griggs, M.D.  
John Sacra, M.D.  
Bruce Storms, M.D.  
John Martin Hayes, M.D.  
Jay P. Cannon, M.D.  
C. Michael Ogle, D.O.*

## HEALTH FACILITIES PLAN REVIEW

### **Clients Served**

Licensed and certified Hospitals and other Medical Facilities, Long Term Care Facilities, and consumers who utilize the services of those facilities.

<http://mfs.health.ok.gov>

### **Contact**

William H. (Bill) Culver, Architect  
405.271.6785  
Fax: 405.271.1738  
[williamc@health.ok.gov](mailto:williamc@health.ok.gov)



### Program Fees

\$250.00 up to and including \$2,000.00 (dependent upon construction cost) for plan reviews for ASC, hospital and inpatient hospice construction. Fees are assessed for plan reviews of Long Term Care Nursing and ICF/MR Facilities construction plans showing an increase in beds in an amount not more than two one-hundredths percent (0.02%) or one thousand dollars (\$1,000.00), whichever is least, per project of total construction.

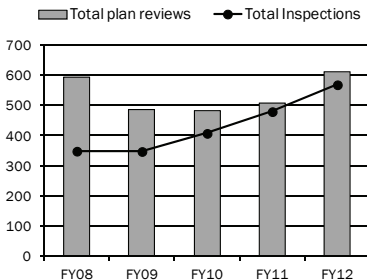
### Authority

63 O.S. Sections 1-701 et seq.  
 63 O.S. Sections 1-860.1 et seq.  
 The Social Security Act, Sections 1861(f) and (e)  
 OAC 310:667 (Hospitals)  
 OAC 310:615 (Ambulatory Surgical Centers)  
 OAC 310:663 (Assisted Living Facilities)  
 OAC 310:680 (Residential Care Homes)  
 OAC 310:675 (Nursing Facilities)  
 OAC 310:675 (ICF/MR Facilities)  
 OAC 310:616 (Birthing Centers)  
 OAC 310:605 (Adult Day Care Facilities)  
 OAC 310:315 (Public Bathing-Pools)

### Funding Source

State and Federal  
 Funds and fees

### Health Facilities Plan Review



**i** This program was created to ensure compliance with minimum construction standards and life safety standards. A plan review fee for hospitals was instituted on July 13, 2000, for long term care facilities on June 4, 2004, for inpatient hospice facilities on May 27, 2004, and for ASC's on July 25, 2010. Health Facilities Plan Review (HFPR) staff perform on-

site, phased construction inspections to assure compliance with minimum standards, and to monitor construction compliance. HFPR staff also provide consultation to providers, owners, architects, and others associated with medical related facilities, long term care facilities, and public bathing places.

<b>Statistics</b>					
	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>Total plan reviews</i>	593	487	482	509	613
<i>Total inspections</i>	351	350	410	482	571
<i>Hospital reviews (HOS)</i>	305	263	278	306	298
<i>Ambulatory surgical center reviews (ASC)</i>	24	10	15	16	22
<i>Medical facility related inspections (MF)</i>	228	267	115	261	421
<i>Long term care reviews (LTC)</i>	123	97	121	196	204
<i>Long term care inspections</i>	98	65	97	102	136
<i>Life safety code surveys</i>	20	18	16	18	24
<i>Swimming pool plan reviews (SP)</i>	139	117	68	56	89
<i>Swimming pool inspections</i>	2	0	0	0	14
<i>Inpatient hospice reviews (IN-HOS)</i>	2	0	0	1	0
<i>Inpatient hospice inspections</i>	3	0	0	2	0
<i>Fees collected</i>	\$146,644	\$103,958	\$109,830	\$179,000	\$182,750

# HOME HEALTH PROVIDERS

<http://mfs.health.ok.gov>

## Clients Served

Home Health Agencies and individuals that utilize the services of Home Health Agencies.

## Authority

63 O.S. Sections 1-1960 et seq.  
OAC 310:662  
The Social Security Act, Sections 1861(o) and 1891(a)  
42 CFR Part 484

## Contact

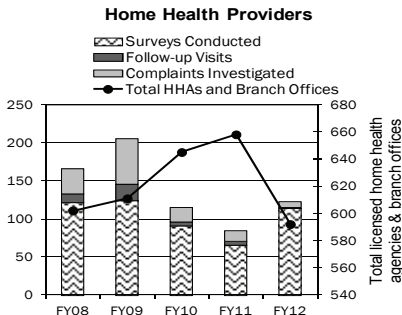
Tina Hughes, Director  
405.271.6576  
Fax: 405.271.1308  
tinah@health.ok.gov

## Complaint Hotline

1.800.234.7258

## Funding Source

Federal Contract  
Allocation and  
State Licensure  
Fees



## Program Fees

Initial license fee .....	\$1,000.00
Annual renewal fee .....	\$500.00

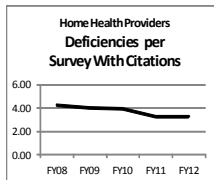
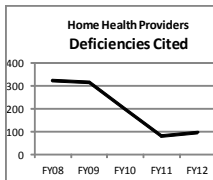
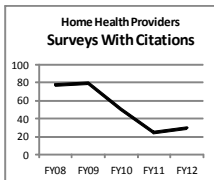
**i** Home Services Division (HSD) staff strive to ensure compliance with minimum standards and the provision of quality care. HSD staff perform on-site surveys to ensure compliance with standards, issue licenses, monitor compliance, conduct home visits to clients receiving services, investigate complaints, and sanction facilities that fail to comply. Every person, corporation, partnership, association or other legal entity desiring to obtain a license to establish, or to obtain a renewal license to operate a home care agency in this state must make application to the Department in such form and accompanied by such information as the State Commissioner of Health prescribes.

