

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

BELFAIR OF MCALESTER

Q3. License Number

AL6102-6102

Q4. Telephone Number

9184237020

Q5. Email Address

asfranklin@mrhcok.com

Q6. Website URL

N/A

Q7. Address

802 WINDSONG WAY, MCALESTER, OK 74501

Q8. Administrator

ANNA FRANKLIN

Q9. Name of Person Completing the Form

ANNA FRANKLIN

Q10. Title of Person Completing the Form

ADMINISTRATOR

Q11. Facility Type

ASSISTED LIVING

Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

80

Q14. Number of Designated Alzheimer's/Dementia Beds

40

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

0

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

0

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.

OUR MISSION IS TO PROVIDE THE BEST QUALITY OF LIFE FOR MEMORY CARE RESIDENTS WHILE PROVIDING THE SAFEST ENVIRONMENT POSSIBLE.

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

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

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

- Doctors' orders
- Residency agreement
- History and physical
- Deposit/payment

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.

- Medical care requiring 24 hour nursing care
- Intravenous

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?

You will participate in your designated service package if it is conducive to your safety and well-being, the safety and well-being of other residents, and applicable legal requirements. We will perform regular assessments of your needs. If we determine, in consultation with you, your family and/or your physician, that you need a different level of service than that which you currently are receiving at Belfair of McAlester, LLC, and we provide this service, you agree to change to a level of service as is appropriate to your needs. The rates for the new level of service, as set forth in Appendix B, shall apply immediately.

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

- Annually
- As Needed
- Other (explain):
INITIAL, 14 DAY, ANNUAL, SIGNIFICANT CHANGE

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

- Administrator
- 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:

- Hospice
- Home health

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

REGISTERED NURSE AND LPN

**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>	1/30
<i>Registered Nurse, RN</i>	1/30
<i>Certified Nursing Assistant, CNA</i>	5/30
<i>Activity Director/Staff</i>	1/30
<i>Certified Medical Assistant, CMA</i>	1/30
<i>Other (specify)</i>	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>	1/30
<i>Registered Nurse, RN</i>	1/30
<i>Certified Nursing Assistant, CNA</i>	5/30
<i>Activity Director/Staff</i>	1/30
<i>Certified Medical Assistant, CMA</i>	1/30
<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>	N/A
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	2/30
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	1/30
<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

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>	N/A
<i>Using activities to improve quality of life</i>	1
<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>	1
<i>Other (specify below)</i>	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

<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>	12
<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.

MONTHLY IN-SERVICES

Q39. Who provides the training?

ADMINISTRATOR AND REGISTERED NURSE

Q40. List the trainer's qualifications:

LICENCED ADMINISTRATOR AND REGISTERED NURSE

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

- Emergency pull cords
- Opening windows restricted
- Locked doors on exit
- Cameras

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?

AS WEATHER PERMITS AND WITH STAFF SUPERVISION

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?

WEEKLY: EXERCISE CLASS, BEAUTY SALON, CHURCH SERVICES, THERAPY DOG

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.)

- Evenings
- Weekends
- Holidays

Q46. Are residents taken off the premises for activities?

- Yes

Q47. What techniques are used for redirection?

WATCHING NONVERBAL CUES AND USING GENTLE VOICE AND TOUCH, EYE CONTACT, AND A CALM DEMEANOR. CHANGING THE ENVIRONMENT, OFFERING OUTDOOR ACTIVITIES, OFFERING A SNACK, OR MEANINGFUL DISTRACTION. TRY A DIFFERENT STAFF MEMBER TO ENGAGE AND REDIRECT.

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

MOVIE THEATER, ACCESS SNACKS AND PUZZLES/GAMES. TV COMMONS AREAS. CROSSWORDS/COLORING/ACTIVITY PADS

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

- Electro-magnetic locking system
- Other (explain):
WALKING PATHS, REGULAR ROUNDING, OPTIONAL DOOR LOCKS.

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?

- Levels of care

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?

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

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

Q56. Do you charge for different levels of care?

- Yes

Q56. If yes, please describe the different levels of care.

