1	STATE OF OKLAHOMA
2	2nd Session of the 58th Legislature (2022)
3	SENATE BILL 1431 By: Rosino
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6	AS INTRODUCED
7	An Act relating to public health; amending 63 O.S.
8	2021, Sections 1-820, 1-829, 1-836, 1-873, 1-890.6, 1-1902, 1-1911, 1-1923.1, 1-1928, and 1-1929, which
9	relate to long-term care; amending 74 O.S. 2021, Section 3905, which relates to termination of certain
10	statutory entities; removing provisions relating to the Long-Term Care Facility Advisory Board; updating
11	statutory language; repealing 63 O.S. 2021, Section 1-1923, which relates to the Long-Term Care Facility
12	Advisory Board; and providing an effective date.
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14	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
15	SECTION 1. AMENDATORY 63 O.S. 2021, Section 1-820, is
16	amended to read as follows:
17	Section 1-820. As used in the Residential Care Act:
18	1. "Abuse" means the willful infliction of injury, unreasonable
19	confinement, intimidation or punishment, with resulting physical
20	harm, impairment or mental anguish;
21	2. "Access" means the right of a person to enter a home to
22	communicate privately and without unreasonable restriction;
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3. "Administrator" means the person who is in charge of a home and who devotes at least one-third (1/3) of his or her full working time to on-the-job supervision of the home;

- 4. "Adult companion home" means any home or establishment, funded and certified by the Department of Human Services, which provides homelike residential accommodations and supportive assistance to three or fewer developmentally disabled adults;
- 5. "Advisory Board" means the Long-Term Care Facility Advisory
 Board;
- 6. "Ambulatory" means any resident who is capable of self-movement, including in and out of wheelchairs, to all areas of the home;
 - 7. 6. "Board" means the State Board of Health;
 - 8. 7. "Commissioner" means the State Commissioner of Health;
 - 9. 8. "Department" means the State Department of Health;
- 10. 9. "Habilitation" means procedures and interventions designed to assist a mentally ill, drug-dependent or alcoholdependent person eighteen (18) years of age or older to achieve greater physical, mental and social development by enhancing the well-being of the person and teaching skills which increase the possibility that the resident will make progressively independent and responsible decisions about social behavior, quality of life, job satisfaction and personal relationships;
 - 11. 10. "Home" means a residential care home;

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12. 11. "Residential care home":

- a. means any establishment or institution which offers, provides or supports residential accommodations, food service, and supportive assistance to any of its residents or houses any residents requiring supportive assistance who are not related to the owner or administrator of the home by blood or marriage. A residential care home shall not include:
 - (1) an adult companion home,
 - (2) a group home,
 - (3) a hotel,
 - (4) a motel,
 - (5) a residential mental health facility operated by the Department of Mental Health and Substance

 Abuse Services,
 - (6) a fraternity or a sorority house,
 - (7) college or university dormitory, or
 - (8) a home or facility approved and annually reviewed by the United States Department of Veterans Affairs as a medical foster home in which care is provided exclusively to three or fewer veterans.

The residents of a residential care home shall be ambulatory and essentially capable of participating in

their own activities of daily living, but shall not routinely require nursing services, and

- b. may consist of a series of units or buildings which are not connected or part of the same structure if:
 - (1) such buildings or units are owned by the same owner or operator,
 - (2) all residents of the units or buildings are fully capable of ambulation to and from the buildings or units,
 - (3) the location and construction of the buildings or units ensure the health, safety, and protection from fire hazards and other hazards and provide for the convenience and accessibility of the residents to each residential building or unit,
 - (4) any out-of-doors premise or thoroughfare is adequately maintained to ensure the health and safety of the residents, and
 - (5) the buildings or units are within one hundred seventy-five (175) feet of the building housing the main kitchen and dining room. The units or buildings must be located in the most convenient and accessible location for residents;

provided, however, the leasing of rooms directly or indirectly to residents of a home shall not void the