### Statistics

	FY08	FY09	FY10	FY11	FY12
Licensed only home health agencies	97	98	122	135	135
Licensed and medicare certified home health agencies	222	235	240	243	222
Total number of licensed home health agencies	319	333	362	378	357
Additional branch office home health agency locations	283	278	283	280	235
Medicare surveys conducted	96	90	57	48	88
Medicare follow-up visits conducted	12	19	4	5	1
Medicare complaints investigated	16	45	13	11	7
Licensure surveys conducted	25	34	34	17	25
Licensure follow-up visits conducted	0	2	0	0	0
Licensure complaints investigated	16	15	7	3	1
Fees collected	\$230,112	\$216,950	\$192,950	\$165,788	\$265,831

### Deficiencies

	FY08	FY09	FY10	FY11	FY12
Surveys with citations	77	79	50	25	29
Deficiencies cited	325	317	198	82	95
Condition tags cited	22	27	4	4	3
Average number of deficiencies cited per survey with citations	4.22	4.01	3.96	3.28	3.28



### **Home Health Providers Top 10 Federal Certification Violations for SFY2012**

01. *Coordination of patient services. Efforts are coordinated effectively and support the objectives outlined in the plan of care.*
02. *Plan of care. Covers diagnoses, mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.*
03. *Drug regimen review. Review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions.*
04. *Supervision. The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on site visit to the patient's home no less frequently than every 2 weeks.*
05. *Periodic review of plan of care. Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.*
06. *Acceptance of patients, POC, Med Super. Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.*
07. *Encoding OASIS data. Encode and be capable of transmitting OASIS data for each agency patient within 30 days of completing an OASIS data set.*
08. *Duties of the RN. Initiates the plan of care and necessary revisions.*
09. *Duties of the RN. Prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.*
10. *Clinical record review. Review a sample of both active and closed clinical records at least quarterly to determine whether established policies are followed in furnishing services directly or under arrangement.*

**Home Health Providers Top  
State Licensure Violations for SFY2012**

01. *Organization. Governing body. Organized governing body which is legally responsible for the conduct of the agency. Ownership fully disclosed .*
02. *Federal, state, local laws. Operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations.*
03. *Client rights and responsibilities. Statement describing available services, unit charges, billing process. Notify client of changes within 30 days.*
04. *Client rights and responsibilities. Statement of client's responsibility to treat agency personnel with respect, to disclose pertinent health related information accurately, and to inform agency personnel when instructions to the client or client's representative cannot be understood or followed.*
05. *Client rights and responsibilities. Statement explaining the confidential treatment of all client information retained in the agency and the requirement for written consent for release of information to persons not otherwise authorized by law to receive it.*
06. *Quality assessment and improvement. Ongoing program approved by the governing body which assesses all services provided and requires quality improvements when indicated.*
07. *Skilled nursing. Duties of the registered nurse.*
08. *Organization. Administrator. The governing body shall be legally responsible for the appointment of a qualified administrator and the delegation of responsibility and authority.*
09. *Client rights and responsibilities. Statement of the right of the client to have the client's property and person treated with respect.*

**HOME HEALTH ADVISORY BOARD**

This Board is established in statute ( 63 O.S., Section 1-1970) to serve as an advisory body to the Department. The Board consists of seven members who are appointed by the Commissioner of Health from a list of

names (equal to twice the number of positions to be appointed) submitted by any statewide organization comprised exclusively of home care agencies. One member must be a licensed family practice physician or

licensed general practitioner of the medical profession with a practice which includes home health services; one member must be a licensed registered nurse with a practice which includes home health services; two members must be administrators of licensed home health agencies; and three members who represent the general public

and who must, within twenty-four months of their appointment, be consumers of home health services for themselves or for family members within the third degree of consanguinity. Members are appointed for a three year term. The Board must meet at least quarterly and at such other times as necessary.

**Advisory Board Members**

Betty Brannan

Karen Brown, R.N.

Lisa James

4 Vacancies

## HOSPICE PROVIDERS

**Clients Served**

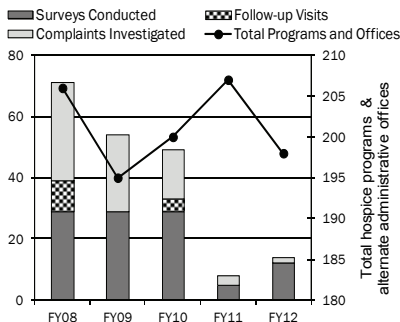
Terminally ill patients  
and hospice programs.

<http://mfs.health.ok.gov>

**Contact**

Tina Hughes, Director  
405.271.6576  
Fax: 405.271.1308  
tinah@health.ok.gov

### Hospice Providers



### Authority

63 O.S. Sections  
1-860.1 et seq.  
OAC 310:661  
The Social Security  
Act, Sections  
1861(o) and  
1891(a)  
42 CFR Part 418

### Funding Source

Federal Contract  
Allocation and  
State Licensure  
Fees

### Program Fees

Initial application fee.....	\$500.00
Initial license fee .....	\$1500.00
Permanent license fee .....	\$2000.00
Renewal fee (annual renewal).....	\$2000.00
Alternate Administrative Office .....	\$500.00

**i** The hospice program provides supportive and palliative care to terminally ill patients. It is medically directed and nurse-coordinated. The physical setting may be a home, an institution, or a health facility. Home Services Division (HSD) staff strive to ensure compliance with minimum standards and the provision of quality care for terminally ill patients.

HSD staff perform on-site surveys to ensure compliance with standards, issue licenses, monitor compliance, investigate complaints, and sanction facilities that fail to comply. A license issued for the operation of a hospice program, unless sooner suspended or revoked, must be renewed annually.

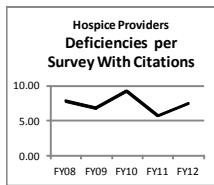
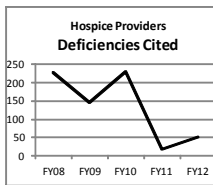
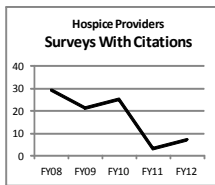


**Statistics**

	FY08	FY09	FY10	FY11	FY12
<i>Licensed hospice programs</i>	150	141	144	152	141
<i>Alternate administrative offices currently in operation</i>	56	54	56	55	57
<i>Medicare surveys conducted</i>	6	4	5	0	6
<i>Medicare follow-ups conducted</i>	6	0	4	0	0
<i>Medicare complaints investigated</i>	28	23	14	0	2
<i>Licensure surveys conducted</i>	23	25	24	5	6
<i>Licensure follow-ups conducted</i>	4	0	0	0	0
<i>Licensure complaints investigated</i>	4	2	2	3	0
<i>Fees collected</i>	\$293,910	\$312,000	\$293,000	\$273,000	\$288,075

