

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

Bellarose Senior Living

Q3. License Number

AL7240-7240

Q4. Telephone Number

(918) 355-0151

Q5. Email Address

licensing@sagora.com

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Q6. Website URL

<https://www.bellaroselife.com/>

Q7. Address

18001 East 51st St

Q8. Administrator

Sandra Brown

Q9. Name of Person Completing the Form

Sydney Allen

Q10. Title of Person Completing the Form

Compliance Specialist

Q11. Facility Type

Assisted Living Center

Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

110

Q14. Number of Designated Alzheimer's/Dementia Beds

23

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

N/A

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

N/A

Q17. Check the appropriate selection

- Initial License

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.

The Pathway's Memory Care Program is a focused approach to programming which provides the best possible lifestyle, care and environment for our memory care residents. By understanding their unique needs, we are able to support residents as they progress through the many stages of dementia. Pathways is based on dignity, maximizing choices and focusing on the individual.

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

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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
- Other (explain):
Verbal or physical aggression depending on severity.

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

30-Day Notice or if the Resident is a danger to themselves or others.

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?

A change of condition will be evaluated and documented for residents who exhibit significant deviation, from their baseline, in physical or mental status such as:

- Change in medical condition (e.g. multiple falls, skin issues, food intake changes, etc.)
- Change in behavior (e.g. elopement, sudden confusion, threats of self-harm, etc.)
- Change in cognitive ability (e.g. sudden confusion, reclusiveness, refusing assistance, etc.)

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

- Annually
- As Needed
- Other (explain):
 - Upon Move-In
 - Significant Change in Condition

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:

- 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?

The Memory Care Director and Facility Nurse are trained in Memory Care, Dementia and Alzheimer's Care.

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**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 to 40
<i>Registered Nurse, RN</i>	1 to 40
<i>Certified Nursing Assistant, CNA</i>	1 to 8
<i>Activity Director/Staff</i>	1 to 40
<i>Certified Medical Assistant, CMA</i>	1 to 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 to 40
<i>Registered Nurse, RN</i>	1 to 40
<i>Certified Nursing Assistant, CNA</i>	1 to 8
<i>Activity Director/Staff</i>	1 to 40
<i>Certified Medical Assistant, CMA</i>	1 to 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>	1 to 40
<i>Registered Nurse, RN</i>	1 to 40
<i>Certified Nursing Assistant, CNA</i>	1 to 8
<i>Activity Director/Staff</i>	1 to 40
<i>Certified Medical Assistant, CMA</i>	1 to 30
<i>Other (specify)</i>	N/A

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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>	1
<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>	1
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1
<i>Other (specify below)</i>	1

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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>	1
<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>	1
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1
<i>Other (specify below)</i>	1

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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>	1
<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>	1
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1
<i>Other (specify below)</i>	1

Q38. List the name of any other trainings.

Abuse, Neglect, and Misappropriation

Q39. Who provides the training?

Memory Care Director, Nurse, Home Health/Hospice, Ombudsman, Alzheimer's Association.

Q40. List the trainer's qualifications:

All Trainers have been certified in Alzheimer's, Dementia, and other forms of Memory deficits.

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

- Emergency pull cords
- 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

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

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

Residents are escorted by a team member.

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, arts, crafts, exercise, cooking, and games.

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.)

- Evenings
- Weekends
- Holidays

Q46. Are residents taken off the premises for activities?

- Yes

Q47. What techniques are used for redirection?

Individualized Programming

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

Individualized Programming

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

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

Q51. Do you have an orientation program for families?

- Yes

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

Monthly family support group, programming education and safety measures.

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.

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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?

<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>	Yes
<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>	No
<i>Housekeeping (number of days per week)</i> 1	Yes
<i>Activities Program</i>	Yes
<i>Select Menus</i>	Yes
<i>Incontinence Care</i>	Yes
<i>Home Health Services</i>	No
<i>Temporary Use of Wheelchair/Walker</i>	Yes
<i>Injections</i>	Yes
<i>Minor Nursing Services Provided by Facility Staff</i>	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?

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

Q56. Do you charge for different levels of care?

- Yes

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

A Resident will be assessed using a Health and Safety Evaluation Assessment. The Assessment has a point system that will determine level of care.

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

- No

Embedded Data:

N/A

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