1 application of the provisions of the Residential Care 2 Act or rules promulgated pursuant thereto. 3 The State Board Commissioner of Health shall promulgate rules for such residential homes pursuant to the provisions of Section 1-836 5 of this title; 6 13. 12. "Licensee" means a person, corporation, partnership, or 7 association who is the owner of a home which is licensed pursuant to 8 the provisions of the Residential Care Act; 9 14. 13. "Maintenance" means meals, shelter, and laundry 10 services; 11 15. 14. "Neglect" means failure to provide goods and/or 12 services necessary to avoid physical harm, mental anguish, or mental 13 illness; 14 16. 15. "Operator" means the person who is not the 15 administrator but who manages the home; 16 17. 16. "Owner" means a person, corporation, partnership, 17 association, or other entity which owns or leases a home or part of 18 a home, directly or indirectly, to residents. The person or entity 19 that stands to profit or lose as a result of the financial success 20 or failure of the operation shall be presumed to be the owner of the 21 home; 22 18. 17. "Personal care" means assistance with meals, dressing, 23 movement, bathing or other personal needs or maintenance, or general 24

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supervision of the physical and mental well-being of a person, who

is incapable of maintaining a private, independent residence, or who is unable to manage all activities of daily living without assistance, whether or not a guardian has been appointed for the person;

19. 18. "Resident" means a person of legal age, residing in a home due to illness, physical or mental infirmity, or advanced age; 20. 19. "Representative of a resident" means a court-appointed

guardian, or if there is no court-appointed guardian, a relative or other person designated in writing by the resident. No owner, agent, employee, or person with a pecuniary interest in the residential facility or relative thereof shall be a representative of a resident unless the person is appointed by the court;

21. 20. "Supportive assistance" means the service rendered to any person which is sufficient to enable the person to meet an adequate level of daily living. Supportive assistance includes, but is not limited to, housekeeping, assistance in the preparation of meals, assistance in the safe storage, distribution and administration of medications, and assistance in personal care as necessary for the health and comfort of the person. The term "supportive assistance" shall not be interpreted or applied so as to prohibit the participation of residents in housekeeping or meal preparation tasks as a part of the written treatment plan for the training, habilitation or rehabilitation of the resident, prepared with the participation of the resident, the mental health or drug or

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alcohol services case manager assigned to the resident, and the administrator of the facility or a designee; and

22. 21. "Transfer" means a change in location of living arrangements of a resident from one home to another home.

SECTION 2. 63 O.S. 2021, Section 1-829, is AMENDATORY amended to read as follows:

Section 1-829. A. Every home for which a license has been issued shall be inspected by a duly appointed representative of the State Department of Health pursuant to rules promulgated by the State Board Commissioner of Health with the advice and counsel of the Long-Term Care Facility Advisory Board. Inspection reports shall be prepared on forms prescribed by the Department with the advice and counsel of the Advisory Board.

- The Department shall at least one time a year and whenever it deems necessary inspect, survey, and evaluate each home to determine compliance with applicable licensure rules.
- An inspection, investigation, survey, or evaluation shall be either announced or unannounced. The State Board of Health Commissioner shall promulgate rules determining the criteria when an inspection, investigation, survey or evaluation shall be unannounced or may be announced by the Department. Any licensee, applicant for a license or operator of any unlicensed facility shall be deemed to have given consent to any duly authorized employee, agent of the Department to enter and inspect the home in accordance with the

provisions of the Residential Care Act. Refusal to permit such entry or inspection shall constitute grounds for the denial, nonrenewal, suspension, or revocation of a license as well as emergency transfer of all residents.

3. Any employee of the Department who discloses to any unauthorized person, prior to an inspection, information regarding an unannounced residential care home inspection that is required pursuant to the provisions of the Residential Care Act shall, upon conviction thereof, be guilty of a misdemeanor. In addition, such action shall be construed to be a misuse of office and punishable as a violation of rules promulgated by the Ethics Commission.

One person may be invited from a statewide organization of older adults or persons with disabilities by the Department to act as a citizen observer in any inspection.

- C. The Department shall maintain a log, updated at least monthly and available for public inspection, which shall at a minimum detail:
- The name of the home and date of inspection, investigation, survey, or evaluation;
- 2. Any deficiencies, lack of compliance, or violation noted at the inspection, investigation, survey, or evaluation;
- 3. The date a notice of violation, license denial, nonrenewal, suspension, or revocation was issued or other enforcement action occurred;

4. The date a plan of correction was submitted and the date the plan was approved;

5. The date corrections were completed, as verified by an inspection; and

6. If the inspection or investigation was made pursuant to the receipt of a complaint, the date such complaint was received and the date the complainant was notified of the results of the inspection or investigation.

D. The Department may require the residential care home to submit periodic reports. The Department shall have access to books, records and other documents maintained by the home to the extent necessary to implement the provisions of the Residential Care Act and the rules promulgated by the Board Commissioner pursuant

thereto.

