

## 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

OK Hive Management, LLC d.b.a. BeeHive Homes of Broken Arrow

#### Q3. License Number

AL-7269

#### Q4. Telephone Number

918-505-9995

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*By Raina at 12:47 pm, Aug 01, 2024*

#### Q5. Email Address

jharris@beehivebrokenarrow.com

#### Q6. Website URL

www.beehivebrokenarrow.com

#### Q7. Address

3200 W. Washington St., Broken Arrow, OK 74012

#### Q8. Administrator

Shane Lee

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

John J. Harris, MD

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

Owner/Managing Partner

#### Q11. Facility Type

Assisted Living/Memory Care

**Q12. Dedicated memory care facility?**

- No

**Q13. Total Number of Licensed Beds**

45

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

45

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

None

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

None

**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.**

To provide a quality of life with respect, dignity and caring in a friendly, clean and non-abusive atmosphere. BeeHive Homes is committed to serving the needs of all of our residents.

Our Special Care Unit is dedicated to providing persons who suffer from dementia or related disorders a safe environment, meaningful leisure activities, and assistance with personal care in a respectful and caring manner that enhances each resident's physical, mental, and psychosocial abilities.

We want to be recognized as the premiere provider of dementia care and services in the area. Our primary objective is to bring meaning, purpose, and pleasure to each resident's day through programs and services designed especially for persons with memory loss and cognitive deficits.

Our secondary objective is to promote comfort and reassurance for both our residents and their significant others. We will do this by offering support and education through internal services and external dementia support networks. We understand the unique psychosocial, spiritual, and emotional needs of persons with dementia as well as the needs of their family members and loved ones. We believe family insight, support, and participation are essential to achieving our program objectives.

Our third objective is to create opportunities for success for persons with memory loss and cognitive deficits. Our Special Care Unit is designed in a unique manner to accommodate such opportunities. We have committed extensive resources toward staff selection, training, and education necessary to promote optimum quality of life for these residents through altered care approaches. Our Special Care Unit strives for continuous quality improvement. Program objectives have been incorporated into our quality improvement plan to assure optimum standards of professional practice are evident, and to provide the standards of care we would expect as consumers. Our success measures stem from consumer satisfaction surveys, resident outcome reviews, and internal assessment systems. Opportunities for improvement identified through this process will be molded into improvement plans to constantly enhance our programs and services.

**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):  
Nurse Admission Assessment

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

- No

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**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

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

- Facility Administrator

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

30 Days

**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?**

The resident's written care plan will be developed or updated by staff with at least one member of the specialized memory care staff providing direct care participating. Input from each shift of nurses' aides that provides care to the resident will be requested. All team members participating shall sign the written care plan and the plan will be shared with the nurses' aides providing care to the resident and serve as a guide for the delivery of care to the resident. The written care plan shall be reviewed at least quarterly and modified as changes in the resident's needs occur. Changes in the resident's needs requiring a review shall include but not limited to the following:

- deterioration in two or more activities of daily living;
- change in ability to walk or transfer;
- change in the ability to use one's hands to grasp small objects;
- deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic;
- no response by the resident to the treatment for an identified problem;
- initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;
- threat to life such as stroke, heart condition, or metastatic cancer;
- emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or higher;
- A progression in the resident's dementia or Alzheimer's disease as determined by the resident's primary care physician
- improved behavior, mood or functional health status to the extent that the established plan of care no longer matches what is needed;
- new onset of impaired decision-making;
- continence to incontinence or indwelling catheter; or
- the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident.

**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
- Family members
- Resident
- Licensed nurses
- Dietary
- Physician

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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?**

ADON has 22 years of Long Term Care Experience

**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>	1
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	4
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	2
<i>Other (specify) Dietary</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>	0
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	3
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify) Dietary</i>	2

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**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>	1
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify) Dietary</i>	0

**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>	1
<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>	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>	1
<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>	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>	1
<i>Other (specify below)</i>	N/A

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

TEEPA Snow Training Videos and Modules. Relias Training Modules

**Q39. Who provides the training?**

Director of Nursing

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

LPN

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

- Opening windows restricted
- Locked doors on exit
- Monitoring/security
- Cameras
- Family/visitor access to secured areas
- Built according to NFPA Life Safety Code, Chapter 12 Health
- Built according to NFPA Life Safety Code, Chapter 21, Board and Care

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

- Wandering paths
- Rummaging areas

**Q42. Is there a secured outdoor area?**

- Yes

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

Outdoor use is restricted to time with qualified staff only

**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?**

music, puzzles, crafts, movies,

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

- 2-4 hours

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

- Holidays

**Q46. Are residents taken off the premises for activities?**

- No

**Q47. What techniques are used for redirection?**

non-verbal cues, personalized knowledge of the residents disease process,

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

access to books, puzzles, and games appropriate for memory care residents

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

- Outdoor System
- Electro-magnetic locking system

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

- Yes

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

dementia and greif counseling

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

- Yes

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

- Flat rate

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

N/A

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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?**

<b><i>Assistance in transferring to and from a Wheelchair</i></b>	Yes
<b><i>Intravenous (IV) Therapy</i></b>	No
<b><i>Bladder Incontinence Care</i></b>	Yes
<b><i>Bowel Incontinence Care</i></b>	Yes
<b><i>Medication Injections</i></b>	No
<b><i>Feeding Residents</i></b>	Yes
<b><i>Oxygen Administration</i></b>	Yes
<b><i>Behavior Management for Verbal Aggression</i></b>	Yes
<b><i>Behavior Management for Physical Aggression</i></b>	No
<b><i>Special Diet</i></b>	Yes
<b><i>Housekeeping (number of days per week) 1+ as needed</i></b>	Yes
<b><i>Activities Program</i></b>	Yes
<b><i>Select Menus</i></b>	Yes
<b><i>Incontinence Care</i></b>	No
<b><i>Home Health Services</i></b>	No
<b><i>Temporary Use of Wheelchair/Walker</i></b>	Yes
<b><i>Injections</i></b>	No
<b><i>Minor Nursing Services Provided by Facility Staff</i></b>	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?**

<b><i>Assistance in transferring to and from a Wheelchair</i></b>	Base Rate
<b><i>Bladder Incontinence Care</i></b>	Base Rate
<b><i>Bowel Incontinence Care</i></b>	Base Rate
<b><i>Feeding Residents</i></b>	Base Rate
<b><i>Oxygen Administration</i></b>	Base Rate
<b><i>Behavior Management for Verbal Aggression</i></b>	Base Rate
<b><i>Special Diet</i></b>	Base Rate
<b><i>Housekeeping (number of days per week) 1+ as needed</i></b>	Base Rate
<b><i>Activities Program</i></b>	Base Rate
<b><i>Select Menus</i></b>	Base Rate
<b><i>Temporary Use of Wheelchair/Walker</i></b>	Base Rate
<b><i>Minor Nursing Services Provided by Facility Staff</i></b>	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

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**Embedded Data:**

N/A

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