



Informal Dispute Resolution Request Form
Authorized by Oklahoma State Statute In the Nursing Home Care Act

Skilled nursing facilities (SNF), nursing facilities (NF), skilled nursing facilities/nursing facilities (SNF/NF), and intermediate care facilities for individuals with intellectual disabilities (ICF/IID) must complete this form to dispute cited deficiencies. If you have any questions, contact the IDR Coordinator by telephone at (405) 426-8200 or via e-mail at IDRCoordinator@health.ok.gov.

Submission

Complete this form, attach all documentary evidence relevant to each disputed deficiency and submit within **ten (10) calendar days** of receiving the official Statement of Deficiencies. Submit this form to Oklahoma State Department of Health, Long Term Care, Attention: IDR Coordinator, 123 Robert S Kerr Ave, Suite 1702, Oklahoma City, OK 73102-6406. **An IDR will not be granted when a request form is incomplete or inaccurate. Documentary evidence submitted past the required timeframe will not be considered.**

IDR Type: (Check One) Face-to-Face Meeting Record Review Telephone/Virtual Conference

Facility Name: _____ Facility ID: _____

Facility Administrator: _____ E-mail: _____

Mailing Address: _____ Telephone Number: () _____

City: _____ Zip Code: _____ Facsimile Number: () _____

Date Statement of Deficiencies Received: ____/____/____ Survey Exit Date: ____/____/____

Dispute Description

Tag Number S/S Explanation of Dispute (Why is facility disputing the deficiency? List reason for each.)
A separate sheet may be attached, but must clearly identify the following: facility name, ID, survey exit date, tag number, scope & severity, and the explanation of dispute. All documentary evidence submitted must also identify these items.

1. _____

2. _____

3. _____

4. _____

Submitted by: _____ Date: ____/____/____