**Deficiencies**

	FY08	FY09	FY10	FY11	FY12
<i>Surveys with citations</i>	29	21	25	3	7
<i>Deficiencies cited</i>	227	144	230	17	52
<i>Condition tags cited</i>	23	9	5	0	2
<i>Average number of deficiencies cited per survey with citations</i>	7.83	6.86	9.20	5.67	7.43



**Hospice Providers Top 10  
Federal Certification Violations for SFY2012**

01. *Review of the plan of care. Interdisciplinary group, physician, review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.*
02. *Content of comprehensive assessment. Drug profile.*
03. *Plan of care. All care and services follow an individualized written plan of care.*
04. *Level of activity. Volunteers must provide day to day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. Maintain records on the use of volunteers.*
05. *Content of comprehensive assessment. Imminence of death.*
06. *Patient outcome measures. The comprehensive assessment must include data elements (aspects of care related to hospice and palliation) that allow for measurement of outcomes.*
07. *Content of comprehensive assessment. Bereavement.*
08. *Coordination of services. Provide for and ensure the ongoing sharing of information between all disciplines providing care and services in all settings, whether the care and services are provided directly or provided under arrangement.*
09. *Patient outcome measures. The data elements must be an integral part of the comprehensive assessment and must be documented in a systematic and retrievable way for each patient. The data elements for each patient must be used in individual patient care planning and in the coordination of services, and must be used in the aggregate for the hospice's quality assessment and performance improvement program.*
10. *Update of comprehensive assessment. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days. Include patient's progress toward desired outcomes, patient's response to care.*

## **HOSPICE ADVISORY BOARD**

The Hospice Advisory Board is established in statute (63 O.S., Section 1-860.13) to serve as an advisory body to the Department. The Board consists of seven members who are appointed by the Governor. One member must be a licensed general practitioner of the medical profession; one member must be a licensed registered nurse; one member must be a licensed professional counselor, licensed psychologist, or licensed social worker; one member must be a member of a statewide association of home care operators

whose membership consists of a majority of the licensed home health operators in the state; two members must be administrators of licensed hospices; and one member must represent the general public.

Members are appointed for a three year term. The Board must meet at least quarterly, and may hold such special meetings as may be necessary. Four members of the Board constitute a quorum.

### **Advisory Board Members**

*Waddah N. Nassar, M.D., Chair*

*Linda Edmondson, L.C.S.W.*

*Michelle Fox, R.N., CHPN*

*Kelly Nunn, R.N., CHPN*

*Terry Jones, B.A.*

*Stacy Palmer, R.N., BSN*

*Gregory McCortney.*

## HOSPITALS

<http://mfs.health.ok.gov>

### Clients Served

Licensed and certified hospitals and consumers who utilize the services of those hospitals.

### Contact

Karla Cason, Director  
405.271.6576  
Fax: 405.271.1308  
karlac@health.ok.gov

### Authority

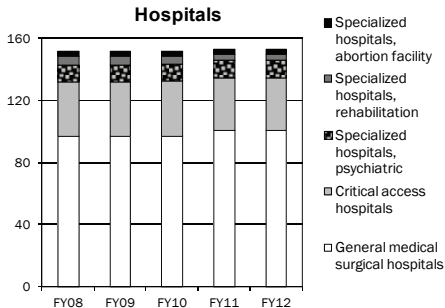
63 O.S., Sections 1-701 et seq.  
OAC 310:667  
The Social Security Act, Sections 1861(f) and (e)  
42 CFR Part 482 and 42 CFR Part 489

### Funding Source

Federal Contract  
Allocation and  
State Licensure  
Fees

### Program Fees

\$10.00 per bed per year



**Statistics**

	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>General medical surgical hospitals</i>	97	97	97	101	101
<i>Critical access hospitals</i>	35	35	36	34	34
<i>Specialized hospitals, psychiatric</i>	11	11	11	11	11
<i>Specialized hospitals, rehabilitation</i>	6	6	5	4	4
<i>Specialized hospitals, abortion facility</i>	3	3	3	3	3
<i>Total licensed hospitals</i>	152	152	152	153	153
<i>Fees collected*</i>	\$134,160	\$163,020	\$164,635	\$191,480	\$186,515

\*The dollar amount of fees collected above includes fees for Workplace Drug and Alcohol Testing Facilities.

**i** This program was created to protect the public and to ensure a minimum standard of care. Medicare certification was established in 1966 while the hospital licensure program was established in 1947. Hospitals may also be accredited by a third party accreditation organization. Facility Services Division (FSD) staff strive to ensure compliance with minimum standards and the

provision of quality care. FSD staff perform on-site surveys to ensure compliance with standards, monitor compliance, investigate complaints, and sanction facilities that fail to comply. Limited funding for this program has reduced the number of on-site surveys performed annually from 100% to approximately 10 to 15%.

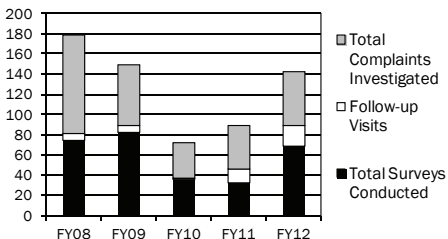
**Medicare**

	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>Initial surveys</i>	2	0	0	0	0
<i>Re-certification surveys</i>	21	25	10	9	33
<i>Validation surveys</i>	2	1	2	2	2
<i>Life safety code surveys</i>	22	26	12	13	33
<i>Survey follow-ups</i>	6	6	1	12	21
<i>Complaint investigations</i>	94	57	34	43	53
<i>Total medicare surveys and follow-ups</i>	147	115	59	79	142

## State Licensure

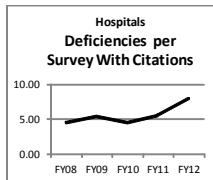
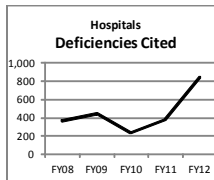
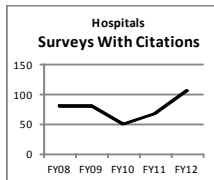
	FY08	FY09	FY10	FY11	FY12
Initial surveys	1	3	0	0	1
Re-licensure surveys	27	28	12	9	0
Survey follow-ups	1	0	0	2	0
Complaint investigations	3	4	2	0	0
Total licensure surveys and follow-ups	32	35	14	11	1

