



OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Post Office Box 53277
Oklahoma City, OK 73152
(405) 522-3908

TITLE 450 CHAPTER 16. STANDARDS AND CRITERIA FOR COMMUNITY RESIDENTIAL MENTAL HEALTH FACILITIES

EFFECTIVE JULY 1, 2003

Authority: Oklahoma Board of Mental Health and Substance Abuse Services; 43A O.S. §§ 2-101 and 3-315

History: Codified 07-01-93; Added at 13 OK Reg 3305, effective 9-1-96; Amended at 16 OK Reg 1479, effective 07/01/99; Amended at 17 OK Reg 2124, effective 07-01-2000; Amended at 18 OK Reg 2172, effective 07/01/01; Amended at 19 OK Reg 1379, effective 07/01/02; Amended at 20 OK Reg 653, effective 02/27/03; Amended at 20 OK Reg 1295, effective 07/01/03.

Unofficial Copy

Official copies of administrative rules can be obtained only from the Office of Administrative Rules, Secretary of State. The official rules are the text accepted by the Oklahoma Secretary of State for publication in the Oklahoma Register and the Oklahoma Administrative Code as required by 75 O.S. § 250 et seq. ODMHSAS has attempted to insure the text within this publication is the same as that on file with the Secretary of State. Any differences will be

decided in favor of the text on file with the Secretary of State. This publication includes permanent rules in effect July 1, 2003.

TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS	Page 5
450:16-1-1 Purpose	
450:16-1-2 Definitions	
450:16-1-3 Meaning of verbs in rules	
450:16-1-4 Annual review of standards and criteria	
450:16-1-5 New standards [REVOKED]	
450:16-1-6 Applicability	
SUBCHAPTER 3. GOVERNING AUTHORITY/OWNERSHIP	Page 9
450:16-3-1 Responsibility	
SUBCHAPTER 5. SERVICES	Page 10
450:16-5-1 Continuity of care agreements, other service providers	
450:16-5-2 Service schedules and documentation	
450:16-5-2.1 Services delivery and documentation	
450:16-5-3 Termination of services to residents	
SUBCHAPTER 7. CRITICAL INCIDENTS	Page 12
450:16-7-1 Critical incidents	
450:16-7-2 Critical incidents, documentation of	
450:16-7-3 Critical incidents, reporting of	
SUBCHAPTER 9. LICENSURE	Page 13
450:16-9-1 Licensure	
SUBCHAPTER 11. SAFETY	Page 14
450:16-11-1 First aid supplies/fire fighting equipment	
450:16-11-2 Annual fire and life safety inspection	
SUBCHAPTER 13. QUALITY OF LIFE	Page 15
450:16-13-1 Meals	
450:16-13-2 Nutrition	
450:16-13-3 Meal servings	
450:16-13-4 Between-meal snacks	
450:16-13-5 Meal environment	
450:16-13-6 Availability of liquids	
450:16-13-7 Availability of clothing	
450:16-13-8 Availability of shoes	
450:16-13-9 Condition of residents' clothing	
450:16-13-10 Residents' personal possession of clothing	
450:16-13-11 Provision of clothing	
450:16-13-12 Grooming and hygiene supplies	
450:16-13-12.1 Bathroom tubs and showers	
450:16-13-13 Training in hygiene issues	
450:16-13-14 Hygiene of residents	
450:16-13-15 Frequency of activities	
450:16-13-16 Frequency of activities held away from residential care facility	
450:16-13-17 Variety of activities	
450:16-13-18 Utilization of community resources	

- 450:16-13-19 Resident involvement in activities planning
- 450:16-13-20 Provision of physical exercise
- 450:16-13-21 Provision of spending money
- 450:16-13-22 Assistance with money management
- 450:16-13-23 Management of resident accounts
- 450:16-13-24 Activities of daily living
- 450:16-13-25 Hair care
- 450:16-13-26 Mattress and bed
- 450:16-13-27 Bed linens, pillows
- 450:16-13-27.1 Bed linens
- 450:16-13-27.2 Bed linens, sheets **[REVOKED]**
- 450:16-13-28 Towels and wash cloths
- 450:16-13-29 Infestations of insects and vermin
- 450:16-13-30 Laundry hampers **[REVOKED]**
- 450:16-13-31 Toilet tissue
- 450:16-13-32 Availability of bed linens, pillows **[REVOKED]**
- 450:16-13-32.1 Availability of bed linens, pillow cases **[REVOKED]**
- 450:16-13-32.2 Availability of bed linens, sheets **[REVOKED]**
- 450:16-13-33 Cleanliness, facility - indoor odors
- 450:16-13-33.1 Cleanliness, facility indoor environment
- 450:16-13-33.2 Cleanliness, facility exterior environment
- 450:16-13-33.3 Cleanliness and condition, facility furniture
- 450:16-13-34 Floors
- 450:16-13-35 Walls
- 450:16-13-35.1 Ceilings
- 450:16-13-36 Indoor recreational equipment
- 450:16-13-37 Outdoor recreational equipment
- 450:16-13-38 Smoke detectors
- 450:16-13-39 Battery back-up lights
- 450:16-13-40 Fire extinguishers
- 450:16-13-41 Annual health assessments **[REVOKED]**
- 450:16-13-42 Psychiatric care
- 450:16-13-43 Dental care
- 450:15-13-44 Physician consultation
- 450:16-13-45 Health education
- 450:16-13-46 Mental health education
- 450:16-13-47 Medical care **[REVOKED]**
- 450:16-13-48 Medication
- 450:16-13-48.1 Medication, administration
- 450:16-13-49 Quality of life, pre-annual recertification

SUBCHAPTER 15. RESIDENT RIGHTS..... Page 23

- 450:16-15-1 Resident rights
- 450:16-15-2 Resident right to fee information
- 450:16-15-3 Resident right to information, refused services
- 450:16-15-4 Resident rights regarding group visitations
- 450:16-15-5 Resident's grievance policy

SUBCHAPTER 17. SECURITY AND DISCLOSURE OF RESIDENT INFORMATION..... Page 26

- 450:16-17-1 Disclosure of resident information
- 450:16-17-2 Responsibility for security of resident records

- 450:16-17-3 Consent for disclosure **[REVOKED]**
- 450:16-17-3.1 Confidentiality of mental health and drug or alcohol abuse treatment information
- 450:16-17-4 Validity of written consent
- 450:16-17-5 Employee and volunteer training in security and confidentiality of residents' information

SUBCHAPTER 19. CLIENT RECORDS..... Page 29

- 450:16-19-1 Components of record entry
- 450:15-19-2 Storage, retention, disposal/destruction of records

SUBCHAPTER 21. PERSONNEL, STAFFING, AND TRAINING..... Page 30

- 450:16-21-1 Staff orientation
- 450:16-21-2 Direct care staff, minimum age
- 450:16-21-3 Staff availability to residents
- 450:16-21-4 Residential care staff training requirements, administrator
- 450:16-21-5 Residential care staff training requirements, direct care staff