E. The Department shall make at least one annual report on each home in the state. The report shall include all conditions and practices not in compliance with the provisions of the Residential Care Act or rules promulgated pursuant thereto within the last year and, if a violation is corrected, or is subject to an approved plan of correction. The Department shall send a copy of the report to any person upon receiving a written request. The Department may charge a reasonable fee to cover the cost of copying and mailing the report.

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1 F. A state or local ombudsman as that term is defined by the 2 Special Unit on Aging within the Department of Human Services 3 pursuant to the Older Americans' Act, 42 U.S.C.A., Section 3001 et seq., as amended, or case manager employed by the Department of 5 Mental Health and Substance Abuse Services or one of its contract 6 agencies is authorized to accompany and shall be notified by the 7 Department of any inspection conducted of any home licensed pursuant 8 to the provisions of the Residential Care Act. Any state or local 9 ombudsman is authorized to enter any home licensed pursuant to the 10 provisions of the Residential Care Act, communicate privately and 11 without unreasonable restriction with any resident of a home who 12 consents to such communication, to seek consent to communicate 13 privately and without restriction with any resident of a home, and 14 to observe all areas of a home that directly pertain to the care of 15 a resident of a home.

G. Following any inspection by the Department, pursuant to the provisions of this section, all reports relating to the inspection shall be filed in the county office of the Department of Human Services in which the home is located and with the Department of Mental Health and Substance Abuse Services.

SECTION 3. AMENDATORY 63 O.S. 2021, Section 1-836, is amended to read as follows:

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Section 1-836. A. The State <u>Board Commissioner</u> of Health shall promulgate rules to enforce the provisions of the Residential Care

Act. Such rules shall regulate:

- 1. Location and construction of the home, including plumbing, heating, lighting, ventilation, and other physical conditions which shall ensure the health, safety, and comfort of residents and protection from fire hazards;
- 2. Number of all personnel, including management and supervisory personnel, having responsibility for any part of the care given to residents. The Department shall establish staffing ratios for homes which shall specify the number of staff hours of care per resident that are needed for care for various types of homes or areas within homes. Minimum personnel ratio requirements for all homes shall be based only on average daily census;
- 3. All sanitary conditions within the home and its surroundings, including water supply, sewage disposal, food handling, and general hygiene, which shall ensure the health and comfort of residents;
- 4. Diet-related needs of each resident based on sound nutritional practice and on recommendations which may be made by the physicians attending the resident;

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5. Equipment essential to the health and welfare of the residents; and

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- 6. Rehabilitation programs for those residents who would benefit from such programs.
- B. 1. In order to further ensure minimum standards for homes, a certificate of training as specified shall be required of all:
 - a. administrators, who shall obtain a residential care administrator certificate of training, and
 - b. direct care staff responsible for administration of medication to residents, who shall obtain a residential care certificate of training.
- 2. The certificate will be developed and administered by an institution of higher learning with the advice of the State

 Commissioner of Health and of the Long-Term Care Facility Advisory

 Board.
 - a. (1) For residential care home administrators the training shall consist of a minimum of fifty (50) hours which shall include at least fifteen (15) hours of training in the administration of medication and shall also include, but not be limited to, training in:
 - (a) administration,
 - (b) supervision,
 - (c) reporting,
 - (d) record keeping,
 - (e) independent or daily living skills,

- (f) leisure skills and recreation, and
- (g) public relations concerning the issues
 associated with the operation of residential
 care homes and programs.
- (2) An individual applying for certification as an administrator may at any time present the institution of higher education with documentation of prior education and work experience for consideration for possible credit toward certification.
- (3) Any person employed as an administrator after

 July 1, 1988, shall have completed the training

 specified by this division.
- (4) Thereafter, annually, at least sixteen (16) hours of training in the subjects specified by this division shall be required for such administrator.
- (5) A certified administrator may make a written request to the Commissioner to be placed in an inactive status for up to five (5) subsequent calendar years. Such inactive status shall allow the administrator to waive the educational requirements for the period of the request. Such certified administrator shall not work in a

residential care administrator capacity in Oklahoma this state until such time as the certificate is reactivated. The request to reactivate the certificate shall be made in writing to the Commissioner. Such administrator shall then be required to complete sixteen (16) hours of training in the subjects specified in this division.