## Survey Activities for Hospitals



## Federal Deficiencies

	FY08	FY09	FY10	FY11	FY12
Surveys with citations	81	81	50	68	106
Deficiencies cited	367	442	229	376	842
Condition tags cited	5	18	11	19	46
Average number of deficiencies cited per survey with citations	4.53	5.46	4.58	5.53	7.94



**Hospitals Top 10  
Federal Certification Violations for SFY2012**

01. *Infection control officer responsibilities. Infection control officer must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.*
02. *Life safety code standard. Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA standards.*
03. *Patient rights: Grievances. The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.*
04. *Miscellaneous. The patient has the right to participate in the development and implementation of his or her plan of care.*
05. *Life safety code standard. There is an automatic sprinkler system, installed, maintained, tested. Reliable, adequate water supply for the system. Supervised and equipped properly.*
06. *Operating room policies. Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.*
07. *Patient care assignments. A registered nurse must assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available.*
08. *Competent dietary staff. There must be administrative and technical personnel competent in their respective duties.*
09. *Patient rights: Notice of grievance decision. Hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.*
10. *Life safety code standard. Anesthetizing locations are protected in accordance with NFPA 99, Standard for Health Care Facilities.*

## HOSPITAL ADVISORY COUNCIL

The Hospital Advisory Council is authorized by statute (63 O.S., Section 1-707) to serve as an advisory body to the Department. The Advisory Council is composed of nine members appointed by the Commissioner with the advice and consent of the Board of Health. The membership of the Advisory Council is as follows: Two members are hospital administrators of licensed hospitals; two members are licensed physicians or practitioners who have current privileges to provide services in hospitals; two members are hospital employees; and three members are citizens representing the public who: are not hospital employees, do not hold hospital staff appointments, and are not members of hospital governing boards.

Members are appointed for a three year term. The Board must meet at least quarterly, and may hold such special meetings as may be necessary.

The Advisory Council has the duty and authority to: (1) review and approve in its advisory capacity rules and standards for hospital licensure; (2)

evaluate, review and make recommendations regarding Department licensure activities, provided however, the Advisory Council shall not make recommendations regarding scope of practice for any health care providers or practitioners regulated pursuant to Title 59 of the Oklahoma Statutes, and (3) recommend and approve: quality indicators and data submission requirements for hospitals to include (a) Agency for Healthcare Research & Quality (AHRQ) Patient Safety Indicators available as part of the standard inpatient discharge data set, and (b) for acute care intensive care patients, ventilator-associated pneumonia and device related blood stream infections, and the indicators and data to be used by the Department to monitor compliance with licensure requirements, and to publish an annual report of hospital performance.

### **Advisory Council Members**

Dale Bratzler, D.O  
Jeffrey Berrong  
John Mobley  
Gary W. Mitchell, F.A.C.H.E.  
Betty Selby  
4 Vacancies



## MEDICARE CERTIFICATION & STATE PERMITS

<http://mfs.health.ok.gov>

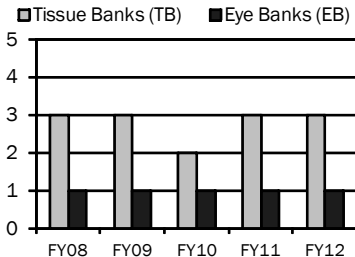
### Clients Served

Medicare certified entities and consumers who utilize services provided by the entities.

### Contact

Karla Cason, Director  
405.271.6576  
Fax: 405.271.1308  
karlac@health.ok.gov

### State Permits



### Authority

State Permit Citations  
63 O.S. Sections  
1-2201 et seq.  
OAC 310:505  
The Social Security  
Act and various  
Related Code of  
Federal Regulations

### Funding Source

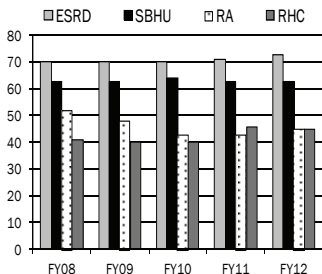
Federal Contract  
Allocation and  
State Licensure  
Fees

<b>Statistics</b>					
	<b>FY08</b>	<b>FY09</b>	<b>FY10</b>	<b>FY11</b>	<b>FY12</b>
<i>End Stage Renal</i>					
<i>Disease Centers (ESRD)</i>	70	70	70	71	73
<i>Swing Bed Hospital Units (SBHU)</i>	63	63	64	63	63
<i>Rehabilitation Agencies (RA)</i>	52	48	43	43	45
<i>Rural Health Clinics (RHC)</i>	41	40	40	46	45
<i>PPS Excluded Psychiatric Units (PPS-PU)</i>	23	23	23	21	21
<i>PPS Excluded Rehabilitation Units (PPS-RU)</i>	21	21	21	21	21
<i>Portable X-Ray Units (PX-R)</i>	13	13	13	16	16
<i>Community Mental Health Centers (CMHC)</i>	8	8	8	8	8
<i>Comprehensive Outpatient Rehabilitation Facilities (CORF)</i>	4	3	3	3	3
<i>CORF Recertifications</i>	-----	2	1	0	1
<i>RA Recertifications</i>	-----	6	2	2	3
<i>PX-R Recertifications</i>	-----	2	0	0	1
<i>RHC Recertifications</i>	-----	4	1	7	4
<i>Tissue Banks (TB)</i>	3	3	2	3	3
<i>Eye Banks (EB)</i>	1	1	1	1	1

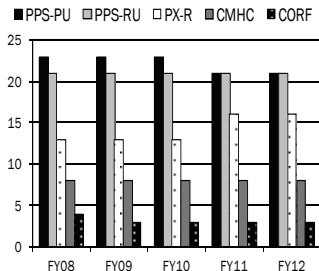
**i** These Medicare-certified programs were implemented to assure quality care for beneficiaries. Medical Facilities Service staff strive to ensure that services provided by these facilities meet the minimum standards for certification. These programs do not have statutory requirements for annual surveys and

therefore, no funding to perform annual surveys. Staff perform on-site surveys for initial certification, periodic surveys for continued certification, and complaint investigations.