SUBCHAPTER 23. TRANSPORTATION..... Page 32

- 450:16-23-1 Transportation

SUBCHAPTER 25. RESIDENT MANAGEMENT/GENERAL SERVICES..... Page 33

- 450:16-25-1 General services
- 450:16-25-2 Persons with special needs
- 450:16-25-3 Health care services

SUBCHAPTER 27. BEHAVIOR Page 34

- 450:16-27-1 Punishment abuse
- 450:16-27-2 Discipline or supervision by residents
- 450:16-27-3 Seclusion and restraints
- 450:16-27-4 Denial or withholding of food

SUBCHAPTER 29. ENHANCED RESIDENTIAL CARE..... Page 35

- 450:16-29-1 Maximum number of beds **[REVOKED]**
- 450:16-29-2 On-duty staff
- 450:16-29-2.1 Required staff
- 450:16-29-3 Required consultants
- 450:16-29-4 Referrals for admission to Enhanced RCF
- 450:16-29-5 General admission criteria for Enhanced RCF's
- 450:16-29-6 Admission criteria, prior failed placements
- 450:16-29-7 Written admission criteria for Enhanced RCF's
- 450:16-29-8 Enhanced RCF activities
- 450:16-29-9 Training requirements, enhanced RCF administrators

SUBCHAPTER 1. GENERAL PROVISIONS

450:16-1-1. Purpose

This chapter sets forth the Standards and Criteria used for determining certification of mental health residential care facilities. (43A O.S. § 3-315) The rules regarding factors relating to the certification processes, including, but not necessarily limited to, applications, fees, requirements for, levels of, required scoring levels, administrative sanctions, are found in OAC 450:1, Subchapter 9.

450:16-1-2. Definitions

The following words or terms when used in this chapter shall have the following meaning, unless the context clearly indicates otherwise:

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a caretaker responsible for the resident's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a caretaker responsible for providing these services to a resident.

"ADL" means activities of daily living.

"Administrator" means the person who is in charge of a community residential mental health facility and who devotes at least one-third (1/3) of his or her full working time to on-the-job supervision of the community residential mental health facility.

"Adults who have a serious mental illness" are persons eighteen (18) years of age or older who meet the following criteria:

(A) Currently or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet criteria specified within DSM-IV with the exception of "V" codes, substance abuse disorders, and developmental disorders, unless they co-occur with another diagnosable serious mental illness; AND

(B) Based on a client assessment scale, has at least moderate to severe impairment in the following areas:

- (i) Feeling, mood and affect,
- (ii) Thinking,
- (iii) Family relationships,
- (iv) Interpersonal skills,
- (v) Role performance,
- (vi) Socio-legal, or
- (vii) Self care/basic needs.

"CMHC" means community mental health center.

"Corporal punishment" means any physical punishment including, but not limited to punching, slapping, kicking, spanking, or whipping.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the community residential mental health facility or the routine care of a resident.

Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to residents, staff and visitors; medication errors; residents that are absent without leave (AWOL); neglect or abuse of a resident; fire; unauthorized disclosure of information; damage to or theft of property belonging to a resident or the community residential mental health facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Continuity of care agreements" means an agreement between the community residential mental health facility and providers of critical and comprehensive community based behavioral health services, including but not limited to a provider of inpatient behavioral health care and a local community mental health center. Continuity of care agreements shall specify the responsibility of each entity related to assuring continuous and coordinated care on behalf the residents.

"Direct care staff" means any staff member who, in the performance of his or her routine duties has contact with residents and is required to meet the training requirements for community residential mental health staff as listed in the "Standards and Criteria for Community Mental Health Residential Facilities".

"Enhanced residential care facility" means a community residential mental health facility meeting all statutory and regulatory requirements of the ODMHSAS and OSDH and which specifically serves only "Adults who have a serious mental illness" who cannot be accommodated in a non-enhanced community residential mental health facility.

"Health care services" means services provided by health care professionals and includes, but is not limited to dentists, optometrists, and podiatrists.

"Integrated Client Information System" or "ICIS" is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, client profiles, program or treatment focus, and many other topics of interest to clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and clients that provide the ability to monitor the course of client services throughout the statewide ODMHSAS network. ICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, community residential mental health facilities, prevention programs, and centers for the homeless which are operated or funded in part by ODMHSAS.

"Medication administration technician course" is an educational program from an institute of higher learning which has been reviewed and approved by the OSDH pursuant to 310:680-11-1 and affords the student a certificate of training in the administration of medication and measuring and documenting vital signs.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or "OAC" means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A)(1)(a) and maintained in the Office of Administrative Rules.

"OSDH" means Oklahoma State Department of Health.

"Personal care" means assistance with meals, dressing, movement, bathing, or other personal needs, or general supervision of the physical and mental well-being of a person who is currently unable to maintain a private, independent residence, or who has limited abilities in the managing of his or her person, whether or not a guardian has been appointed for such person.

"Registered/licensed dietitian" means a person who is registered as a dietitian by the American Dietetic Association and licensed by the Oklahoma Board of Medical Licensure and Supervision.

"Resident" means a person residing in a residential care facility certified by ODMHSAS.

"Resident committee" or **"Resident government"** means any established group within the facility comprised of residents, led by residents and meets regularly to address resident concerns to support the overall operations of the facility.

"Residential care facility" or **"RCF"** means any house, home, establishment or institution licensed pursuant to the provisions of the Oklahoma Residential Care Home Act 63 O.S., §§ 1-819 through 1-840, other than a hotel, fraternity or sorority house, or college or university dormitory, is certified pursuant to 43 O.S. § 3-315 as a Community Residential Mental Health Facility and offers or provides residential accommodations, food service and supportive assistance to its residents or houses any resident requiring supportive assistance that are ambulatory, essentially capable of managing their own affairs and not routinely requiring nursing care or intermediate care.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body.

"Seclusion" means the placement of an individual or individuals alone in a room or other area from which egress is prevented by a physical barrier.

"Sentinel event" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a consumer. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

"Socialization activities" means all activities which encourage interaction and the development of communication, interpersonal, social and recreational skills, and can include client education.

"Special need (persons with)" means any persons with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf or hard of hearing, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"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 is necessary for the health and comfort of such 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 alcohol services case manager assigned to the resident and the administrator of facility, or his or her designee. Supportive assistance shall not include medical service.

"**Volunteer**" means any individual providing direct services to residents, and who is not on the facility's payroll, but fulfills a defined role within the facility. This definition does not include special entertainment/visiting groups.

450:16-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "**Shall**" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "**Should**" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "**May**" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

450:16-1-4. Annual review of standards and criteria

The standards and criteria shall be reviewed on an annual basis.

450:16-1-5. New standards [REVOKED]

450:16-1-6. Applicability

These Standards and Criteria are applicable to all RCFs under contract with ODMHSAS as set forth in 43A O.S. § 3-315.

