

Response Summary:

ALZHEIMER'S DEMENTIA AND OTHER FORMS OF DEMENTIA SPECIAL CARE DISCLOSURE FORM

Disclosure forms are required for any nursing facility, residential care facility, assisted living facility, adult day care center, continuum of care facility, or special care facility that publicly advertises, intentionally markets, or otherwise engages in promotional campaigns for the purpose of communicating that said facility offers care or treatment methods within the facility that distinguish it as being especially applicable to or suitable to persons with Alzheimer's dementia or other forms of dementia. [63:1-879.2c].

Facility Instructions:

1. This form is to be submitted when:

- A facility begins to meet the statutory definition for "Special Care Facility."
- There are any changes since the last disclosure form submission.

2. The disclosure form shall be:

- Posted to the Department's website.
- Posted to the facility's website.
- Provided to the Oklahoma State Department of Health each time it is required.
- Provided to the State Long-Term Care Ombudsman by the Oklahoma State Department of Health.
- Provided to any representative of a person with Alzheimer's dementia or other form of dementia who is considering placement in a special care unit.

3. This disclosure form is not intended to take the place of visiting the facility, talking with other residents' family members, or meeting one-on-one with facility staff.

Q2. Facility Name

2nd Home Adult Daycare, LLC

Q3. License Number

DC 2405

Q4. Telephone Number

580.297.4034

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Q5. Email Address

2ndhomeadultdaycare@gmail.com

Q6. Website URL

enid2ndhome.org

Q7. Address

2006 West Willow Rd

Q8. Administrator

Karen Womack

Q9. Name of Person Completing the Form

Karen Womack

Q10. Title of Person Completing the Form

Karen Womack

Q11. Facility Type

Adult Day Care

Q12. Dedicated memory care facility?

- No

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Q13. Total Number of Licensed Beds

0

Q14. Number of Designated Alzheimer's/Dementia Beds

0

Q15. Total Licensed Capacity for Adult Day Care (leave blank if does not apply to your facility)

24

Q16. Maximum Number of Participants for Alzheimer Adult Day Care (leave blank if does not apply to your facility)

24

Q17. Check the appropriate selection

- Change of Information

Q18. Describe the Alzheimer's disease special care unit, program, or facility's overall philosophy and mission as it relates to the needs of the residents with Alzheimer's dementia or other forms of dementia.

We provide adult day services for those unable to stay home alone.

Q19. What is involved in the pre-admission process? Select all that apply.

- Visit to facility
- Family interview

Q20. What is the process for new residents? Select all that apply.

- Residency agreement

Q21. Is there a trial period for new residents?

- No

Q23. The need for the following services could cause permanent discharge from specialized care. Select all that apply.

- Intravenous
- Oxygen administration

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

2 weeks

Q26. Do families have input into discharge decisions?

- Yes

Q27. What would cause temporary transfer from specialized care? Select all that apply.

- Other (explain):
Physical aggressiveness

Q28. Do you assist families in coordinating discharge plans?

- Yes

Q29. What is the policy for how assessment of change in condition is determined and how does it relate to the care plan?

As the care providers notice a change in condition which requires a change in care, they notify the administrator who works with the consulting nurse to change the care plan.

Q30. What is the frequency of assessment and change to care plan? Select all that apply.

- Annually
- As Needed

Q31. Who is involved in the care plan process? Select all that apply.

- Administrator
- Nursing assistants
- Activity director
- Family members
- Resident
- Licensed nurses
- Social worker
- Dietary

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Q32. Do you have a family council?

- No

Q33. Select any of the following options that are allowed in the facility:

- Approved sitters
- Additional services agreement
- Hospice
- Home health

Q34. Is the selected service affiliated with your facility?

- No

Q35. What are the qualifications in terms of education and experience of the person in charge of Alzheimer's disease or related disorders care?

Licensed Clinical Social Worker

**Q36#1. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Day/Morning Ratio**

Licensed Practical Nurse, LPN	0
Registered Nurse, RN	0
Certified Nursing Assistant, CNA	1:6
Activity Director/Staff	1:24
Certified Medical Assistant, CMA	1:24
Other (specify)	N/A

**Q36#2. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Afternoon/Evening Ratio**

<i>Licensed Practical Nurse, LPN</i>	0
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1:6
<i>Activity Director/Staff</i>	1:24
<i>Certified Medical Assistant, CMA</i>	1:24
<i>Other (specify)</i>	N/A

**Q36#3. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Night Ratio**

<i>Licensed Practical Nurse, LPN</i>	0
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	n/a
<i>Activity Director/Staff</i>	n/a
<i>Certified Medical Assistant, CMA</i>	n/a
<i>Other (specify)</i>	N/A

Q37#1. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - All Staff

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Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<i>Creating an appropriate and safe environment</i>	1
<i>Techniques for dealing with behavioral management</i>	1
<i>Techniques for communicating</i>	.5
<i>Using activities to improve quality of life</i>	.5
<i>Assisting with personal care and daily living</i>	.5
<i>Nutrition and eating/feeding issues</i>	.5
<i>Techniques for supporting family members</i>	.5
<i>Managing stress and avoiding burnout</i>	.5
<i>Techniques for dealing with problem behaviors</i>	.5
<i>Other (specify below)</i>	N/A

