

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

DayBreak Adult Day Health Center

Q3. License Number

DC7403

Q4. Telephone Number

9183368500

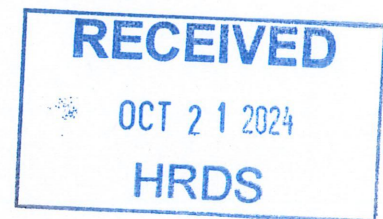
Q5. Email Address

stucker@abouteldercare.org

Q6. Website URL

www.abouteldercare.org

Q7. Address



1223 Swan Dr. Bartlesville, OK 74006

Q8. Administrator

Alan Phillips

Q9. Name of Person Completing the Form

Shelia Tucker

Q10. Title of Person Completing the Form

Associate Director

Q11. Facility Type

Adult Day Health

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)

150

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

40

Q17. Check the appropriate selection

- Change of Information

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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.

Programming designed to engage Participants of varying cognitive levels, skills and interest. Periodic reassessment of Participants.

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
- History and physical

Q21. Is there a trial period for new residents?

- Yes

Q22. How long is the trial period?

5 days

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
- Behavior management for verbal aggression
- Intravenous
- Feeding by staff

Q24. Who would make this discharge decision?

- Other (explain):
Facility Administrator, Medical Staff and Family

Q25. How much notice is given for a discharge?

Two Weeks

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

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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?

Reassessment of Participants are conducted every 6 months or when there has been a significant change in medical condition or behaviour. This allows us design a Plan of Care best suited to meet Participants need.

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

- As Needed
- Other (explain):
every 6 months

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

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



Q32. Do you have a family council?

- No

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

- Additional services agreement

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

Certification courses from the National Council of Dementia Practitioners, Alzheimer's Association, Fit Minds Cognitive Training.

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	1
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	5
Activity Director/Staff	1
Certified Medical Assistant, CMA	1
Other (specify) Dietary	1

Q36#2. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -

Afternoon/Evening Ratio

Licensed Practical Nurse, LPN	1
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	5
Activity Director/Staff	1
Certified Medical Assistant, CMA	1
Other (specify) Dietary	1

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

Night Ratio

Licensed Practical Nurse, LPN	n/a
Registered Nurse, RN	n/a
Certified Nursing Assistant, CNA	n/a
Activity Director/Staff	n/a
Certified Medical Assistant, CMA	n/a
Other (specify) Dietary	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

Alzheimer's dementia, other forms of dementia, stages of disease	16
Physical, cognitive, and behavioral manifestations	1
Creating an appropriate and safe environment	1
Techniques for dealing with behavioral	1

behavioral management	
Techniques for communicating	1
Using activities to improve quality of life	1
Assisting with personal care and daily living	1
Nutrition and eating/feeding issues	1
Techniques for supporting family members	1
Managing stress and avoiding burnout	1
Techniques for dealing with problem behaviors	1
Other (specify below)	N/A



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

Alzheimer's dementia, other forms of dementia, stages of disease	16
Physical, cognitive, and behavioral manifestations	1
Creating an appropriate and safe environment	1
Techniques for dealing with behavioral management	1
Techniques for communicating	1
Using activities to improve quality of	1

improve quality of life	1
Assisting with personal care and daily living	1
Nutrition and eating/feeding issues	1
Techniques for supporting family members	1
Managing stress and avoiding burnout	1
Techniques for dealing with problem behaviors	1
Other (specify below)	N/A

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

Alzheimer's dementia, other forms of dementia, stages of disease	16	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED OCT 21 2024 HRDS </div>
Physical, cognitive, and behavioral manifestations	1	
Creating an appropriate and safe environment	1	
Techniques for dealing with behavioral management	1	
Techniques for communicating	1	
Using activities to improve quality of life	1	
Assisting with personal care and daily living	1	
Nutrition and		

<i>nutrition and eating/feeding issues</i>	1
<i>Techniques for supporting family members</i>	1
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1
<i>Other (specify below)</i>	N/A

Q38. List the name of any other trainings.

n/a

Q39. Who provides the training?

DeAnna Aguirre



Q40. List the trainer's qualifications:

LPN

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

- Emergency pull cords
- Opening windows restricted
- Wander Guard or similar system
- Locked doors on exit
- Monitoring/security
- Cameras
- Family/visitor access to secured areas

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

- Wandering paths
- Rummaging areas
- Other (explain):
Quiet Room

Q42. Is there a secured outdoor area?

- Yes

Q42. If yes, what is your policy on the use of outdoor space?

Secured outdoor space is available at all time, weather permitting. Supervision provided

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?

Board games, trivia and memory games, spatial activities, art and music therapy. Doll therapy, sensory and sorting activities. A minimum of 2 hours of cognitive stimulation activities are provided daily in addition to 2 hours of planned physical activities.

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

- 6-8 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?

Personal interaction, using direct eye contact, calm demeanor. Change of environment, introduce different activity. Keep language simple, direct and supportive.

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.)

- Outdoor System
- Electro-magnetic locking system
- Other (explain):

We have enough indoor space that allows Participants to move about as desired/needed, while keeping them safe and well supervised.

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

[\[Click here\]](#)

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	Yes
Feeding Residents	Yes
Oxygen Administration	Yes
Behavior Management for Verbal Aggression	Yes
Behavior Management for Physical Aggression	Yes
Special Diet	Yes
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	Yes

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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	
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transferring to and from a Wheelchair	Base Rate
Bladder Incontinence Care	Base Rate
Bowel Incontinence Care	Base Rate
Medication Injections	Base Rate
Oxygen Administration	Base Rate
Behavior Management for Verbal Aggression	Base Rate
Behavior Management for Physical Aggression	Base Rate
Special Diet	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
Home Health Services	Base Rate
Injections	Base Rate
Minor Nursing Services Provided by Facility Staff	Base Rate

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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