SUBCHAPTER 3. GOVERNING AUTHORITY/OWNERSHIP

450:16-3-1. Responsibility

- (a) An RCF shall have either a governing authority, or owner, having overall responsibility for the operation of the facility, including all components and services.
- (b) Compliance with 450:16-3-1 shall be determined by a review of Oklahoma Department of Health Licensure, ODMHSAS certification documentation, or other documentation which may be supplied by the RCF.

SUBCHAPTER 5. SERVICES

450:16-5-1. Continuity of care agreements, other service providers

- (a) The RCF shall have negotiated formal written agreements with other behavioral health inpatient and outpatient service providers to assure availability of continuous community based services to residents who will potentially need those services. The agreements must define responsibilities of each service entity. The Agreement(s) shall be renewed on an annual basis. If the Agreement is not obtained, the RCF shall show documentation of efforts to obtain the Agreement(s). At a minimum, there shall be agreements in place to sufficiently meet the emergency mental health needs of clients as well as insure continuous access to and collaboration with an array of outpatient behavioral psychiatric and rehabilitation services. At a minimum, each RCF must have an current agreement with a local community mental health center or another provider that offers a similarly comprehensive array of services.
- (b) To ensure continuity of care with all components of services, these Agreements shall address the roles and responsibilities of the RCF, the community mental health center, an inpatient behavioral health provider, and any other party.
- (c) Compliance with 450:16-5-1 shall be determined by a review of documentation, including agreement(s) signed by all necessary parties; or agreement(s) signed by some of the parties with further notes from the RCF stating the date of attempts to have the agreement(s) signed by the other providers.

450:16-5-2. Service schedules and documentation

- (a) A monthly calendar of scheduled recreational and social activities shall be developed and posted in each building occupied by residents throughout the RCF.
- (b) The monthly calendars of scheduled recreational and social activities shall be filed at the end of each month and maintained.
- (c) Compliance with 450:16-5-2 shall be determined by a review of the RCF monthly activity calendars of planned events; case managers, treatment provider staff, and resident interviews.

450:16-5-2.1. Services delivery and documentation

- (a) Documentation of the scheduled recreational and social activities shall be made and kept as follows:
 - (1) There shall be a record of whether, or not, each of the scheduled activities, for each month, were held.
 - (2) There shall be a record of the residents' participation in each of the month's scheduled activities.
 - (3) The records in 450:16-5-2.1(a)(1) and (2) shall be retained for at least six (6) months following the expiration of the period of certification.
- (b) Compliance with 450:16-5-2.1 shall be determined by a review of the documentation in 450:16-5-2.1(a)(1) and (2).

450:16-5-3. Termination of services to residents

(a) In order to protect the resident's rights, and insure involvement of the resident's case manager, the RCF shall be required to contact, consult with and obtain the approval of the resident, prior to terminating services to the resident. Consultation with the resident's family or significant other, when involved with the resident's care, and the local and receiving CMHC or other treatment provider prior to moving or relocating any resident who is a mental health client with ODMHSAS shall be documented. No movement or relocation of any mental health client shall be conducted without such prior consultation and approval. If any relevant parties shall disagree with the movement, there shall be substantial reason(s) documented in the RCF's records. If a mental health client is moved or relocated without prior consultation and approval, it shall be deemed a violation of these Standards and Criteria, and grounds for immediate suspension or termination of certification, except for a documented emergency, such as threat, danger, illness, accident or injury affecting the life, health, safety, and well-being of the resident, etc., requiring an immediate relocation of the resident. However, the CMHC or other treatment provider shall be notified immediately.

(b) In the event of the death of a resident, a summary statement shall be placed in the individual resident's file, and notification made to the Patient Advocate General of ODMHSAS in accordance with 450:16-7-1 and 450:16-7-2.

(c) Compliance with 450:16-5-3 shall be determined by a review of Patient Advocate General records; resident files; other RCF documentation as relevant and applicable; or resident, family, or significant other interviews.

SUBCHAPTER 7. CRITICAL INCIDENTS

450:16-7-1. Critical incidents

- (a) The RCF shall have written policies and procedures requiring documentation and reporting of critical incidents to ODMHSAS.
- (b) Compliance with 450:16-7-1 shall be determined by a review of RCF policy and procedures.

450:16-7-2. Critical incidents, documentation of

- (a) The proper documentation of critical incidents is necessary to promote enhancement of resident care.
- (b) The documentation of critical incidents shall contain, at a minimum:
 - (1) The name and signature of the person(s) reporting the incident;
 - (2) Identity of each resident or staff member involved;
 - (3) Facility name;
 - (4) Time and date incident was reported and name of person to whom it was reported;
 - (5) Description of incident; (6) Time, place and date incident occurred;
 - (7) The severity of each injury, if applicable. Severity shall be indicated as follows:
 - (A) No off-site medical care required or first aid care administered on-site;
 - (B) Medical care by a physician or nurse or follow-up attention required; or
 - (C) Hospitalization or immediate off-site medical attention was required;
 - (8) Resolution or action taken, date action taken, and signature of the facility administrator.
- (c) Compliance with 450:16-7-2 shall be determined by a review of the RCF's critical incident reports.

450:16-7-3. Critical incidents, reporting of

- (a) The RCF shall report the following critical incidents to ODMHSAS.
- (b) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.
- (c) Critical incidents involving allegations constituting a sentinel event or resident abuse shall be reported to ODMHSAS immediately via telephone or fax, but not less than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.
- (d) Compliance with 450:16-7-3 shall be determined by a review of critical incident reports at the RCF and those submitted to ODMHSAS.

SUBCHAPTER 9. LICENSURE

450:16-9-1. Licensure

(a) To insure compliance with the Oklahoma statutes (63 O.S. §§1-820 through 1-840), Department of Health regulations (OAC Title 310, Chapter 680) and protect the rights and safety of residential care clients, RCF's shall be licensed by the Oklahoma State Department of Health.

(b) Compliance with 450:16-9-1 shall be determined by a review of the RCF's current OSDH licensure.

SUBCHAPTER 11. SAFETY

450:16-11-1. First aid supplies/fire fighting equipment

(a) Residents and staff are entitled to a safe environment and accommodations. Staff of an RCF shall know the exact location, contents, and use of first aid supply kits and fire fighting equipment. First aid supplies and fire fighting equipment shall be located in appropriately designated areas within the RCF.

(b) Compliance with 450:16-11-1 shall be determined by a review of RCF training documentation; staff interviews of staff on duty, but not less than one (1) or more than five (5).

450:16-11-2. Annual fire and life safety inspection

(a) The RCF shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities.

(b) Compliance with 450:16-11-2 shall be determined by a review of the RCF's annual fire and safety inspection report.

SUBCHAPTER 13. QUALITY OF LIFE

450:16-13-1. Meals

- (a) To insure proper diet and nutrition, residents shall be offered three (3) meals per day, seven (7) days per week.
- (b) Compliance with 450:16-13-1 shall be determined by a review of resident, staff and CMHC staff interviews; review of menus; comparison of menu with meal served; and review of OSDH inspection reports.