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Q37#2. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - Direct Care Staff

Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<i>Creating an appropriate and safe environment</i>	1
<i>Techniques for dealing with behavioral management</i>	1
<i>Techniques for communicating</i>	.5
<i>Using activities to improve quality of life</i>	.5
<i>Assisting with personal care and daily living</i>	.5
<i>Nutrition and eating/feeding issues</i>	.5
<i>Techniques for supporting family members</i>	.5
<i>Managing stress and avoiding burnout</i>	.5
<i>Techniques for dealing with problem behaviors</i>	.5
<i>Other (specify below)</i>	N/A

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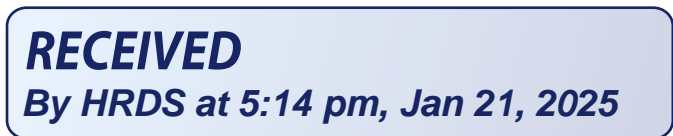
Q37#3. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - Activity Director

Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<i>Creating an appropriate and safe environment</i>	1
<i>Techniques for dealing with behavioral management</i>	1
<i>Techniques for communicating</i>	.5
<i>Using activities to improve quality of life</i>	.5
<i>Assisting with personal care and daily living</i>	.5
<i>Nutrition and eating/feeding issues</i>	.5
<i>Techniques for supporting family members</i>	.5
<i>Managing stress and avoiding burnout</i>	.5
<i>Techniques for dealing with problem behaviors</i>	.5
<i>Other (specify below)</i>	N/A

Q38. List the name of any other trainings.

n/a



Q39. Who provides the training?

Clinical Director, Consult LPN

Q40. List the trainer's qualifications:

Licensed Clinical Social Worker, Licensed Practical Nurse

Q41. What safety features are provided in your building? Select all that apply.

- Opening windows restricted
- Monitoring/security
- Cameras
- Family/visitor access to secured areas

Q42. What special features are provided in your building? Select all that apply.

- Other (explain):
n/a

Q42. Is there a secured outdoor area?

- No

Q43. What types and frequencies of therapeutic activities are offered specific for specialized dementia individuals to address cognitive function and engage residents with varying stages of dementia?

Bingo, puzzles, Reminiscence groups, folding laundry

Q44. How many hours of structured activities are scheduled per day?

- 4-6 hours

Q45. Are the structured activities offered at the following times? (Select all that apply.)

N/A

Q46. Are residents taken off the premises for activities?

- Yes

Q47. What techniques are used for redirection?

verbal redirection, validating emotions, distractions, asking for help, visual and/or verbal cues, verbal redirection, creating structured routines

Q48. What activities are offered during overnight hours for those that need them?

n/a Adult Day Services

Q49. What techniques are used to address wandering? (Select all that apply.)

- Other (explain):
visual monitoring, door alarms

Q51. Do you have an orientation program for families?

- No

Q52. Do families have input into discharge decisions?

- Yes

Q53. How is your fee schedule based?

- Flat rate

Q54. Please attach a fee schedule.

[\[Click here\]](#)

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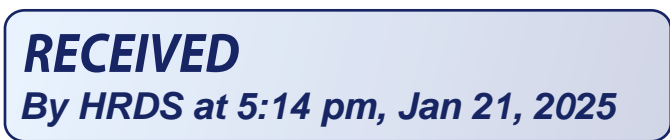
Q55#1. Select all memory care services that apply. When answer is yes, provide whether the price is included in the base rate or at an additional cost. - Is it offered?

Assistance in transferring to and from a Wheelchair	Yes
Intravenous (IV) Therapy	No
Bladder Incontinence Care	Yes
Bowel Incontinence Care	Yes
Medication Injections	No
Feeding Residents	Yes
Oxygen Administration	No
Behavior Management for Verbal Aggression	Yes
Behavior Management for Physical Aggression	Yes
Special Diet	Yes
Housekeeping (number of days per week)	No
Activities Program	Yes
Select Menus	No
Incontinence Care	Yes
Home Health Services	No
Temporary Use of Wheelchair/Walker	Yes
Injections	No
Minor Nursing Services Provided by Facility Staff	No

Q55#2. Select all memory care services that apply. When answer is yes, provide whether the price is included in the base rate or at an additional cost. - If yes, how is price included?

Assistance in transferring to and from a Wheelchair	Base Rate
Bladder Incontinence Care	Base Rate
Bowel Incontinence Care	Base Rate
Feeding Residents	Base Rate
Behavior Management for Verbal Aggression	Base Rate
Behavior Management for Physical Aggression	Base Rate
Special Diet	Base Rate
Activities Program	Base Rate
Incontinence Care	Base Rate
Temporary Use of Wheelchair/Walker	Base Rate

Q56. Do you charge for different levels of care?
 • No



Q57. Does the facility have a current accreditation or certification in Alzheimer's/dementia care?

- No
-

Embedded Data:

N/A

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