- b. All direct care staff who are responsible for administration of medication to residents shall be required to begin training in the administration of medication within ninety (90) days of employment with the home and to satisfactorily complete at least fifteen (15) hours of training in the administration of medication, within the first year of employment with the home.
- 3. All other direct care staff who are employed by a residential care home, within ninety (90) days of employment with the home, shall be required to begin eight (8) hours of in-service training, to be administered by the administrator of the home or other person designated by the administrator of the home and completed within twelve (12) months from such person's date of employment, and annually thereafter. Thereafter such direct care staff and the direct care staff responsible for administering

medication to residents shall, annually, be required to receive at least eight (8) hours of training by the administrator of the home in:

- a. patient reporting and observation,
- b. record keeping,

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amended to read as follows:

- c. independent or daily living skills,
- d. leisure skills and recreation,
- e. human relations, and
- f. such other training relevant to residential care programs and operations.
- 4. The requirement of certification and the training specified pursuant to the provisions of this subsection shall be included in the rules promulgated by the Board Commissioner.
- 5. Failure of the owner or administrator to ensure the training required pursuant to this subsection is received shall constitute a violation of the Residential Care Act and shall be grounds for revocation of licensure. Proof of successful completion of such training for the residential care home administrator and direct care staff shall be required prior to issuance or renewal of a license issued pursuant to the provisions of the Residential Care Act. The Department shall not renew any license for any residential care home if the training required by this subsection has not been completed.

63 O.S. 2021, Section 1-873, is

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AMENDATORY

Section 1-873. A. The State Commissioner of Health, with the advice of the Long-Term Care Facility Advisory Board, created pursuant to Section 1-1923 of this title, shall define minimum adult day care licensure requirements and rules including standards for:

- Health and social services which may be provided to participants;
- 2. The range of services to be provided by a center based on the type of participants to be served;
 - 3. Staff to participant ratios;
 - 4. Staff and volunteer qualifications;
 - 5. Staff training;

- 6. Food services;
- 7. Participant records and care plans;
- 8. Antidiscrimination policies;
- 9. Sanitary and fire standards; and
- 10. Any other requirements necessary to ensure the safety and well-being of frail elderly and disabled adults.
- B. Centers to be licensed shall include all adult day care centers. Sheltered workshops and senior recreational centers which do not receive participant fees for services are not required to be licensed. It shall be unlawful to operate a center without first obtaining a license for such operation as required by the Adult Day Care Act, regardless of other licenses held by the operator.

Organizations operating more than one center shall obtain a license for each site.

- C. The license for operation of a center shall be issued by the State Department of Health. The license shall:
 - 1. Not be transferable or assignable;

- 2. Be posted in a conspicuous place on the licensed premises;
- 3. Be issued only for the premises named in the application; and
- 4. Expire thirty-six (36) months from the date of issuance, provided an initial license shall expire one hundred eighty (180) days after the date of issuance. Licenses may be issued for a period of more than twelve (12) months, but not more than thirty-six (36) months, for the licensing period immediately following November 1, 2021, in order to permit an equitable distribution of license expiration dates to all months of the year.
- D. A center shall meet the safety, sanitation and food service standards of the State Department of Health.
- E. Local health, fire and building codes relating to adult day care centers shall be classified as an education use group.
- F. The issuance or renewal of a license after notice of a violation has been sent shall not constitute a waiver by the State Department of Health of its power to subsequently revoke the license or take other enforcement action for any violations of the Adult Day Care Act committed prior to issuance or renewal of the license.

SECTION 5. AMENDATORY 63 O.S. 2021, Section 1-890.6, is amended to read as follows:

Section 1-890.6. A. The Continuum of Care and Assisted Living Act shall not apply to residential care homes, adult companion homes, domiciliary care units operated by the Department of Veterans Affairs, the private residences of persons with developmental disabilities receiving services provided by the Developmental Disabilities Services Division of the Department of Human Services or through the Home- and Community-Based Waiver or the Alternative Disposition Plan Waiver of the Oklahoma Health Care Authority, or to hotels, motels, boardinghouses, rooming houses, a home or facility approved and annually reviewed by the United States Department of Veterans Affairs as a medical foster home in which care is provided exclusively to three or fewer veterans, or other places that furnish board or room to their residents. The Continuum of Care and Assisted Living Act shall not apply to facilities not charging or receiving periodic compensation for services rendered and not receiving any county, state or federal assistance.

