

# Oklahoma

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**Licensure Term** Assisted Living Centers

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

**Legislative and Regulatory Update** There are no finalized recent regulatory updates affecting assisted living.

2017 legislation (HB 1620) instructed the State Board of Health to promulgate rules that require all medical and direct care staff of certain settings, including assisted living centers, to complete, at least one hour of in-service training per year in Alzheimer's and dementia related care. The curriculum must include training on specified topic. The Board must also promulgate rules for establishing appropriate training requirements for support staff who do not provide direct care. 63 O.S. Section 1-1991 was effective November 1, 2017.

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

**Disclosure Items** Each assisted living center must provide each resident a copy of the resident service contract, which must include specified information,

for example: admission criteria; services provided, discharge criteria; dispute resolution; and grievance procedures and service charges.

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

### **Facility Scope of Care**

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

An assisted living center may not care for any resident needing care in excess of the level that the assisted living center is licensed to provide or capable of providing. The assisted living center cannot provide 24-hour skilled nursing care as is provided in a nursing

### **Third Party Scope of Care**

Facilities and/or residents may contract with licensed home health agencies as defined in the facility's description of services. Residents or their family or representative may privately contract or arrange for private nursing services under the orders and supervision of specified personnel.

Residents may receive home health care, hospice care, and intermittent, periodic, or recurrent nursing care. Assisted living centers must monitor and assure the delivery of such services. All nursing services must be in accordance with the written orders of the resident's personal or attending physician. The statute also states that a resident, or the family or legal representative of the resident, may privately contract or arrange for private nursing services under the orders and supervision of the resident's personal or attending physician and care must be coordinated and monitored by the facility. These individuals are also subject to the national criminal arrest checks with fingerprinting and registry

screenings applicable to all licensed staff, nurse aides and non-technical workers in Oklahoma. (See Oklahoma Continuum of Care and Assisted Living Act, Title 63 O.S. §1-890.8.)

**Admission and Retention Policy**

A resident may not be admitted if: his/her need for care or services exceeds what the facility can provide; a physician determines that physical or chemical restraints are needed in non-emergency situations; a threat is posed to self or others; or the facility is unable to meet the resident's needs for privacy or dignity. Additionally, an assisted living center may find that a current resident is inappropriately placed pursuant to these criteria, at which point the resident may voluntarily terminate his or her residency or the facility must follow procedures articulated in Oklahoma's rules.

If a resident develops a disability or a condition consistent with the facility's discharge criteria, the resident's personal or attending physician, a representative of the assisted living center, and the resident or his/her designated representative shall determine through consensus any reasonable and necessary accommodations and additional services required to permit the resident to remain in place in the assisted living center as the least restrictive environment and with privacy and dignity. All accommodations or additional services shall be described in a written plan that must be reviewed at least quarterly by a licensed health care professional. If the parties fail to reach a consensus on a plan of accommodation, the assisted living center may give written notice of the termination of the residency in accordance with the provisions of the resident's contract with the assisted living center. Such notice shall not be less than 30 calendar days prior to the date of termination, unless the assisted living center or the personal or attending physician of the resident determines the resident is in imminent peril or the continued residency of the resident places other persons at risk of imminent harm.

**Resident Assessment**

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

**Medication Management**

Medication administration is permitted. Each assisted living center must provide or arrange for qualified staff to administer medications as needed. Unlicensed staff administering medications must have completed a training program that has been reviewed

and approved by the Department of Health. Certified Medication Aides (CMAs) are allowed to perform advanced nursing tasks such as blood glucose monitoring, insulin administration, administering oral metered dose inhalers and hand held nebulizers, but only if the resident meets certain required criteria and the CMA has attended advanced training.

<b>Square Feet Requirements</b>	Design shall be appropriate to the mental or physical disabilities of the residents served.
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per resident unit.
<b>Bathroom Requirements</b>	Shower and bathing facilities must not be occupied by more than one resident at a time and no more than four residents may share a toilet facilities or bathing facility unless the Department of Health has approved use by more than four residents based on documentation that the design of the bathing facility is appropriate to the special needs of each resident using it.
<b>Life Safety</b>	Facilities must follow construction and safety standards adopted by the State Fire Marshal or the local authority having jurisdiction. The fire marshal or an authorized representative inspects and approves assisted living centers and continuum of care facilities. Sprinklers and smoke detectors are required. Adopted codes include the International Building Code, 2006 edition; International Fire Prevention Code, 2006 edition; and National Fire Protection Association 101 Life Safety Code, 2006 edition. Where codes conflict, the most stringent requirement applies. Residents incapable of self-preservation are only allowed in buildings permitted as I-II under the International Building Code, 2006 edition. Legislation enacted in 2008 allows assisted living facilities constructed before Nov. 1, 2008 to house residents who are not capable of responding in emergency situations without physical assistance from staff or are not capable of self-preservation if, as part of the annual licensure renewal process, the facility discloses that it houses any residents of this type and the facility installs fire sprinkler protection and an alarm system in accordance with the building code for I-II facilities and in agreement with the local authority having jurisdiction. Facilities licensed to house six or fewer residents prior to July 1, 2008, may install a 13D or 13R fire sprinkler in lieu of meeting I-II sprinkler requirements, with approval of the municipal fire marshal or compliance with local codes.

**Unit and Staffing Requirements for Serving Persons with Dementia**

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

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

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

**Staffing Requirements**

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

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

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

**Administrator Education/Training**

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

**Staff Education/Training**

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

**Entity Approving CE Program**

The entity that issued the license or certificate.

**Medicaid Policy and Reimbursement**

Oklahoma’s ADvantage 1915(c) waiver covers personal care and supportive services provided in assisted living. There are three rates based on the level of care provided. Assisted living facilities have the option to participate in the ADvantage Waiver program, though it is not required.

**Citations**

Oklahoma Administrative Code, Title 310, Chapter 663: Continuum of Care and Assisted Living. [October 1, 2017]  
<https://www.ok.gov/health2/documents/663.pdf>

Oklahoma Administrative Code, Title 310, Chapter 6759-9-9-1 Resident Care Services: Medication Services. [2017]  
<https://www.ok.gov/health2/documents/310-675%20Adopted%20Rule%2001142014.pdf>

Oklahoma Statutes, Title 63, Continuum of Care and Assisted Living Act. [Amended November 1, 2017]  
<https://www.ok.gov/health2/documents/663%20CC-AL%20Act%20.pdf>

Oklahoma Statutes, Title 63, Alzheimer’s Disease Special Care Disclosure Act. [November 2, 1998]  
[https://www.ok.gov/health2/documents/HRDS-AlzAct\\_reCh673.pdf](https://www.ok.gov/health2/documents/HRDS-AlzAct_reCh673.pdf)

Oklahoma State Department of Health website: Long Term Care Programs in Oklahoma [accessed April 27, 2019]  
[https://www.ok.gov/health/Protective\\_Health/Long\\_Term\\_Care\\_Service/Long\\_Term\\_Care\\_Programs\\_In\\_Oklahoma/index.html#AssistedLivingCenter](https://www.ok.gov/health/Protective_Health/Long_Term_Care_Service/Long_Term_Care_Programs_In_Oklahoma/index.html#AssistedLivingCenter)

Oklahoma Department of Human Services, Aging Services Division.  
<http://www.okdhs.org/services/aging/Pages/AgingServicesMain.aspx>

Oklahoma Health Care Authority. Advantage Waiver Program.  
<http://www.okhca.org/individuals.aspx?id=8143>

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