450:16-13-2. Nutrition

- (a) To insure proper nutrition, meals must be well balanced and, if required by OSDH, approved by a registered/licensed dietitian.
- (b) Compliance with 450:16-13-2 shall be determined by a review of documentation on staff training by dietician in menu substitutions if facilities provide special diets, review of menu with documentation of dietician's approval, observation of at least one (1) meal, resident interviews, and review of OSDH inspection reports

450:16-13-3. Meal servings

- (a) Residents shall receive meal servings adequate to satisfy nutritional needs and satisfy hunger.
- (b) Compliance with 450:16-13-3 shall be determined by a review of menu with documentation of dietician's approval; observation of at least one (1) meal; resident interviews, staff and CMHC staff interviews; and review of OSDH inspection reports.

450:16-13-4. Between-meal snack

- (a) Residents must receive between-meal snacks at least one (1) time per day, unless contraindicated due to a special diet approved by a registered/licensed dietitian.
- (b) Compliance with 450:16-13-4 shall be determined by resident, staff and CMHC staff interviews, on-site observation and a review of activity and meal schedule.

450:16-13-5. Meal environment

- (a) The RCF shall serve meals in a clean, sanitary environment.
- (b) Compliance with 450:16-13-5 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and OSDH documentation.

450:16-13-6. Availability of liquids

- (a) The RCF shall make available for residents, outside of meal time, fresh water and ice upon request, or a refrigerated water fountain, in order to assure the prevention of dehydration.
- (b) Compliance with 450:16-13-6 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

450:16-13-7. Availability of clothing

- (a) The RCF shall assure residents have clothing appropriate to the season.
- (b) Compliance with 450:16-13-7 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

450:16-13-8. Availability of shoes

- (a) The RCF shall assure residents have shoes appropriate to the season.
- (b) Compliance with 450:16-13-8 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

450:16-13-9. Condition of residents' clothing

- (a) Clothing, including shoes, worn by residents shall be clean, in good repair, and be of appropriate size.
- (b) Compliance with 450:16-13-9 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

450:16-13-10. Residents' personal possession of clothing

- (a) Residents shall have personal possession of their own clothing unless contraindicated according to RCF documentation, corroborated by CMHC staff.
- (b) Compliance with 450:16-13-10 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

450:16-13-11. Provision of clothing

- (a) The RCF shall have a mechanism for provision of clothing for residents who do not have sufficient or appropriate clothing of their own.
- (b) Compliance with 450:16-13-11 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

450:16-13-12. Grooming and hygiene supplies

- (a) The RCF shall provide residents with grooming and hygiene supplies as needed. The grooming and hygiene supplies shall take ethnicity and allergies into consideration.
- (b) Compliance with 450:16-13-12 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

450:16-13-12.1. Bathroom tubs and showers

- (a) Bathroom tubs and showers shall be clean and in good repair.
- (b) Compliance with 450:16-13.1 shall be determined by on-site observation; and, if applicable, a review of OSDH on-site inspection reports.

450:16-13-13. Training in hygiene issues

- (a) Hygiene issues and activities of daily living shall be addressed in the activities provided to residents a minimum of five (5) days per week.
- (b) Compliance with 450:16-13-13 shall be determined by on-site observation; resident,

staff, and CMHC staff interviews; and RCF documentation such as posted activities schedules.

450:16-13-14. Hygiene of residents

- (a) The RCF shall insure the hygiene and grooming of the residents.
- (b) Compliance with 450:16-13-14 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.

450:16-13-15. Frequency of activities

- (a) Recreation and socialization activities shall be provided by the RCF to residents a minimum of three (3) times per week excluding exercise and ADL on separate days totaling six (6) hours or more per week.
- (b) Compliance with 450:16-13-15 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events.

450:16-13-16. Frequency of activities held away from residential care facility

- (a) Activities shall be provided by the RCF, away from the facility, two (2) or more times per week for those who do not attend day treatment programs or for those who choose to attend the activities away from the facility.
- (b) Compliance with 450:16-13-16 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events and facility attendance sheets.

450:16-13-17. Variety of activities

- (a) To insure variety, the RCF shall provide a minimum of three (3) different activities per week, exclusive of ADL and exercise.
- (b) Compliance with 450:16-13-17 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events and residents' council minutes.

450:16-13-18. Utilization of community resources

- (a) The RCF shall provide instruction and assistance in utilization of community resources and activities, such as post office, veteran services, Indian Health Services, health fair, county fair, and church.
- (b) Compliance with 450:16-13-18 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events and residents' council minutes.

450:16-13-19. Resident involvement in activities planning

- (a) Residents shall be involved in the planning of activities.
- (b) Compliance with 450:16-13-19 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events and residents' council minutes.

450:16-13-20. Provision of physical exercise

- (a) The RCF shall offer residents physical exercise a minimum of twenty (20) minutes, three (3) days per week.
- (b) Compliance with 450:16-13-20 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events.

450:16-13-21. Provision of spending money

- (a) Residents shall be provided at minimum twenty-five dollars (\$25.00) per month, in accordance with OAC 310:68-15-2.
- (b) Compliance with 450:16-13-21 shall be determined by a review of RCF documentation; and resident, staff, and CMHC staff interviews.

450:16-13-22. Assistance with money management

- (a) The RCF shall offer residents assistance with money management through individual or group instruction or classes.
- (b) Compliance with 450:16-13-22 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and a review of RCF documentation.

450:16-13-23. Management of resident accounts

- (a) The RCF shall manage resident funds/accounts according to applicable regulations of the Oklahoma State Department of Health.
- (b) Compliance with 450:16-13-23 shall be determined by a review of OSDH inspection reports.

450:16-13-24. Activities of daily living

- (a) Residents shall be individually assisted and instructed regarding activities of daily living a minimum of five (5) days per week.
- (b) Compliance with 450:16-13-24 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events.

450:16-13-25. Hair care

- (a) The RCF shall provide residents with basic hair care.
- (b) Compliance with 450:16-13-25 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation.

450:16-13-26. Mattress and bed

- (a) Each resident's mattress and bed shall be clean and in good repair.
- (b) Compliance with 450:16-13-26 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-27. Bed linens, pillows

- (a) The RCF shall provide pillows, which are clean and in good repair.
- (b) Compliance with 450:16-13-27 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-27.1. Bed linens

- (a) The RCF shall provide bed linens, to minimally include upper and bottom bed sheets, and pillow cases. All bed linens shall be clean and in good repair.
- (b) Compliance with 450:16-13-27.1 shall be determined by on-site observation of residents' beds; and a review of OSDH reports.