B. The State Commissioner of Health may ban admissions to, or deny, suspend, refuse to renew or revoke the license of, any continuum of care facility or assisted living center which fails to comply with the Continuum of Care and Assisted Living Act or rules promulgated by the State Board of Health Commissioner.

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- C. Any person who has been determined by the Commissioner to have violated any provision of the Continuum of Care and Assisted Living Act or any rule promulgated hereunder shall be liable for an administrative penalty of not more than Five Hundred Dollars (\$500.00) for each day that the violation occurs.
- The State Department of Health shall develop a classification system of violations, taking into consideration the recommendations of the Long-Term Care Facility Advisory Board pursuant to Section 1-1923 of this title, which shall gauge the severity of the violation and specify graduated penalties based on:
 - no actual harm with the potential for minimal harm,
 - b. no actual harm with the potential for more than minimal harm,
 - actual harm that is not immediate jeopardy, and
 - d. immediate jeopardy to resident health and safety.
- 2. Upon discovery of one or more violations, the Department shall provide a statement of deficiencies containing the violations. The continuum of care facility or assisted living center shall be required to correct these violations and submit a plan of correction that details how the facility or center will correct each violation, ensure that the violation will not occur in the future and a period to correct each violation not to exceed sixty (60) days.
- No fine shall be assessed for any violation that is not classified as actual harm or immediate jeopardy, unless the

continuum of care facility or assisted living center fails to correct the violation within the period set forth in the accepted plan of correction. Fines may be assessed at any time for any violations that are classified as actual harm or immediate jeopardy.

- 4. Any new violation unrelated to the original violation and not classified as actual harm or immediate jeopardy that is discovered upon a revisitation of a continuum of care facility or assisted living center shall constitute a new action and shall not be included in the original citation or assessment of fines or penalties; provided, that a preexisting violation not corrected in compliance with the approved plan of correction shall be considered still in effect.
- E. If a continuum of care facility's failure to comply with the Continuum of Care and Assisted Living Act or rules involves nursing care services, the Commissioner shall have authority to exercise additional remedies provided under the Nursing Home Care Act. If a continuum of care facility's failure to comply with the Continuum of Care and Assisted Living Act or rules involves adult day care services, then the Commissioner shall have authority to exercise additional remedies provided under the Adult Day Care Act.
- F. In taking any action to deny, suspend, deny renewal, or revoke a license, or to impose an administrative fee, the Commissioner shall comply with requirements of the Administrative Procedures Act.

SECTION 6. AMENDATORY 63 O.S. 2021, Section 1-1902, is amended to read as follows:

Section 1-1902. As used in the Nursing Home Care Act:

- 1. "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation or punishment, with resulting physical harm, impairment or mental anguish;
- 2. "Access" means the right of a person to enter a facility to communicate privately and without unreasonable restriction when invited to do so by a resident. The state or local "ombudsman", as that term is defined by the Aging Services Division of the Department of Human Services pursuant to the Older Americans' Act, 42 U.S.C.A., Section 3001 et seq., as amended, and a case manager employed by the Department of Mental Health and Substance Abuse Services or one of its contract agencies shall have right of access to enter a facility, communicate privately and without unreasonable restriction with any resident who consents to the communication, to seek consent to communicate privately and without restriction with any resident, and to observe all areas of the facility that directly pertain to the patient care of the resident without infringing upon the privacy of the other residents without first obtaining their consent;
- 3. "Administrator" means the person licensed by the State of Oklahoma who is in charge of a facility. An administrator must devote at least one-third (1/3) of such person's working time to on-

the-job supervision of the facility; provided that this requirement shall not apply to an administrator of an intermediate care facility for individuals with intellectual disabilities with sixteen or fewer beds (ICF/IID-16), in which case the person licensed by the state may be in charge of more than one such ICF/IID-16 facility, if such facilities are located within a circle that has a radius of not more than fifteen (15) miles, the total number of facilities and beds does not exceed six facilities and sixty-four beds, and each such ICF/IID-16 facility is supervised by a qualified professional. The facilities may be free-standing in a community or may be on campus with a parent institution. The ICF/IID-16 facility may be independently owned and operated or may be part of a larger institutional operation;

- 4. "Advisory Board" means the Long-Term Care Facility Advisory Board;
- 5. "Adult companion home" means any home or establishment, funded and certified by the Department of Human Services, which provides homelike residential accommodations and supportive assistance to three or fewer adults with intellectual or developmental disabilities;
 - 6.5. "Board" means State Board of Health;
 - 7. 6. "Commissioner" means State Commissioner of Health;
 - 8. 7. "Department" means the State Department of Health;

9. 8. "Facility" means a nursing facility and a specialized home; provided this term shall not include a residential care home or an adult companion home;

- 10. 9. "Nursing facility" means a home, an establishment or an institution, a distinct part of which is primarily engaged in providing:
 - a. skilled nursing care and related services for residents who require medical or nursing care,
 - b. rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or
 - c. on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services beyond the level of care provided by a residential care home and which can be made available to them only through a nursing facility.

