1 STATE OF OKLAHOMA 2 1st Session of the 60th Legislature (2025) 3 SENATE BILL 804 By: Pugh 4 5 6 AS INTRODUCED 7 An Act relating to long-term care; amending 63 O.S. 2021, Section 1-890.3, which relates to rules 8 promulgated under the Continuum of Care and Assisted Living Act; directing promulgation of specified 9 rules; updating statutory language; amending 63 O.S. 2021, Section 1-890.6, which relates to penalties; 10 requiring employment of certain professionals in specified circumstances; requiring assisted living 11 centers to establish internal quality assurance committee; specifying committee duties and membership 12 composition; providing for codification; and providing an effective date. 13 14 15 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 16 SECTION 1. AMENDATORY 63 O.S. 2021, Section 1-890.3, is 17 amended to read as follows: 18 Section 1-890.3. A. The State Board Commissioner of Health 19 shall promulgate rules necessary to implement the provisions of the 20 Continuum of Care and Assisted Living Act. Such rules shall 21 include, but shall not be limited to: 22 1. A uniform comprehensive resident screening instrument to 23 measure the needs and capabilities of residents in all settings and 24 to determine appropriate placements of residents;

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- 2. Physical plant requirements meeting construction and life safety codes, with provisions accommodating resident privacy and independence in assisted living centers and in assisted living components of continuum of care facilities based on the variable capabilities of residents;
- 3. Staffing levels responsive to the variable needs of residents, with provisions for sharing of staff between components in a continuum of care facility;
- 4. Minimum standards for resident care including, but not
 limited to, standards pertaining to medical care and administration
 of medications. Standards pertaining to medication administration
 shall, at a minimum, require the assisted living center or continuum
 of care facility to:
 - <u>a.</u> <u>maintain medication administration records</u>,
 - b. have medication storage and disposal policies, and
 - c. <u>follow medication administration orders from a</u> qualified health care provider;
 - 5. Standards for measuring quality outcomes for residents;
- $\frac{5.}{6.}$ Provisions for individualized services chosen by and designed for each resident;
- 6. 7. Provisions to prohibit facility staff from disclosing a resident's financial information to third parties without written consent of the resident or the designated representative of the resident;

- 7. 8. Procedures for inspections and investigations of licensed entities to ensure compliance with the Continuum of Care and Assisted Living Act and rules promulgated by the Board Commissioner;
- 8. 9. Enumeration of resident rights and responsibilities to be observed by each facility and its staff. Such resident rights shall include the freedom of choice regarding any personal attending physicians and all other providers of medical services and supplies without a financial penalty or fee charged by the assisted living center;
- 9. 10. Provisions for a surety bond or deposit from each applicant in an amount sufficient to guarantee that obligations to residents will be performed, with provisions for reduction or waiver of the surety bond or deposit when the assets of the applicant or its contracts with other persons are sufficient to reasonably ensure the performance of its obligations;
- 10. 11. Provisions for the development of a consumer guide or similar resource to be posted on the Internet website of the State Department of Health to assist individuals and families in understanding the services provided by assisted living centers and to compare and select a facility; and
- 11. 12. Provisions for posting results of routine inspections and any complaint investigations of each assisted living center on the Internet website of the Department. Such information shall be regularly updated to include the facility's plan of correction and

to indicate when a violation of a licensing regulation was corrected by the facility; and

- 13. Provisions requiring execution of a plan of care and a resident service contract with the resident or resident's representative. Any change in the resident's care including, but not limited to, the administration of medications or other medical care shall require the informed consent of the resident or representative and shall be documented in the plan of care and, as appropriate, the resident service contract.
- B. The nursing care service of a continuum of care facility shall be subject to the requirements, procedures and remedies set out in the Nursing Home Care Act, including provisions relating to resident rights.
- C. The adult day care component of a continuum of care facility shall be subject to requirements and procedures specified under the Adult Day Care Act.
- SECTION 2. 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 Oklahoma 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 a Home- and Community-Based Services
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 Commissioner of Health.
- 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.
- D. 1. 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

<u>Council</u> pursuant to Section 1-1923 of this title, which shall gauge the severity of the violation and specify graduated penalties based on:

- a. no actual harm with the potential for minimal harm,
- b. no actual harm with the potential for more than minimal harm,
- c. 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.
- 3. 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. Any assisted living center or continuum of care facility in which the Department has documented repeat deficiencies regarding medications including, but not limited to, their storage, use, delivery, or administration shall, in addition to or as an alternative to any penalties imposed under this section, be required to employ the consultant services of a licensed pharmacist or a licensed Registered Nurse, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the Department determines that such consultation services are no longer required.

G. 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 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-890.9 of Title 63, unless there is created a duplication in numbering, reads as follows:

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

 The committee shall:
 - 1. Monitor trends and incidents;

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- 2. Monitor customer satisfaction measures;
- 3. Document quality assurance efforts and outcomes;
- 4. Recommend internal policies on resident care including, but not limited to, policies on administration of medications; and
- 5. Perform such other duties or functions as directed by the State Commissioner of Health through rule.
- B. The quality assurance committee shall include at least the following:
 - 1. A Registered Nurse or physician;
 - 2. The assisted living center administrator;
- 3. A direct care staff person or a staff person who has responsibility for administration of medications;
 - 4. A pharmacist consultant; and

1	5. A person who has an ownership stake in the assisted living
2	center.
3	SECTION 4. This act shall become effective November 1, 2025.
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