

## 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

Dayspring Adult Day Services

#### Q3. License Number

DC5553-5553

#### Q4. Telephone Number

405-440-9994 x108

#### Q5. Email Address

Sharon@reachingourcity.org

#### Q6. Website URL

<https://www.reachingourcity.org/general-6>

#### Q7. Address

7710 NW 10th St OKC, OK 73127

#### Q8. Administrator

Sharon West

#### Q9. Name of Person Completing the Form

Sharon West

#### Q10. Title of Person Completing the Form

Director of Adult Day Services

#### Q11. Facility Type

Adult Day Care

**Q12. Dedicated memory care facility?**

- No

**Q13. Total Number of Licensed Beds**

N/A

**Q14. Number of Designated Alzheimer's/Dementia Beds**

N/A

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

36

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

6

**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 have experienced, certified staff who offer a variety of person-centered activities and care. We provide independence through activities of daily living and aim to help people age in place for as long as possible. We treat our participants with dignity and respect.

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

- Visit to facility
- Resident assessment
- Medical records assessment
- Written application
- Family interview

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

- Doctors' orders
- Residency agreement
- History and physical
- Deposit/payment
- Other (explain):  
Tour and meeting with caregiver and participant.  
First month payment required if private pay.

**Q21. Is there a trial period for new residents?**

- Yes

**Q22. How long is the trial period?**

Two weeks.

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

- Medical care requiring 24 hour nursing care
- Intravenous
- Medication injections
- Oxygen administration
- Other (explain):  
Behavior and/or aggression that cannot be successfully redirected.

**Q24. Who would make this discharge decision?**

- Facility Administrator

**Q25. How much notice is given for a discharge?**

Thirty days unless it is a safety issue for the participant, staff, or fellow participants.

**Q26. Do families have input into discharge decisions?**

- Yes

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

- Medication condition requiring 24 hours nursing care
- Unacceptable physical or verbal behavior
- Significant change in medical condition

**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?**

Staff members monitor participants' conditions and report any changes to the Director. The Director then speaks with the Physician and caregiver to adjust the care plan.

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

- Quarterly
- 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

**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

**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 or Alzheimer's disease or related disorders care?**

Sharon West has training from the OK Dementia Care Network, multiple CEUs in Alzheimer's and dementia care, and EssentialALZ training from the Alzheimer's Association. She also has personal experience caring for a family member with Alzheimer's Disease.

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

|  |         |
|--|---------|
| <b>Licensed Practical Nurse, LPN</b>                 | Consult |
| <b>Registered Nurse, RN</b>                          | Consult |
| <b>Certified Nursing Assistant, CNA</b>              | 1:6     |
| <b>Activity Director/Staff</b>                       | 1:8     |
| <b>Certified Medical Assistant, CMA</b>              | N/A     |
| <b>Other (specify)<br/>Certified Medication Aide</b> | 1:8     |

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

|  |         |
|--|---------|
| <b>Licensed Practical Nurse, LPN</b>                 | Consult |
| <b>Registered Nurse, RN</b>                          | Consult |
| <b>Certified Nursing Assistant, CNA</b>              | 1:6     |
| <b>Activity Director/Staff</b>                       | 1:8     |
| <b>Certified Medical Assistant, CMA</b>              | N/A     |
| <b>Other (specify)<br/>Certified Medication Aide</b> | 1:8     |

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

|  |     |
|--|-----|
| <b>Licensed Practical Nurse, LPN</b>                 | N/A |
| <b>Registered Nurse, RN</b>                          | N/A |
| <b>Certified Nursing Assistant, CNA</b>              | N/A |
| <b>Activity Director/Staff</b>                       | N/A |
| <b>Certified Medical Assistant, CMA</b>              | N/A |
| <b>Other (specify)<br/>Certified Medication Aide</b> | N/A |