## Medicare Certification

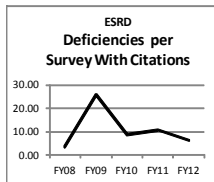
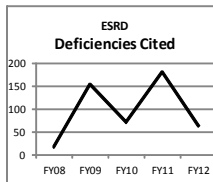
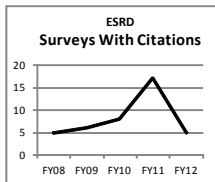


## Medicare Certification



## End Stage Renal Disease Centers Deficiencies

	FY08	FY09	FY10	FY11	FY12
Surveys with citations	5	6	8	17	5
Deficiencies cited	17	154	71	181	64
Condition tags cited	1	21	8	22	6
Average number of deficiencies cited per survey with citations	3.40	25.67	8.88	10.65	6.00



**End Stage Renal Disease Centers Top 10  
Federal Certification Violations for SFY2012**

01. POC–Goals–Community based standards. Develop and implement a written, individualized comprehensive plan of care that specifies the services necessary to address the patient's needs.
02. Mix Sys-DFU/Monitor/PM/Log/Sanitize. Instructions for mixing; preventive maintenance; sanitization procedures. Records maintained.
03. PA-F/U Reassessment—Within 3 mo of initial. Follow-up comprehensive assessment within 3 months after completion of initial assessment to provide information to adjust patient's plan of care specified in statute.
04. H-Monitor Home Adapt; Home visit=POC. Periodic monitoring of the patient's home adaptation, including visits to the patient's home by facility personnel in accordance with the patient's plan of care.
05. PE-Equipment Maintenance—Manufacturer's DFU. Implement and maintain a program to ensure that all equipment (including emergency equipment, dialysis machines and equipment, and the water treatment system) are maintained and operated in accordance with the manufacturer's recommendations.
06. PA-Assess B/P, Fluid management needs. The patient's comprehensive assessment must include blood pressure, and fluid management needs.
07. CFC-Water & Dialysate Quality. Specifications for various water treatment components.
08. Dis Sys-Culture/LAL/Sites/Freq(New)/Log. Monitor water distribution systems; Bacteria and endotoxin testing conducted monthly. Monitoring by sample. Identify trends that may need a corrective action.
09. Mixing systems-Safe environment/PPE. Protective measures should be used to ensure a safe work environment. Operators should at all times use appropriate personal protective equipment, such as face shields, masks, gloves, gowns, and shoe protectors, as recommended by the manufacturer.
10. POC-Initial implemented-30 days/13 TX. Implementation of the initial plan of care must begin within the latter of 30 calendar days after admission to the dialysis facility or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis session.

## QUALITY INITIATIVES

[www.ok.gov/health/Protective\\_Health/Medical\\_Facilities\\_Service/Facility\\_Services\\_Division/Hospital\\_Annual\\_Report/Index.html](http://www.ok.gov/health/Protective_Health/Medical_Facilities_Service/Facility_Services_Division/Hospital_Annual_Report/Index.html)

### **Clients Served**

Licensed and certified providers of acute care health services and consumers who utilize the services of those providers.

### **Contact**

Y. Vonnie Meritt, RN, MPH, Director  
405.271.6576  
Fax: 405.271.1308  
vonniem@health.ok.gov

### **Authority**

3 S. Section 1-701

### **Funding Source**

State Appropriation

**i** The Quality Initiatives Unit has a broad directive to identify opportunities to improve the quality and effectiveness of acute health care services provided by licensed and certified entities in Oklahoma and to implement strategies to address those opportunities. In addition to improving the care provided by licensed and certified entities, this unit is also charged with generating quality and performance data related to acute health care organizations and providing this information to consumers and the public to help guide them in choosing a health care provider. Ongoing activities of this Unit build on systems created and validated by both the Agency for

Healthcare Research and Quality (AHRQ) through the Patient Safety Indicator data analysis tools, and the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network designed to collect and analyze data related to a broad range of Healthcare Associated Infections (HAI). This quality and performance data is designed to promote the implementation of best practices known to improve outcomes and to drive the quality of care associated with certain clinical events. The Quality Initiatives group is also responsible for compiling and publishing the Hospital Annual Report.

## WORKPLACE DRUG AND ALCOHOL TESTING FACILITIES

<http://mfs.health.ok.gov>

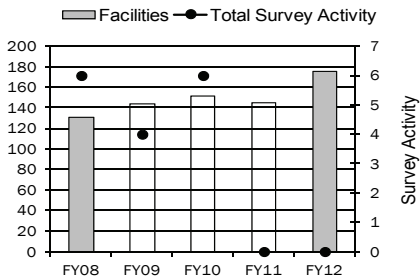
### Clients Served

Drug and alcohol testing facilities and consumers (employees and employers) who utilize the services of such facilities.

### Contact

Karla Cason, Director  
405.271.6576  
Fax: 405.271.1308  
[karlac@health.ok.gov](mailto:karlac@health.ok.gov)

### Workplace Drug and Alcohol Testing Facilities



### Authority

40 O.S. Sections  
551 et seq.  
OAC 310:638

### Funding Source

Fees Collected

### Program Fees

Initial .....	\$150.00
Annual renewal.....	\$150.00

## Statistics

	FY08	FY09	FY10	FY11	FY12
Licensed workplace drug and alcohol testing facilities	131	144	151	145	175
Surveys conducted	5	4	6	0	0
Follow-ups conducted	0	0	0	0	0
Complaint investigations	1	0	0	0	0
Fees collected*	*	\$21,150	\$20,550	\$19,650	\$22,800

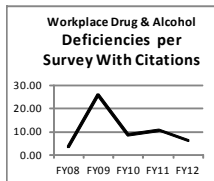
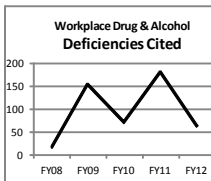
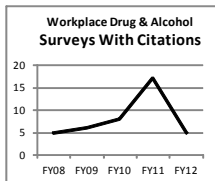
\*Fees collected are included with the fees shown for the Hospitals program area.

**i** This program was created to ensure employers and testing facilities comply with minimum standards if they choose to test employees for drugs or alcohol. Facility Services Division (FSD) staff regulate employ-

ers and testing facilities through licensure. FSD staff also perform on-site surveys to ensure compliance with standards, investigate complaints, and sanction facilities that fail to comply.

