



Residential Care Informal Dispute Resolution (IDR) Request Form
In Accordance with the Residential Care Act

Residential Care Facilities 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) business 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 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. _____

Submitted by: _____ Date: ____/____/____