Admission:

Upon acceptance for admission the following process will take place:

- A resident record will be created and maintained in accordance with 310:663-19-3
- Belfair of McAlester, LLC will review all admission documents with the prospective resident and/or responsible party
- All admission documents will be signed
- Immunization documents will be reviewed
- Residents' rights will be reviewed, and a resident's rights statement is included in the resident handbook which is an addendum to the residency agreement
- A needs and services plan will be written
 - o At the time of admission Belfair of McAlester, LLC staff will meet with the resident and responsible party if any, and a representative of the resident's home health agency if any and any other appropriate parties to create a needs and services plan.
 - o A written record will be kept of the meeting including the date of the meeting, all attendees and their relationship to the resident, and the agreed upon services for the resident.
 - o Belfair of McAlester, LLC has four levels of care:

Level I Basic ADL Care/Service

1. Ambulation - Ambulates without assistance, may use cane for security
2. Activities of Daily Living - Requires prompting or little assistance with ADLs (dressing, bathing, grooming, etc.)
3. Orientation - Good mental awareness, makes friends and attends programs on own. Exhibits normal behavior
4. Transfer - Transfers independently
5. Medications/Healthcare - Able to take own medication or medications dispensed by attendant for convenience. Illnesses are short term, resolved in one week or less
6. Safety Awareness - Good
7. Dining/Diet needs - Usually able to dine in main dining room, needs preparation and service of three meals per day
8. Continence - uses bathroom independently

Level II Low Intensity of Care/Service

1. Ambulation - Uses walker or prong cane. Needs transportation help for long distances and to activities and dining
2. Activities of Daily Living - Needs assistance with showers or whirlpool bath. Dresses self with some cueing and assistance
3. Orientation - Has some memory loss or cognitive impairments, responds well to cueing. Needs assistance or reminder to attend programs and meals. Some depression or anxiety present
4. Transfer - Able to transfer but may prefer presence of staff for added security. Responds well to cueing
5. Medications/Healthcare - Unable to take medication properly without assistance. Has chronic problems, required monitoring of vital signs and assessment for nursing interventions
6. Safety Awareness - Needs reminders of safety hazards. Assessment of utilization of in-room appliances needs to be monitored by staff
7. Dining/Diet Needs - Needs mild assistance with food at table. May continue to be a candidate for main dining room, on a case-by-case basis
8. Continence - Wears incontinence products, manages on own with attendants managing supply and disposal

Level III Moderate Intensity of Care/Service

1. Ambulation - Needs assistance to monitor safety and resident sense of security
2. Activities of Daily Living - Assistance needed in most ADLs. Unable to bath or shower without total assistance or monitoring
3. Orientation - Needs assistance due to memory loss or poor comprehension, may exhibit inappropriate behavior, and wandering
4. Transfer - Must maintain ability to assist in transfer from bed to chair but may need additional staff assistance due to instability
5. Medications/Healthcare - Medications dispensed by attendant
6. Safety Awareness - Possible danger to self (i.e., wet floors, wandering without destination, etc.)
7. Dining/Diet Needs - Requires plate orientation and prompting
8. Continence - Incontinent and able to be managed by staff

Level IV High Intensity of Care/Service

1. Ambulation - Needs assistance in all aspects of daily ambulation
2. Activities of Daily Living - Assistance needed for all ADLs. Unable to bathe, shower, dress or perform personal hygiene without total assistance
3. Orientation - Needs constant assistance and redirection due to memory loss or poor comprehension may exhibit inappropriate behavior, wandering, calling out or attempts to leave secure areas
4. Transfer - Requires staff assistance for all transfers
5. Medications/Healthcare - Medications dispensed by attendant more than four times per day or twelve different prescribed medications. Medications which require the assistance of a licensed professional to determine proper need or that may require special techniques for dispensing such as inhalers, nebulizers, eye drops, blood glucose monitoring, or injections
6. Safety Awareness - Requires assistance with all environmental management for the purpose of safety and provision of a safe living environment. Resident exhibits behaviors that would be a danger to self or others without staff intervention
7. Dining/Diet Needs - Requires plate orientation and prompting, continued redirection to complete meals, special diets, or assistance with feeding.
8. Continence - Incontinence of bowel and bladder otherwise unmanageable without constant and regular interventions by community staff.

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

- No
-

Embedded Data:

N/A