## Deficiencies

	FY08	FY09	FY10	FY11	FY12
Surveys with citations	1	5	2	2	0
Deficiencies cited	1	21	2	3	0
Average number of deficiencies cited per survey with citations	1.00	4.20	1.00	1.50	0.00







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## **QUALITY IMPROVEMENT & EVALUATION SERVICE**

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**Nancy Atkinson, Chief**  
**405.271.5278**  
**Fax: 405.271.1402**  
**nancyh@health.ok.gov**

**(Vacant), Director**  
**MDS-OASIS**  
405.271.5278  
Fax: 405.271.1402

**Walter Jacques, Director**  
**Quality Assurance & Data Systems**  
405.271.5278  
Fax: 405.271.1402  
walterj@health.ok.gov

## MINIMUM DATA SET (MDS)

<http://mds.health.ok.gov>

### Clients Served

Medicare and Medicaid certified nursing facilities and staff; Centers for Medicare and Medicaid Services (CMS); privately owned software vendors; State Medicare and Medicaid surveyors; miscellaneous other State and Federal Agencies; and clients of Medicare and Medicaid facilities.

### Contact

(Vacant) Director  
405.271.5278  
Fax: 405-271.1402

### QIES Help Desk:

405.271.5278

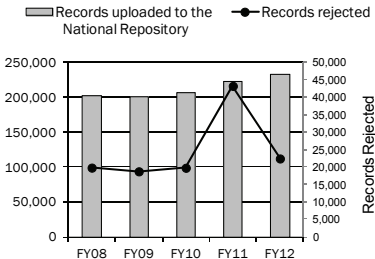
### Authority

63 O.S. Section  
1-1925.2(l)(1)  
63 O.S., Section  
1-890.3(A)(1)  
OAC 310:675-9-5.1  
42 CFR 483.20  
42 CFR 483.315

### Funding Source

State and  
Federal Funds

**MDS Records**



**i** Nursing facilities and skilled nursing facility units are required to conduct comprehensive, accurate, standardized, and reproduci-

ble assessments of each resident's functional capacity using the Minimum Data Set (MDS). The automated MDS system is a criti-

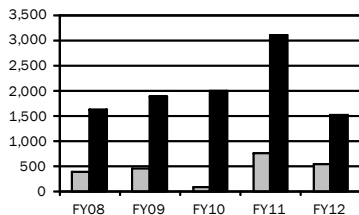
**Statistics**

	FY08	FY09	FY10	FY11	FY12
<i>Facilities transmitting MDS data</i>	332	325	322	343	316
<i>Active software vendors</i>	31	31	23	28	21
<i>Resident count</i>	19,154	18,841	19,044	Not Available	Not Available
<i>Batches submitted</i>	22,541	22,524	21,727	36,569	32,498
<i>Records processed</i>	222,121	220,442	226,202	265,553	255,738
<i>Records rejected</i>	19,814	18,750	19,769	43,217	22,430
<i>Records uploaded to the National Repository</i>	202,307	201,692	206,433	222,336	233,308
<i>Training sessions</i>	9	5	1	2	4
<i>Number of facilities that sent staff to training</i>	118	102	34	309	282
<i>Number of participants trained</i>	393	452	91	760	541
<i>Help desk contacts</i>	1,623	1,900	1,991	3,113	1,531

cal component of the State Agency and CMS operations, and provides the means for transmission of assessment data to CMS for validating payments under the Medicare Skilled Nursing Facility Prospective Payment System for nursing homes. CMS has provided each State with an MDS system composed of standardized hardware and software platforms scaled to meet each State's anticipated processing volumes. The MDS software components are developed, distributed, maintained, and up-

**MDS Training**

■ Number of participants trained ■ Help desk contacts



graded centrally by CMS. The MDS database is a federal database owned by CMS and, as such, is subject to the requirements of the Federal Privacy Act and the MDS

System of Records (MDS-SOR) notice. The MDS-SOR describes the legal requirements regarding privacy and disclosure of information by CMS.

MDS staff develop and implement the delivery of health care information, provide consultative assistance regarding the MDS process to health care facilities and maintain the MDS State Repository for upload to CMS. Responsibilities include educating providers in the clinical methodology and completion of MDS forms; receipting and validating MDS records; assisting nursing facilities in understanding and interpreting validation reports and the error correction process; providing routine and intermittent training to nursing facility staff and nursing facility surveyors; furnishing support to software vendors; and, supplying support services to nursing facility surveyors to assist them in the survey process.

Desk and are ready to provide users with prompt, knowledgeable, professional and courteous support services. Staff are available to answer questions or concerns about the technical or clinical areas of the MDS instrument or reports generated by the MDS system and will work with users to identify other appropriate resources if needed.

### **QIES Help Desk**

The QIES Help Desk is available to anyone who needs assistance with the MDS process. Individuals from QIES manage and staff the Help

## OUTCOME ASSESSMENT AND INFORMATION SET (OASIS)

<http://oasis.health.ok.gov>

### Clients Served

Medicare certified home health agencies and staff; Centers for Medicare and Medicaid Services (CMS); privately owned software vendors; State Medicare surveyors; miscellaneous other State and Federal agencies; and clients of Medicare agencies.

### Contact

(Vacant), Director  
405.271.5278  
Fax: 405-271.1402

### QIES Help Desk:

405.271.5278

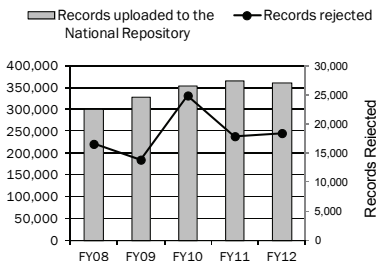
### Authority

42 CFR 484.20  
42 CFR 484.55  
42 CFR 488.68

### Funding Source

State and  
Federal Funds

**OASIS Records**



Home Health Agencies are required to conduct comprehensive, accurate, standardized, and

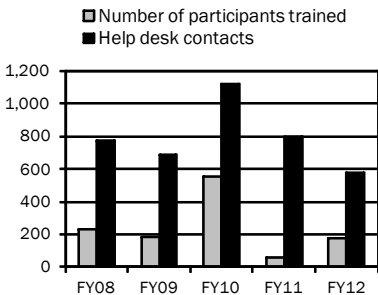
reproducible assessments of each resident's functional capacity using the Outcome and Assess-