"Nursing facility" does not mean, for purposes of Section 1-851.1 of this title, a facility constructed or operated by an entity described in paragraph 7 of subsection B of Section 6201 of Title 74 of the Oklahoma Statutes or the nursing care component of a continuum of care facility, as such term is defined under the Continuum of Care and Assisted Living Act, to the extent that the facility constructed or operated by an entity described in paragraph

7 of subsection B of Section 6201 of Title 74 of the Oklahoma Statutes contains such a nursing care component;

11. 10. "Specialized facility" means any home, establishment, or institution which offers or provides inpatient long-term care services on a twenty-four-hour basis to a limited category of persons requiring such services, including but not limited to a facility providing health or habilitation services for individuals with intellectual or developmental disabilities, but does not mean, for purposes of Section 1-851.1 of this title, a facility constructed or operated by an entity described in paragraph 7 of subsection B of Section 6201 of Title 74 of the Oklahoma Statutes or the nursing care component of a continuum of care facility, as such term is defined under the Continuum of Care and Assisted Living Act, to the extent that the facility constructed or operated by an entity described in paragraph 7 of subsection B of Section 6201 of Title 74 of the Oklahoma Statutes contains such a nursing care component;

12. 11. "Residential care home" means any home, establishment, or institution licensed pursuant to the provisions of the Residential Care Act other than a hotel, motel, fraternity or sorority house, or college or university dormitory, which offers or provides residential accommodations, food service, and supportive assistance to any of its residents or houses any resident requiring supportive assistance. The residents shall be persons who are ambulatory and essentially capable of managing their own affairs,

but who do not routinely require nursing care; provided, the term
"residential care home" shall not mean a hotel, motel, fraternity or
sorority house, or college or university dormitory, if the facility
operates in a manner customary to its description and does not house
any person who requires supportive assistance from the facility in
order to meet an adequate level of daily living;

- 13. 12. "Licensee" means the person, a corporation, partnership, or association who is the owner of the facility which is licensed by the Department pursuant to the provisions of the Nursing Home Care Act;
- 14. 13. "Maintenance" means meals, shelter, and laundry services;
 - 15. 14. "Neglect" means failure to provide goods and/or services necessary to avoid physical harm, mental anguish, or mental illness;
 - 16. 15. "Owner" means a person, corporation, partnership, association, or other entity which owns a facility or leases a facility. The person or entity that stands to profit or lose as a result of the financial success or failure of the operation shall be presumed to be the owner of the facility. Notwithstanding the foregoing, any nonstate governmental entity that has acquired and owns or leases a facility and that has entered into an agreement with the Oklahoma Health Care Authority to participate in the nursing facility supplemental payment program ("UPL Owner") shall be

deemed the owner of such facility and shall be authorized to obtain management services from a management services provider ("UPL Manager"), and to delegate, allocate and assign as between the UPL Owner and UPL Manager, compensation, profits, losses, liabilities, decision-making authority and responsibilities, including responsibility for the employment, direction, supervision and control of the facility's administrator and staff;

17. 16. "Personal care" means assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision of the physical and mental well-being of a person, who is incapable of maintaining a private, independent residence, or who is incapable of managing his person, whether or not a guardian has been appointed for such person;

18. 17. "Resident" means a person residing in a facility due to illness, physical or mental infirmity, or advanced age;

19. 18. "Representative of a resident" means a court-appointed guardian or, if there is no court-appointed guardian, the parent of a minor, a relative, or other person, designated in writing by the resident; provided, that any owner, operator, administrator or employee of a facility subject to the provisions of the Nursing Home Care Act, the Residential Care Act, or the Group Homes for the Developmentally Disabled or Physically Handicapped Persons Act shall not be appointed guardian or limited guardian of a resident of the facility unless the owner, operator, administrator or employee is

the spouse of the resident, or a relative of the resident within the second degree of consanguinity and is otherwise eligible for appointment; and

20. 19. "Supportive assistance" means the service rendered to any person which is less than the service provided by a nursing facility but which is sufficient to enable the person to meet an adequate level of daily living. Supportive assistance includes but is not limited to housekeeping, assistance in the preparation of meals, assistance in the safe storage, distribution, and administration of medications, and assistance in personal care as is necessary for the health and comfort of such person. Supportive assistance shall not include medical service.