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

**Required hours of training**

|   |     |
|---|-----|
| <i>Alzheimer's dementia, other forms of dementia, stages of disease</i> | 2   |
| <i>Physical, cognitive, and behavioral manifestations</i>               | 2   |
| <i>Creating an appropriate and safe environment</i>                     | 1   |
| <i>Techniques for dealing with behavioral management</i>                | 2   |
| <i>Techniques for communicating</i>                                     | 2   |
| <i>Using activities to improve quality of life</i>                      | 1   |
| <i>Assisting with personal care and daily living</i>                    | 2   |
| <i>Nutrition and eating/feeding issues</i>                              | 1   |
| <i>Techniques for supporting family members</i>                         | 2   |
| <i>Managing stress and avoiding burnout</i>                             | 2   |
| <i>Techniques for dealing with problem behaviors</i>                    | 2   |
| <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> | 2   |
| <i>Physical, cognitive, and behavioral manifestations</i>               | 2   |
| <i>Creating an appropriate and safe environment</i>                     | 1   |
| <i>Techniques for dealing with behavioral management</i>                | 2   |
| <i>Techniques for communicating</i>                                     | 2   |
| <i>Using activities to improve quality of life</i>                      | 1   |
| <i>Assisting with personal care and daily living</i>                    | 2   |
| <i>Nutrition and eating/feeding issues</i>                              | 1   |
| <i>Techniques for supporting family members</i>                         | 2   |
| <i>Managing stress and avoiding burnout</i>                             | 2   |
| <i>Techniques for dealing with problem behaviors</i>                    | 2   |
| <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> | 2   |
| <i>Physical, cognitive, and behavioral manifestations</i>               | 2   |
| <i>Creating an appropriate and safe environment</i>                     | 1   |
| <i>Techniques for dealing with behavioral management</i>                | 2   |
| <i>Techniques for communicating</i>                                     | 2   |
| <i>Using activities to improve quality of life</i>                      | 6   |
| <i>Assisting with personal care and daily living</i>                    | 2   |
| <i>Nutrition and eating/feeding issues</i>                              | 1   |
| <i>Techniques for supporting family members</i>                         | 2   |
| <i>Managing stress and avoiding burnout</i>                             | 2   |
| <i>Techniques for dealing with problem behaviors</i>                    | 2   |
| <i>Other (specify below)</i>  | N/A |

**Q38. List the name of any other trainings.**

EssentialALZ from The Alzheimer's Association

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**Q39. Who provides the training?**

Registered Nurse or Administrator

**Q40. List the trainer's qualifications:**

Nurse is a nurse practitioner with advanced education and on-the-job experience. Administrator has family experience, training from the Alzheimer's Association, on-the-job experience, and training from the OK Dementia Care Network.

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

- Monitoring/security
- Cameras

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

- Other (explain):  
We are designing a rummaging area and an area with Life Stations.

**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?**

We use music daily, we walk outside or inside our building, we play with various balls, we offer arts and crafts. We have chair yoga and play corn hole.

**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?**

Offering a bathroom, drink, and food, checking the temperature, introducing a different activity, moving the participant to a different room, and using body language like eye contact, a smile, an outstretched hand, etc.

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

N/A

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

- Other (explain):  
Door Alarms.

**Q51. Do you have an orientation program for families?**

- Yes

**Q51. If yes, describe the family support programs and state how each is offered.**

Support group offered monthly, family input into the care plan, family present during the assessment.

**Q52. Do families have input into discharge decisions?**

- Yes

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**Q53. How is your fee schedule based?**

- Flat rate

**Q54. Please attach a fee schedule.**

N/A



**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?**

|  |     |  |
|--|-----|--|
| <b>Assistance in transferring to and from a Wheelchair</b> | Yes | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>RECEIVED</b><br/> <small>By Tanika at 10:46 am, Nov 08, 2024</small> </div> |
| <b>Intravenous (IV) Therapy</b>                            | No  |  |
| <b>Bladder Incontinence Care</b>                           | Yes |  |
| <b>Bowel Incontinence Care</b>                             | Yes |  |
| <b>Medication Injections</b>                               | No  |  |
| <b>Feeding Residents</b>                                   | Yes |  |
| <b>Oxygen Administration</b>                               | No  |  |
| <b>Behavior Management for Verbal Aggression</b>           | Yes |  |
| <b>Behavior Management for Physical Aggression</b>         | No  |  |
| <b>Special Diet</b>  | Yes |  |
| <b>Housekeeping (number of days per week)<br/>5</b>        | Yes |  |
| <b>Activities Program</b>                                  | Yes |  |
| <b>Select Menus</b>  | No  |  |
| <b>Incontinence Care</b>                                   | Yes |  |
| <b>Home Health Services</b>                                | No  |  |
| <b>Temporary Use of Wheelchair/Walker</b>                  | No  |  |
| <b>Injections</b>  | No  |  |
| <b>Minor Nursing Services Provided by Facility Staff</b>   | 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?**

|  |                 |
|--|-----------------|
| <b>Assistance in transferring to and from a Wheelchair</b> | Base Rate       |
| <b>Bladder Incontinence Care</b>                           | Base Rate       |
| <b>Bowel Incontinence Care</b>                             | Base Rate       |
| <b>Feeding Residents</b>                                   | Base Rate       |
| <b>Behavior Management for Verbal Aggression</b>           | Base Rate       |
| <b>Special Diet</b>  | Base Rate       |
| <b>Housekeeping (number of days per week)<br/>5</b>        | Base Rate       |
| <b>Activities Program</b>                                  | Base Rate       |
| <b>Incontinence Care</b>                                   | Additional Cost |

**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

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**Embedded Data:**

N/A

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