



Government Relations Committee

Issue Submission Form

Please submit this form to info@arhealthcare.com or by fax to (501) 374-1077.

Disclaimer: Please describe your issue with as much specificity as possible so that the Committee is able to get a response that accurately addresses the issue you raise. Provide as much information as you find necessary to educate the Committee about the basis of your issue. The Committee has found that it has been able to achieve best results by disclosing full details of the issues. In some cases, facilities have had deficiencies removed. The information you submit may be edited in content. You may choose to restrict disclosure of your identity or the identity of your facility, however the Committee may choose not to submit the issue to OLTC.

Committee Guidelines and Goals: The Committee works with OLTC to identify regulatory issues that negatively affect the day-to-day operations of assisted living facilities, negotiates agreements with OLTC on policy and procedures, and communicates with the member facilities to attain consistent application of the OLTC policies and procedures. Through these meetings, the Committee hopes to achieve greater consistency in the survey process and members understanding of OLTC expectations.

Example of Issue: Facility XYZ requested that this question be included on the agenda of the next meeting.

"A facility was recently cited for not having an annual "full bank load test" conducted by a qualified individual. It is the committee's understanding that a full load test is required for installation acceptance but cannot find where it is recommended on an annual basis. Please advise."

OLTC Response: *Under the law, facilities must "have the system tested by a licensed engineer or other individual deemed qualified by the manufacturer of the generator to ensure that the system will operate as required in the event of loss of normal power." Additionally, the law requires that generator be maintained in accordance with NFPA. There is no annual requirement for a full facility load test under NFPA. If a facility has been cited for this, please have the Administrator contact the Office of Long Term Care.*

Suggest Issue Categories: *Medication *Staffing *Regulation *Licensure *Policy *Survey *Dietary
*Environmental/Housekeeping *Reporting

Facility: _____ Administrator: _____

Phone: _____ Email: _____

Issue (who, what, when, where, why & how): _____