## Statistics

	FY08	FY09	FY10	FY11	FY12
Agencies transmitting OASIS data	216	225	240	244	250
Active software vendors	31	31	32	33	34
Batches submitted	16,990	17,173	18,606	18,234	19,558
Records processed	318,152	342,916	378,344	383,837	379,209
Records rejected	16,571	13,860	24,889	17,895	18,431
Records uploaded to the National Repository	301,581	329,056	353,455	365,942	360,778
Training sessions	3	2	4	1	2
Number of agencies that sent staff to training	95	42	98	28	80
Number of participants trained	232	182	550	61	174
Help desk contacts	776	684	1,115	794	580

ment Information Set (OASIS). The automated OASIS system is a critical component of the State Agency and CMS operations, and provides the means for transmission of assessment data to CMS for validating payments under the Medicare Skilled Nursing Facility Prospective Payment System for home health agencies. CMS has provided each State with an OASIS system composed of standardized hardware and software platforms scaled to meet each State's anticipated processing volumes. The OASIS software

## OASIS Training



components are developed, distributed, maintained, and upgraded centrally by CMS. The OASIS database is a federal database

owned by CMS and, as such, is subject to the requirements of the Federal Privacy Act and the OASIS System of Records (OASIS-SOR) notice. The OASIS-SOR describes the legal requirements regarding privacy and disclosure of information by CMS.

OASIS staff develop and implement the delivery of health care information, provide consultative assistance regarding the OASIS process to home health agencies and maintain the OASIS State Repository for upload to CMS. Responsibilities include educating providers in the clinical methodology and completion of OASIS forms; receipting and validating OASIS records; assisting home health agencies in understanding and interpreting validation reports and the error correction process; providing routine and intermittent training to home health agency staff and home health agency surveyors; furnishing support to software vendors; and, supplying support services to home health agency surveyors to assist them in the survey process.

### **QIES Help Desk**

The QIES Help Desk is available to anyone who needs assistance with the OASIS process. Individuals from QIES manage and staff the Help Desk and are ready to provide users with prompt knowledgeable, professional and courteous support services. Staff are available to answer questions or concerns about the technical or clinical areas of the OASIS instrument or reports generated by the OASIS system and will work with users to identify other appropriate resources if needed.

## QUALITY ASSURANCE & DATA SYSTEMS

<http://qies.health.ok.gov>





### Clients Served

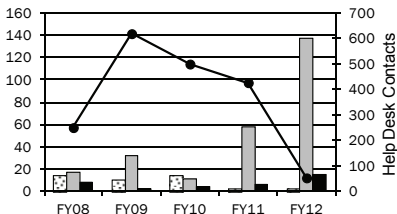
Program Areas and employees within Protective Health Services.

### Contact

Walter Jacques, Director  
405.271.5278  
Fax: 405-271.1402  
walterj@health.ok.gov

### Quality Assurance & Data Systems

 QA studies compiled  
 Reports developed  
 Trainings conducted  
 Help desk contacts



**QIES Help Desk**  
405.271.5278

**Authority**  
OAC 310:675-17-1

**Funding Source**  
State and  
Federal Funds

### Statistics

	FY08	FY09	FY10	FY11	FY12
QA studies compiled	14	10	14	2	2
Reports developed	17	32	11	58	137
Trainings conducted	8	2	4	6	15
Help desk contacts	250	618	499	426	53
Media/FOIA Requests	-----	-----	-----	4	0



**Presentations:**

Presented before the Expanded Leadership Meeting in October 2011 on the use of Quick Response (QR) Tags to help expedite the services provided by OSDH and to help streamline processes and save resources.

**Major Projects:**

Provided training and technical support for the new QIS survey process beginning in August 2011.

A digest of 23 performance reports is in development that will allow managers rapid visibility into their year-to-date performance and trending and help them make decisions on issues such as prioritization, allocation of resources, etc.


**Studies:**

Conducted a major study on Sanitarian workload and performance in retail food establishments that highlighted manpower issues and offered possible solutions.

Developed and administered a customer feedback survey and compiled the results for a service division within PHS.

**System Upgrades to ASPEN:**

- Release 10.1.1.1 on September 18, 2011. Added new regulation set updates for Acute Care Hospitals (ACH) version 19.04—telemedicine services, visitation and anesthesia services; Critical Access Hospitals (CAH) version 4.04—updates for telemedicine services and visitation; required entry of the National Provider Identification Number (NPI) for some facility types.
- Release 10.1.2 on December 12, 2011. Features full integration into ASPEN Web of the online CLIA accounting modules that were previously hosted on OSCAR/CLIA.
- Release 10.1.2.1 on April 2, 2012. Added enhancements to the Nursing Home MDS 3.0 Clinical Assessment Item Set.

 The Quality Assurance area is responsible for coordinating quality assessment and improvement programs for all service areas within Protective Health Services. Tasks include assisting Protective Health Services' Divisions to increase the quality and consistency of services provided to the Divisions' clients through the development and implementation of individual quality improvement plans. Plans include the statement of goals or targets, the creation of an action plan, and the design of data to be captured. Data collected about quality improvement efforts may then be analyzed to assess the reliability of the data, and to provide feedback to staff and management to ultimately support management decisions. As a result of data analysis, training issues may be identified or determinations made about current training programs and their effectiveness. Program area protocols may be evaluated for appropriateness and effectiveness, while adherence to protocols is monitored to maximize program accountability and continuity, and to optimize the duplication of desired performance.

The purpose of the Quality Assurance area is to provide management with the means for objective, data-based decision making. Quality Assurance provides management with a vehicle to assess a selected area within a program to identify the area's strengths and weaknesses, to measure outcomes of actions taken, and to gather, analyze, and evaluate alternatives. Additionally, the conduct of quality assurance activities may illustrate and reinforce to Division staff the significance and the value of day-to-day tasks routinely performed.

Quality Assurance staff may also participate in special projects at the request of a Service Chief or the Deputy Commissioner. During the conduct of special projects, interrelationships vary widely and may include the general public, ombudsmen, providers, or provider associations.