450:16-13-27.2. Bed linens, sheets [REVOKED]

450:16-13-28. Towels and wash cloths

- (a) The RCF shall provide sufficient clean towels and wash cloths to all residents as needed.
- (b) Compliance with 450:16-13-28 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-29. Infestations of insects and vermin

- (a) The RCF shall be free from insects, spiders, and rodents.
- (b) Compliance with 450:16-13-29 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-30. Laundry hampers [REVOKED]

450:16-13-31. Toilet tissue

- (a) Toilet tissue shall be easily accessible to all residents.
- (b) Compliance with 450:16-13-31 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-32. Availability of bed linens, pillows [REVOKED]

450:16-13-32.1. Availability of bed linens, pillow cases [REVOKED]

450:16-13-32.2. Availability of bed linens, sheets [REVOKED]

450:16-13-33. Cleanliness, facility – indoor odors

- (a) The indoor environment of the RCF shall be free from offensive odors.
- (b) Compliance with 450:16-13-33 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-33.1. Cleanliness, facility indoor environment

- (a) The indoor environment of the RCF shall be free from any accumulation of dirt, rubbish, and dust.
- (b) Compliance with 450:16-13-33.1 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-33.2. Cleanliness, facility exterior environment

- (a) The exterior environment of the RCF shall be free from an accumulation rubbish, and safety hazards.
- (b) Compliance with 450:16-13-33.2 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-33.3. Cleanliness and condition, of facility furniture

- (a) The furniture of the RCF shall be clean and in good repair.
- (b) Compliance with 450:16-13-33.3 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-34. Floors

- (a) The floors of the RCF shall be clean and in good repair.
- (b) Compliance with 450:16-13-34 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-35. Walls

- (a) The walls of the RCF shall be clean and in good repair.
- (b) Compliance with 450:16-13-35 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-35.1. Ceilings

- (a) The ceilings of the RCF shall be clean and in good repair.
- (b) Compliance with 450:16-13-35.1 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-36. Indoor recreational equipment

- (a) The RCF shall make available indoor recreational equipment such as, but not limited to, crafts, checkers, and other board games, to the residents.
- (b) Compliance with 450:16-13-36 shall be determined by on-site observation.

450:16-13-37. Outdoor recreational equipment

- (a) The RCF shall make available outdoor recreational equipment such as, but not limited to, horseshoes, badminton, and volleyball, to the residents.
- (b) Compliance with 450:16-13-37 shall be determined by on-site observation.

450:16-13-38. Smoke detectors

- (a) The RCF shall have smoke detectors and each smoke detector shall be in working order.
- (b) Compliance with 450:16-13-38 shall be determined by on-site observation; and a review of OSDH reports.

450:16-13-39. Battery back-up lights

- (a) The RCF shall have battery back-up lights and the back-up lights shall be in working order.
- (b) Compliance with 450:16-13-39 shall be determined by on-site observation.

450:16-13-40. Fire extinguishers

- (a) The RCF shall have fire extinguishers and each extinguisher shall be checked and maintained yearly.
- (b) Compliance with 450:16-13-40 shall be determined by on-site observation.

450:16-13-41. Annual health assessments [REVOKED]

450:16-13-42. Psychiatric care

- (a) The RCF shall assist the residents in accessing needed psychiatric care.
- (b) Compliance with 450:16-13-42 shall be determined by resident, staff, and appropriate CMHC staff interviews; and a review of in-house documentation.

450:16-13-43. Dental care

- (a) The RCF shall assist the residents in utilizing local resources such as local dentists or donated dental services.
- (b) Compliance with 450:16-13-43 shall be determined by resident, staff, and appropriate CMHC staff interviews; and a review of in-house documentation.

450:16-13-44. Physician consultation

- (a) The RCF staff shall consult with the treating physician(s) of residents to better understand the illness (es) of each resident, to assure that he/she is receiving appropriate care within the RCF.
- (b) Compliance with 450:16-13-44 shall be determined by resident, staff, and appropriate CMHC staff interviews; a review of in-house documentation; and Annual Health Assessments.

450:16-13-45. Health education

- (a) The RCF shall provide or arrange for instruction to residents on at least a quarterly basis regarding early warning signs of diseases to better educate residents in the identification of possible health problems.
- (b) The RCF shall document the dates, topic, attendees, and the speaker(s) or trainer(s) of the instruction.
- (c) Compliance with 450:16-13-45 shall be determined by resident, staff, and appropriate CMHC staff interviews; and a review of in-house documentation.

450:16-13-46. Mental health education

- (a) The RCF shall provide or arrange for instruction to residents on at least a quarterly basis regarding psychiatric illnesses and medication to enable the resident to understand his or her illness.

(b) The RCF shall document the dates, topic, attendees, and the speaker(s) or trainer(s) of the instruction.

(c) Compliance with 450:16-13-46 shall be determined by resident, staff, and appropriate CMHC staff interviews; and a review of in-house documentation.

450:16-13-47. Medical care [REVOKED]

450:16-13-48. Medication

(a) The RCF shall comply with all OSDH medication regulations and have a current OSDH report free of medication related deficiencies.

(b) Compliance with 450:16-13-48 shall be determined by a review of OSDH inspection reports; and staff and resident interviews.

450:16-13-48.1. Medication, administration

(a) RCF staff persons who have successfully completed medication administration technician training shall administer medications.

(b) Compliance with 450:16-13-48.1 shall be determined by staff and resident interviews, a review of OSDH site inspection reports, a review of the RCF's medication administration documentation and personnel records.

450:16-13-49. Quality of life, pre-annual recertification

(a) To encourage maintenance of, and foster continued improvement in, quality of resident care, compliance with Sections 450:16-13-1 through 450:16-13-48 shall be reviewed and assessed during an unannounced site visit prior to the annual recertification review visit.

(b) A written report of the results of this review may be provided to the facility, the ODMHSAS Board, or other authorities as appropriate.

SUBCHAPTER 15. RESIDENT RIGHTS

450:16-15-1. Resident rights

(a) All residents shall have and enjoy all constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged by due process of law by a court of competent jurisdiction. Each facility certified by or under contract with ODMHSAS shall insure clients have the rights specified as follows.

(1) All residents have the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity.

(2) All residents have the right to a safe, sanitary, and humane living environment.

(3) All residents have the right to a humane psychological environment protecting them from harm, abuse, and neglect.

(4) Each resident has the right to an environment which provides reasonable privacy, promotes personal dignity, and provides opportunity for the client to improve his or her functioning.

(5) Each resident has the right to receive treatment services suited to his or her condition and needs for treatment without regard to his or her race, religion, sex, ethnic origin, age, degree of disability, handicapping condition, legal status, or ability to pay for the services.

(6) Each resident, on admission, has the absolute right to communicate his or her change of address with a relative, friend, clergy, or attorney, by telephone or mail.

(7) Each resident shall have and retain the right to confidential communication with an attorney, personal physician, or clergy.

(8) Each resident has the right to uncensored, private communications including, but not limited to, letters, telephone calls, and personal visits. Copies of any personal letter, sent or received, by a resident shall not be kept in his or her clinical record.

(9) No resident shall ever be neglected or sexually, physically, verbally, or otherwise abused.

