

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

WovenLife Adult Day Center

Q3. License Number

DC5554-5554

Q4. Telephone Number

405-239-2525

Q5. Email Address

srunyon@wovenlifeok.org

Q6. Website URL

www.wovenlifeok.org

Q7. Address

701 NE 13th Street

Q8. Administrator

Susette Runyon

Q9. Name of Person Completing the Form

Susette Runyon

Q10. Title of Person Completing the Form

Director of Adult Services

Q11. Facility Type

Adult Day Center

Q12. Dedicated memory care facility?

- Yes

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)

36

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

36

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.

WovenLife Adult Day Center (ADC) provides compassionate care services for your loved one. Our services include supervised health, mobility maintenance, physical services, individualized supportive and assistive care, recreational, and social/emotional opportunities which stimulate memory. Our services are provided in a safe home-like setting. Our program uses individualized plans of care per participant, providing a variety of health, therapeutic, memory boosting, and recreational services. In addition, the Center provides safe supervision, assistive support services, and in some cases personal care. The program is open to eligible participants 18 and up. WovenLife is licensed by the Oklahoma State Health Department.

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

- Visit to facility
- Medical records assessment
- Written application
- Family interview
- Other (explain):
Ten day trial period to assess appropriateness of attendance.

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?

Ten 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
- Bowel incontinence care
- Intravenous
- Medication injections
- Feeding by staff
- Oxygen administration
- Other (explain):
Uncontrolled seizures

Q24. Who would make this discharge decision?

- Other (explain):
Facility Administrator with family input

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.

- Unacceptable physical or verbal behavior
- Significant change in medical condition
- Other (explain):
Decline in health requires one on one care

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?

Participants are monitored throughout their stay while attending the Adult Day Center. As staff monitor, they are continually assessing for a change in health condition. If a change in functional status warrants a review of the care plan it shall be reviewed within 24 hours. In areas of functional change, adjustments are made in the care plan. Observations are noted monthly as standard procedure. Otherwise, the care plan is reviewed every six months.

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

- Monthly
- As Needed
- Other (explain):
Reviews of care plans are required every six months. Changes are made if warranted.

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
- Physician

Q32. Do you have a family council?

- Yes

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

- Additional services agreement
- Home health

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

The Director of Adult Services, the person in charge, has two Master's degrees involving social services, psychology, and counseling. Experience consists of at least 15 years of working with the elderly and disabled adults. Those duties included assessing capacity and arranging for the safety of individuals with Alzheimer's or memory loss. In addition to this, there is experience as a pharmacy technician for six years.

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

<i>Licensed Practical Nurse, LPN</i>	N/A
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	1/8
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify) Physician's Assistant</i>	1

**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>	N/A
<i>Registered Nurse, RN</i>	N/A
<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) Physician's Assistant</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>	N/A
<i>Registered Nurse, RN</i>	N/A
<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) Physician's Assistant</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

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>	1
<i>Using activities to improve quality of life</i>	1
<i>Assisting with personal care and daily living</i>	1
<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>	N/A
<i>Other (specify below)</i>	1

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

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

Q38. List the name of any other trainings.

Blood borne pathogens, fire, safety, emergency, general orientation of program, facility policies and procedures

Q39. Who provides the training?

Director, specialists in the area of discussion, online resources

Q40. List the trainer's qualifications:

Professional experience in the field and background education in the area

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

- Opening windows restricted
- Wander Guard or similar system
- Monitoring/security
- Cameras

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

- Wandering paths
- Other (explain):
Enclosed serenity garden.

Q42. Is there a secured outdoor area?

- Yes

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

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?

Each day for at least four hours participants are offered low impact cognitive stimulation exercise, games, puzzles, and activities that promote recall, reminiscence therapy, music, arts and crafts, and social interaction.

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?

Distracting the participant, offering a preferred choice, take them on a walk outdoors, use positive reinforcement of preferred behavior, verbally redirect or physically redirect

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

Closed on nights, weekends and holidays

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

- Outdoor System
- Electro-magnetic locking system
- Other (explain):
Close observation from staff

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	No
Medication Injections	No
Feeding Residents	No
Oxygen Administration	No
Behavior Management for Verbal Aggression	No
Behavior Management for Physical Aggression	No
Special Diet	Yes
Housekeeping (number of days per week)	No
Activities Program	Yes
Select Menus	No
Incontinence Care	No
Home Health Services	No
Temporary Use of Wheelchair/Walker	Yes
Injections	No
Minor Nursing Services Provided by Facility Staff	Yes

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
Special Diet	Base Rate
Activities Program	Base Rate
Temporary Use of Wheelchair/Walker	Base Rate
Minor Nursing Services Provided by Facility Staff	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