SECTION 7. AMENDATORY 63 O.S. 2021, Section 1-1911, is amended to read as follows:

Section 1-1911. A. 1. Every building, institution, or establishment for which a license has been issued, including any facility operated by the Oklahoma Department of Veterans Affairs, shall be periodically inspected by a duly appointed representative of the State Department of Health, pursuant to rules promulgated by the State Board Commissioner of Health with the advice and counsel of the Long-Term Care Facility Advisory Board, created in Section 1-1923 of this title.

2. Inspection reports shall be prepared on forms prescribed by the Commissioner with the advice and counsel of the Advisory Board.

- B. 1. The Department, whenever it deems necessary, shall inspect, survey, and evaluate every facility—including any facility operated by the Oklahoma Department of Veterans Affairs, to determine compliance with applicable licensure and certification requirements and standards. All inspections of facilities shall be unannounced. The Department may have as many unannounced inspections as it deems necessary.
- 2. The Department shall conduct at least one unannounced inspection per calendar year of all nursing facilities operated by the Oklahoma Department of Veterans Affairs.
- 3. Any employee of the State Department of Health who discloses to any unauthorized person, prior to an inspection, information regarding an unannounced nursing home inspection required pursuant to the provisions of this section shall, upon conviction thereof, be guilty of a misdemeanor. In addition, such action shall be construed to be a misuse of office and punishable as a violation of rules promulgated by the Ethics Commission.
 - 4. a. The Department may periodically visit a facility for the purpose of consultation and may notify the facility in advance of such a visit. An inspection, survey, or evaluation, other than an inspection of financial records or a consultation visit, shall be conducted without prior notice to the facility.

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b. One person shall be invited by the Department from a statewide organization of the elderly to act as a citizen observer in unannounced inspections. The individual may be a state or local ombudsman as defined by the Aging Services Division of the Department of Human Services, acting pursuant to the provisions of the Older Americans Act of 1965, Public Law No. 89-73, 42 U.S.C.A., Section 3001 et seq., as amended.

- c. The citizen observer shall be reimbursed for expenses in accordance with the provisions of the State Travel Reimbursement Act.
- d. An employee of a state or unit of a local government agency, charged with inspecting, surveying, and evaluating facilities, who aids, abets, assists, conceals, or conspires with a facility administrator or employee in violation of the provisions of the Nursing Home Care Act shall be guilty, upon conviction thereof, of a misdemeanor and shall be subject to dismissal from employment.
- C. The Department shall hold open meetings, as part of its routine licensure survey, in each of the licensed facilities to advise and to facilitate communication and cooperation between facility personnel and the residents of facilities in their mutual

efforts to improve patient care. Administrators, employees of the facility, residents, residents' relatives, friends, residents' representatives, and employees from appropriate state and federal agencies shall be encouraged to attend these meetings to contribute to this process.

- D. 1. The Department shall require periodic reports and shall have access to books, records, and other documents maintained by the facility to the extent necessary to implement the provisions of the Nursing Home Care Act and the rules promulgated pursuant thereto.
- 2. Any holder of a license or applicant for a license shall be deemed to have given consent to any authorized officer, employee, or agent of the Department to enter and inspect the facility in accordance with the provisions of the Nursing Home Care Act.

 Refusal to permit said entry or inspection, except for good cause, shall constitute grounds for remedial action or administrative penalty or both such action and penalty as provided in the Nursing Home Care Act.
- E. The Department shall maintain a file on each facility in the state. All conditions and practices not in compliance with applicable standards shall be specifically stated. If a violation is corrected or is subject to an approved plan of correction, such action shall be contained in the file. Upon receiving a written request for a copy of the file documents, the Department shall send

a copy of the document to any person making the written request.

The Department may charge a reasonable fee for copying costs.