(10) Each resident has the right to easy access to his or her personal funds on deposit with the facility, and shall be entitled to an accounting for said funds. A limitation on access to such funds may be made when it is determined, and documented, as essential to prevent the resident from unreasonably and significantly dissipating their assets.

(11) Each resident has the right to have his or her own clothing and personal possessions. This right may be forfeited, or limited, only if the personal property is determined to be potentially dangerous to the client, or others, or if the property is determined to be functionally unsafe.

(12) Each resident shall have the right to practice his or her own religious beliefs, and afforded the opportunity for religious worship. No client shall ever be coerced into engaging in, or refraining from, any personal religious activity, practice, or belief.

(13) The records of each resident shall be treated in a confidential manner.

(14) Each resident has the right to refuse to participate in any research project or medical experiment without informed consent of the resident, as defined by law. A refusal to participate shall not affect the services available to the resident.

(15) A resident may voluntarily participate in work therapy, and shall be paid just

compensation for such participation. However, each resident is responsible for personal care and housekeeping tasks without compensation.

(16) The community residential mental health facility shall provide residents who are leaving at the request of the community residential mental health facility all funds and property belonging to him or her at the time of his or her departure.

(17) Each resident shall have the right to establish and to participate in a resident committee or resident government.

(18) Each resident has the right to assert grievances with respect to any alleged infringement of these stated rights of residents, or any other subsequently statutorily granted rights.

(19) No resident shall ever be retaliated against, or subject to, any adverse conditions because of having asserted his or her rights as aforestated in this section.

(b) Each affected facility shall have written policy and implementing procedures, and shall provide documented staff training to insure the implementation of each and every resident right stated in this section.

(c) Each affected facility shall have written policy and implementing procedures to insure each resident enjoys, and has explained to him or her, these rights; and these rights are visibly posted in both resident and public areas of the facility.

(d) The ODMHSAS Office of Consumer Advocacy, in any investigation or monitoring shall have access to clients, RCF records and RCF staff as set forth in OAC 450:15-7-3(b).

(e) Compliance with 450:16-15-1 shall be determined by a review of facility policy and procedures; posted notices of resident rights; interviews with staff and residents; review of grievances by residents or others; and any other supporting facility documentation, such as written statements by the residents that rights had been read to them and they understood.

450:16-15-2. Resident right to fee information

(a) To insure that the residents have access to the information pertaining to RCF's fee schedule, each resident shall have access to written information about the RCF's fee schedule. The RCF shall provide a written description of the services provided by the RCF, the rates charged for these services, and items for which a resident may be separately charged. THE RCF shall obtain and document in writing the resident's consent prior to their accrual. This policy shall also be available to those individuals who are seeking service. This information shall be visibly posted.

(b) Compliance with 450:16-15-2 shall be determined by a review of resident files; and posted information.

450:16-15-3. Resident right to information, refused services

(a) A resident, or potential resident, has the right to know why services are refused; and can expect an explanation concerning the reason he or she was refused certain services.

(b) Compliance with 450:16-15-3 shall be determined by a review of resident files; and resident interviews.

450:16-15-4. Resident rights regarding group visitations

- (a) Group RCF visitation shall be planned for limited interruption of routine activities, unless the group visitation is the activity. Residents shall have advance notice of visitations and never be referred to by full name without their consent.
- (b) Written policies shall be established concerning the protection of resident's rights and privacy during RCF visitation by groups.
- (c) Planning shall provide for limited interruption of routine activities. Individual residents shall have advance knowledge of such visitations and shall never be referred to by full name without their consent.
- (d) Compliance with 450:16-15-4 shall be determined by a review of the RCF's policies and procedures.

450:16-15-5. Resident's grievance policy

- (a) Each RCF shall have a written grievance policy and procedure providing for, but not limited to, the following:
 - (1) Written notice of the procedure provided to the resident and, if involved with the resident, to family members or significant others.
 - (2) Time frames for the grievance policy's procedures which allow for resolution within fourteen (14) days.
 - (3) Name(s) of the individual(s) who are responsible for coordinating the grievance policy and the individual responsible for or authorized to make decisions for resolution of the grievance. In the instance where the decision maker is the subject of a grievance, decision making authority shall be delegated.
 - (4) Procedure by which a notice is provided to the resident advising that he or she has a right to make a complaint to the ODMHSAS Office of Consumer Advocacy.
 - (5) Mechanism to monitor the grievance process and improve performance based on outcomes.
 - (6) Annual review of the grievance policy and its implementing procedures, with revisions as needed to improve.
- (b) Compliance with 450:16-15-5 shall be determined by a review of the RCF's grievance policy and implementing procedures, posted notices of client rights, interviews with staff and residents, review of the RCF's records of grievances filed by residents and/or family and significant others, and any other supporting facility documentation.

SUBCHAPTER 17. SECURITY AND DISCLOSURE OF RESIDENT INFORMATION

450:16-17-1. Disclosure of resident information

- (a) Confidentiality of information concerning a resident is applicable throughout the RCF.
 - (1) Staff shall be made aware of conditions for release of information in compliance with state and federal laws and regulations.
 - (2) The RCF's written policies and procedures shall describe the conditions under which information on applicants or residents may be disclosed and the procedure for releasing such information. These conditions and procedures shall be in compliance with state and federal laws and regulations, which include, but are not limited to, 43A O.S. §§1-109, and 3-423; 63 O.S. §1-502.2, 42 C.F.R., Part 2, and 45 C.F.R. §§160.101 et seq.
- (b) Compliance with 450:16-17-1 shall be determined by a review of the RCF's written policies and procedures and documented staff training.

450:16-17-2. Responsibility for security of resident records

- (a) It shall be the responsibility of the RCF to safeguard any client information contained in the records against loss, theft, defacement, tampering, or use by unauthorized persons.
- (b) Compliance with 450:16-17-2 shall be determined by a review of resident records, and RCF policy and procedure.

450:16-17-3. Consent for disclosure [REVOKED]

450:16-17-3.1 Confidentiality of mental health and drug or alcohol abuse treatment information

- (a) All mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential. In addition, the identity of all consumers who have received or are receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged. Such information shall only be available to persons or agencies actively engaged in the treatment of the consumer unless a state or federal law exception applies.
- (b) All facilities shall have policy and procedures protecting the confidential and privileged nature of mental health and drug or alcohol abuse treatment information in compliance with state and federal law and which contain at a minimum:
 - (1) an acknowledgment that all mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential and will not be released without the written consent of the consumer or the consumer's legally authorized representative;
 - (2) an acknowledgment that the identity of a consumer who has received or is receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged and will not be released without the written consent of the consumer or the consumer's legally authorized representative;