The Data Systems area is responsible for maintaining optimal performance of the Quality Improvement and Evaluation System (QIES) which includes the Minimum Data Set (MDS), the Out-

come and Assessment Information Set, and the Automated Survey Processing Environment (ASPEN). Data Systems staff (1) provide support and training to the users of all QIES systems; (2) administer, coordinate, implement, support and maintain the QIES database; (3) develop and implement policies and procedures for ensuring the security and integrity of the database, including user ID and password control; (4) monitor and validate system performance; (5) perform routine maintenance and assist in release and migration planning for the Division; (6) compile project plans to ensure smooth transition to new technology or methodologies; (7) troubleshoot system errors, malfunctions, and network problems; (8) perform research to obtain solutions and reports potential software/hardware issues to federal contractors; (9) represent the Agency as the prime technical contact on system configuration and administration of the QIES Database; and (10) provide ad hoc reporting to management and staff on an as needed basis.

## State Licenses, Certifications, and Permits Issued by Protective Health Services

Consumer Health Service	FY08	FY09	FY10	FY11	FY12
Alarm and Locksmith Individuals	3,578	4,427	4,009	4,024	4,647
Alarm and Locksmith Companies	731	904	857	867	952
Barbers	3,517	3,609	3,694	3,768	3,803
Barber Apprentices	78	68	92	102	105
Barber Instructors	110	116	126	138	140
Barber Colleges	8	8	11	11	9
Barber Shops	1,105	811	1,061	1,069	1,165
Bedding Permits	1,752	1,483	1,631	2,289	2,224
Drugs, Cosmetics, Medical Devices, Compressed Medical Gases, Health Fraud	13	12	9	10	7
Fire Extinguisher Individuals	-----	590	533	527	537
Fire Extinguisher Companies	-----	127	130	130	127
Hearing Aid Dealers and Fitters	160	153	157	178	189
Hotels-Motels	1,116	1,134	1,149	1,126	1,131
Licensed Behavioral Practitioners	216	198	191	189	178
Licensed Genetic Counselors	8	14	16	21	24
Licensed Marital and Family Therapists	516	523	523	531	538
Licensed Professional Counselors	2,008	2,857	2,916	3,059	3,169
Mammography Quality Standards Act	108	108	110	108	117
Medical Micropigmentologists	125	136	129	128	129
Public Bathing Places	3,005	3,096	2,996	3,114	4,882
Public Bathing New Construction Permits	121	108	77	58	84
Retail Food Establishments	21,598	21,695	24,369	22,127	22,276
Sanitarians and Environmental Specialists	668	661	554	538	656
Tattoo Artists (Lic & Temp)	251	354	485	363	344
Tattoo Establishments	99	100	108	97	130
Body Piercing Artists (Lic & Temp)	54	57	55	84	108
Body Piercing Establishments	49	47	50	48	62
Food Manufacturers	1,009	1,020	924	1,093	1,064
Correctional Facilities	95	95	95	95	96
X-Ray Tubes	2,933	2,953	2,980	2,980	2,985
<b>Subtotal:</b>	<b>45,031</b>	<b>47,464</b>	<b>50,037</b>	<b>48,872</b>	<b>51,878</b>

Health Resources Development Service	FY08	FY09	FY10	FY11	FY12
Adult Day Care Centers	43	46	52	39	44
Certified Workplace Medical Plans	7	6	6	6	5
Continuum of Care Facilities	141	159	119	170	143
Health Maintenance Organizations	7	7	7	7	7
Home Care Administrators	679	906	699	670	799
Independent Review Organizations	6	7	8	9	-----
Nurse Aides	37,195	41,488	41,308	42,183	71,329
Nursing & Specialized Facilities	427	444	446	405	393
Residential Care Homes	48	56	30	54	82
<b>Subtotal:</b>	<b>38,553</b>	<b>43,119</b>	<b>42,675</b>	<b>43,543</b>	<b>72,802</b>

Medical Facilities Service	FY08	FY09	FY10	FY11	FY12
Ambulatory Surgical Centers	50	49	47	47	42
Birthing Centers	0	0	0	0	0
Emergency Medical Services and Emergency Medical Technicians	1,300	3,938	4,067	4,079	3,966
Home Health Agencies	319	333	362	378	357
Hospice Providers	150	141	144	152	141
Hospitals	152	152	152	153	153
Tissue and Eye Banks	1	0	3	4	4
Workplace Drug and Alcohol Testing Facilities	131	144	151	145	175
<b>Subtotal:</b>	<b>2,103</b>	<b>4,757</b>	<b>4,926</b>	<b>4,958</b>	<b>4,838</b>
<b>STATE TOTAL:</b>	<b>85,687</b>	<b>95,340</b>	<b>97,638</b>	<b>97,373</b>	<b>129,518</b>

### Federal Certifications Issued by Protective Health Services

Long Term Care Service	FY08	FY09	FY10	FY11	FY12
Intermediate Care Facilities for the Mentally Retarded	88	78	96	87	89
Nursing Facilities	308	293	329	305	291
<b>Subtotal:</b>	<b>396</b>	<b>371</b>	<b>425</b>	<b>392</b>	<b>380</b>

Medical Facilities Service	FY08	FY09	FY10	FY11	FY12
Ambulatory Surgical Centers	3	6	19	21	7
CLIA Laboratories	150	121	152	129	162
Comprehensive Out-patient Rehabilitation Facilities	0	2	1	0	0
End Stage Renal Disease (Dialysis Centers)	4	11	10	12	4
Home Health Agencies	96	98	71	60	59
Hospice Providers	9	10	11	5	9
Hospitals	24	30	19	15	42
Organ Procurement Organization	0	0	1	0	0
Outpatient Physical Therapy/Speech Pathology	0	0	3	2	2
Portable X-Ray Units	0	2	0	1	1
Psychiatric Residential Treatment Facility	0	0	13	0	0
Rehabilitation Agencies	0	7	0	0	0
Rural Health Clinics	0	4	4	10	1
<b>Subtotal:</b>	<b>286</b>	<b>291</b>	<b>304</b>	<b>255</b>	<b>287</b>
<b>FEDERAL TOTAL:</b>	<b>682</b>	<b>662</b>	<b>729</b>	<b>647</b>	<b>667</b>

**GRAND TOTAL: 86,369 96,002 98,367 98,020 130,185**



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