SECTION 8. AMENDATORY 63 O.S. 2021, Section 1-1923.1, is

amended to read as follows:

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Section 1-1923.1. The State Department of Health shall:

Establish a Residents and Family State Council which shall be composed of fifteen (15) members who are, or who have been within the last twelve (12) months, residents, family members, resident volunteer representatives or quardians of residents of nursing facilities licensed pursuant to the Nursing Home Care Act, but shall not include persons representing residents in facilities for the developmentally disabled. The Council shall annually elect a chair and vice-chair, and shall meet at least quarterly. Meetings shall be conducted in the various areas of the state with at least one meeting in each of the four quadrants of the state to allow for participation by family members and residents where possible. members of the Council shall be reimbursed pursuant to the State Travel Reimbursement Act. The Council may present recommendations to the Long-Term Care Facility Advisory Board created in Section 1-1923 of this title and shall have the power and duty to advise the State Department of Health concerning the development and improvement of services to and care and treatment of residents of facilities subject to the provisions of the Nursing Home Care Act and make recommendations to the Department as necessary and

appropriate. The members shall serve at the pleasure of the State Commissioner of Health; and

- 2. Establish a toll free, twenty-four-hour hotline for filing of complaints against facilities licensed pursuant to the provisions of the Nursing Home Care Act.
- SECTION 9. AMENDATORY 63 O.S. 2021, Section 1-1928, is amended to read as follows:

Section 1-1928. The Department State Commissioner of Health shall develop reasonable rules and regulations that establish appropriate criteria for the transfer of residents initiated by a facility or a residential care home, including notice and hearings if the resident is aggrieved by the decision. The primary purpose and emphasis of the departmental rules and regulations shall be the preservation of the health, welfare, and safety of the residents.

The process of developing these rules and regulations shall include the consideration of advice and comments from the Long-Term Care Facility Advisory Board, representatives of nursing homes, residential care homes, and representatives of statewide organizations for the elderly.

SECTION 10. AMENDATORY 63 O.S. 2021, Section 1-1929, is amended to read as follows:

Section 1-1929. The Department State Commissioner of Health shall develop reasonable rules and regulations that establish appropriate criteria for the transfer of residents initiated by the

Department in emergency situations, including notice and hearings if the resident is aggrieved by the decision. The primary purpose and emphasis of the departmental rules and regulations shall be the preservation of the health, welfare, and safety of the residents. In addition, the Department of Human Services shall cooperate with the Health Department and the Department of Mental Health and Substance Abuse Services to provide assistance in relocation of residents, to provide casework services, and in other ways to minimize the impact of the transfer on the residents.

In the development of these rules and regulations, the

Department Commissioner shall consider advice and comments from the
Long-Term Care Facility Advisory Board, representatives of the
nursing home and residential care home industries, and
representatives of statewide organizations for the elderly.

SECTION 11. AMENDATORY 74 O.S. 2021, Section 3905, is amended to read as follows:

Section 3905. The following statutory entities and their successors shall be terminated on July 1, 2014, and all powers, duties and functions shall be abolished one (1) year thereafter:

- 1. State Board of Licensure for Professional Engineers and Land Surveyors as created by Section 475.3 of Title 59 of the Oklahoma Statutes;
- 2. Oklahoma Accountancy Board as created by Section 15.2 of Title 59 of the Oklahoma Statutes;

1	3. The Board of Governors of the Licensed Architects, Landscape
2	Architects and Registered Interior Designers of Oklahoma as created
3	by Section 46.4 of Title 59 of the Oklahoma Statutes;
4	4. Oklahoma Funeral Board as created by Section 396 of Title 59
5	of the Oklahoma Statutes;
6	5. Long-Term Care Facility Advisory Board as created by Section
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8	1-1923 of Title 63 of the Oklahoma Statutes;
	6. Commission on Marginally Producing Oil and Gas Wells as
9	created by Section 700 of Title 52 of the Oklahoma Statutes;
10	7. 6. Group Homes for Persons with Developmental or Physical
11	Disabilities Advisory Board as created by Section 1430.4 of Title 10
12	of the Oklahoma Statutes;
13	8. 7. Electronic and Information Technology Accessibility
14	Advisory Council as created by Section 34.30 of Title 62 of the
15	Oklahoma Statutes; and
16	9. 8. Oklahoma Strategic Military Commission as created by
17	Section 5401 of Title 74 of the Oklahoma Statutes.
18	SECTION 12. REPEALER 63 O.S. 2021, Section 1-1923, is
19	hereby repealed.
20	SECTION 13. This act shall become effective November 1, 2022.
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