- (3) a procedure to limit access to mental health and drug or alcohol abuse treatment information to only those persons or agencies actively engaged in the treatment of the patient and to the minimum amount of information necessary to carry out the purpose for the release;
 - (4) a procedure by which a consumer, or the consumer's legally authorized representative, may access the consumer's mental health and drug or alcohol abuse treatment information;
 - (5) an acknowledgement that certain state and federal law exceptions to disclosure of mental health and drug or alcohol abuse treatment information without the written consent of the consumer or the consumer's legally authorized representative exist and the facility will release information as required by those laws; and
 - (6) a procedure by which to notify a consumer of his or her right to confidentiality.
- (c) A facility disclosing information pursuant to a written consent to release information shall ensure the written consent form complies with all applicable state and federal law and contains at a minimum the following:
- (1) the name of the person or program permitted to make the disclosure;
 - (2) the name or title of the person or the name of the organization to which disclosure is to be made;
 - (3) the name of the consumer whose records are to be released;
 - (4) a description of the information to be disclosed;
 - (5) the specific reason for the disclosure;
 - (6) the signature of the consumer or the consumer's legally authorized representative;
 - (7) the date the consent to release was signed by the consumer or the consumer's legally authorized representative;
 - (8) an expiration date, event or condition which shall ensure the release will last no longer than reasonably necessary to serve the purpose for which it is given;
 - (9) a statement of the right of the consumer, or the consumer's legally authorized representative, to revoke the consent to release in writing and a description of how the patient may do so;
 - (10) a confidentiality notice which complies with state and federal law; and
 - (11) a statement in bold face writing that "The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS)."
- (d) Compliance with 450:16-17-3.1 shall be determined by a review of facility policy and procedures; facility forms; consumer record reviews; interviews with staff and consumers; and any other supporting facility documentation.

450:16-17-4. Validity of written consent

- (a) A resident's written consent for the release of information shall be considered valid only if the following conditions have been met and documented in writing:
- (1) The resident is informed, in a manner that assures his or her understanding, of the

specific type(s) of information that has been requested, and the period of time for which the information has been requested.

(2) The resident is informed of the purpose or need for the information.

(3) Services are not contingent upon the resident's decision concerning authorization for the release of information; and

(4) The resident gives his or her consent freely and voluntarily.

(b) Compliance with 450:16-17-4 shall be determined by a review of the consent for disclosure; and resident interviews.

450:16-17-5. Employee and volunteer training in security and confidentiality of residents' information

(a) Confidentiality of all information regarding the resident shall be included in orientation of new RCF employees and volunteers, and during staff development and in-service training of ongoing employees and volunteers. All employee and volunteer training shall emphasize verbal confidentiality, both inside and outside the RCF, regarding residents.

(b) Compliance with 450:16-17-5 shall be determined by a review of the policy and procedures on confidentiality; personnel files; and orientation materials of new employees and volunteers.

SUBCHAPTER 19. CLIENT RECORDS

450:16-19-1. Components of record entry

- (a) The RCF shall maintain an individual record for each resident. Each record entry shall be legible, dated, and signed by the RCF staff member making the entry.
- (b) Compliance with 450:16-19-1 shall be determined by a review of resident records. Records entries reviewed shall include notes made regarding medical services and other professional services facilitated, etc.

450:16-19-2. Storage, retention, disposal/destruction of records

- (a) The RCF shall have written policies which define the storage retention and destruction of residents' records. These policies shall be compatible with protection of residents' rights against unauthorized confidential information disclosures.
- (b) Compliance with 450:16-19-2 shall be determined by a review of the storage of residents' records; and policy and procedures for retention and disposal/destruction of records.

SUBCHAPTER 21. PERSONNEL, STAFFING AND TRAINING

450:16-21-1. Staff orientation

(a) The RCF shall provide new direct care staff with an orientation within ninety (90) days of hire which, at least, consists of instructions on:

- (1) Orientation of RCF policies and procedures to include residents' rights, confidentiality, and abuse policy.
- (2) Orientation of ODMHSAS standards and criteria for RCF.
- (3) Techniques and philosophies which addresses appropriate non-violent intervention and potentially aggressive interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention. This training must be one-hour in length, at a minimum.

(b) Compliance with 450:16-21-1 shall be determined by a review of staff personnel files; and orientation procedures and materials.

450:16-21-2. Direct care staff, minimum age

(a) All RCF direct care staff in the RCF shall be at least eighteen (18) years old.

(b) Compliance with 450:16-21-2 shall be determined by a review of applications for employment and copy of employee's driver's license or birth certificate.

450:16-21-3. Staff availability to residents

(a) RCF residents are dependent on staff for their physical health, safety and mental well-being. Therefore, a direct care staff member shall be on duty, awake and accessible, at all times when residents are present. The on-duty person shall meet the definition of Direct Care Staff as stated in the Definitions section (450:16-1-2).

(b) Compliance with 450:16-21-3 shall be determined by a review of employees' schedules; resident interviews; and personnel files.

450:16-21-4. Residential care staff training requirements, administrator

(a) The administrator of the RCF shall annually receive a total of twenty-four (24) hours of training credit annually, provided by an Oklahoma institution of higher learning. This training will consist of eight (8) hours of mental health-related subjects; (3) hours training in techniques and philosophies within a training curriculum that has been pre-approved by the Director of DMHSAS Provider Certification which addresses appropriate non-violent intervention and potentially aggressive interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention and sixteen (16) hours required by the OSDH, in addition to CPR (cardiopulmonary resuscitation), and first aid provided by certified instructors.

(b) Compliance with 450:16-21-4 shall be determined by a review of the administrator's personnel file.

450:16-21-5. Residential care staff training requirements, direct care staff

(a) All RCF direct care staff shall annually receive, and have documented the dates attended and subject matter taught, for the following:

(1) Review of RCF policies and procedures to include residents' rights, confidentiality, and abuse policy.

(2) Review of ODMHSAS standards and criteria for RCFs;

(3) Techniques and philosophies addressing appropriate non-violent intervention and potentially aggressive interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention. This training must be one-hour in length, at a minimum.

(b) All direct care staff of the RCF shall annually receive twelve (12) hours of in-service or other training.

(c) Compliance with 450:16-21-5 shall be determined by a review of the staff training or personnel files.

SUBCHAPTER 23. TRANSPORTATION

450:16-23-1. Transportation

- (a) The RCF shall provide or arrange transportation for residents for essential community based services as defined in the residents outpatient behavioral health treatment plan, including but not limited to behavioral health rehabilitation services, medical clinic, lab, intake and assessment, and crisis intervention services and transportation for other required local routine medical examinations and care. Such transportation shall be at no cost to the residents.
- (b) All staff persons who drive RCF vehicles in the transportation of the residents shall have a valid and appropriate Oklahoma driver's license (i.e., a bus driver must have a commercial chauffeur's license).
- (c) RCF staff who transport residents shall be currently certified in first aid and cardiopulmonary resuscitation (CPR).
- (d) Compliance with 450:16-23-1 shall be determined by a review of RCF documentation; staff interviews; client interviews; and appropriate CMHC staff interviews.

SUBCHAPTER 25. RESIDENT MANAGEMENT/GENERAL SERVICES

450:16-25-1. General services

- (a) The RCF shall be responsible for assisting all residents in obtaining needed professional or generic services; and, if needed, providing transportation, at no cost to resident, for same. Generic services are those of barbers, hairdressers, etc. or any services required by anyone of the community population for which residents have a general need.
- (b) The RCF is not required to bear the cost of these professional or generic services.
- (c) Compliance with 450:16-25-1 shall be determined by a review of RCF documentation; resident interviews; staff interviews; and interviews with appropriate CMHC staff.

450:16-25-2. Persons with special needs

- (a) The RCF shall have a policy stating awareness of and intent to comply with state and federal regulations regarding persons with special needs.
- (b) Compliance with 450:16-25-2 shall be determined by a review of RCF written policy and procedures; and any other supporting documentation.

450:16-25-3. Health care services

- (a) Annually, the RCF shall monitor and document each resident's physical conditions to detect early indications of health or nutritional risks, in a format to be prescribed by ODMHSAS.
- (b) This assessment shall be completed by a Registered Nurse, Nurse Practitioner, Physician's Assistant, Doctor of Medicine, or Doctor of Osteopathy licensed in the State of Oklahoma, and said person shall complete the assessment based on personal examination/observation of the resident in addition to the resident's records.
- (c) Assessments for new residents shall be completed within ninety (90) days of admission to the RCF. If an assessment has been completed at another facility within the preceding twelve (12) months before admission to the current RCF, a copy of that assessment will suffice, with annual assessments thereafter completed on the basis of the previous assessment.
- (d) Compliance with 450:16-25-3 shall be determined by a review of RCF documentation.

SUBCHAPTER 27. BEHAVIOR

450:16-27-1. Punishment abuse

(a) The RCF shall have written policies and procedures regarding client behavior, strictly prohibiting certain actions which shall include, but are not limited to:

- (1) Corporal punishment;
- (2) Abuse;
- (3) Verbal abuse; or
- (4) Any other action that is, or could be, potentially harmful to the resident.

(b) Compliance with 450:16-27-1 shall be determined by a review of RCF documentation; resident interviews; staff interviews; and appropriate CMHC staff interviews.

450:16-27-2. Discipline or supervision by residents

(a) Residents shall not discipline or supervise other residents.

(b) RCF policy should clearly state that at no time may an RCF resident supervise or discipline another RCF resident.

(c) Compliance with 450:16-27-2 shall be determined by a review of RCF documentation (policies and procedures, rules, other); resident interviews; staff interviews; and appropriate CMHC staff interviews.

450:16-27-3. Seclusion and restraints

(a) Seclusion or chemical, mechanical or physical restraint of residents is prohibited.

(b) Compliance with 450:16-27-3 shall be determined by a review of RCF documentation of prohibition; resident interviews; staff interviews; and appropriate CMHC staff interviews.

450:16-27-4. Denial or withholding of food

(a) RCF staff shall not deny a resident a nutritionally adequate daily diet, e.g., a resident who is habitually late for meals shall not be denied food as a means of encouraging promptness.

(b) Compliance with 450:16-27-4 shall be determined by a review of RCF documentation; resident interviews; staff interviews; and appropriate CMHC staff interviews.

SUBCHAPTER 29. ENHANCED RESIDENTIAL CARE

450:16-29-1. Maximum number of beds [REVOKED]

450:16-29-2. On-duty staff

- (a) The Enhanced RCF shall have no less than two (2) staff persons awake and accessible on duty each shift.
- (b) Compliance with 450:16-29-2 shall be determined by observation during the site visit; and a review of the Enhanced RCF documentation, e.g., staffing schedule; and resident, staff and CMHC staff interviews.

450:16-29-2.1. Required staff

- (a) The Enhanced RCF shall employ a full-time licensed registered nurse.
- (b) Compliance with 450:16-29-2.1 shall be determined by a review of the RCF's documentation.

450:16-29-3. Required consultants

- (a) The Enhanced RCF shall have signed written consultation agreements with:
 - (1) A registered/licensed dietitian ; and
 - (2) A licensed physician.
- (b) These consultation agreements shall be on file and accessible to the ODMHSAS reviewers at the time of on-site visit. If there is reason to believe that one or both of the agreements are, or may be, not in effect, the reviewers shall contact the listed consultant(s) to verify the status of their agreement.
- (c) The Enhanced RCF shall update these consultant agreements annually.
- (d) Compliance with 450:16-29-3 shall be determined by a review of RCF consultation agreements.

450:16-29-4. Referrals for admission to Enhanced RCF

- (a) Individuals to be served by an Enhance RCF shall be referred only by a ODMHSAS hospital or a community mental health center
- (b) Compliance with 450:16-29-4 shall be determined by a review of Enhanced RCF documentation; and interviews with Enhanced RCF and CMHC staff.

450:16-29-5. General admission criteria for Enhanced RCF's

- (a) Individuals to be served by the Enhanced RCF shall be adults who have a serious mental illness.
- (b) Compliance with 450:16-29-5 shall be determined by a review of the ICIS client data core from the referring hospital or CMHC as found in the Enhanced RCF records.

450:16-29-6. Admission criteria, prior failed placements

- (a) The Enhanced RCF shall serve individuals who cannot be accommodated in a RCF as demonstrated by at least two (2) prior failed RCF placement attempts within two (2) years

resulting in hospitalization.

(b) Compliance with 450:16-29-6 shall be determined by a review of RCF documentation of failed admissions (i.e., client records showing prior failed placements, ICIS client data cores, etc.).

450:16-29-7. Admission criteria for Enhanced RCFs

(a) The Enhanced RCF shall have written admission criteria.

(1) This written admission criteria shall be on file and accessible at the Enhanced RCF to ODMHSAS staff.

(2) The criteria shall indicate the Enhanced RCF serves individuals who cannot be accommodated in a RCF as demonstrated by at least two (2) prior failed RCF placement attempts within two (2) years resulting in hospitalization or based on the judgment of the individual's treatment team from the referring CMHC or the ODMHSAS inpatient unit that a RCF placement would not provide the structured environment needed by the consumer at this time.

(b) Compliance with 450:16-29-7 shall be determined by a review of, the written admission criteria, resident interviews, client records showing prior failed placements, ICIS client data cores, correspondence or minutes of meetings between the RCF and CMHC, and CMHC staff interviews.

450:16-29-8. Enhanced RCF activities

(a) Enhanced RCF activities shall include a minimum of three (3) separate weekly scheduled, structured and supervised group activities conducted on two (2) different days of each week. These group activities shall total at least twelve (12) hours of activity per week, which shall include at least two (2) activities away from the RCF.

(1) Group activities shall be accessible to all residents.

(2) Activities shall be in addition to exercise and daily living skills training.

(3) Activities shall be age appropriate.

(b) Compliance with 450:16-29-8 shall be determined by a review of activities calendar, residents' files, and interviews with residents, staff and CMHC staff.

450:16-29-9. Training requirements, enhanced RCF administrators

Administrators of an Enhanced RCF shall comply with the requirements of section 450:16-21-4.