



ALZHEIMER'S DISEASE OR RELATED DISORDERS SPECIAL CARE DISCLOSURE FORM

All questions relate to the specialized Alzheimer's disease or related disorders care the individual facility provides. The use of the word "resident" refers to residents with Alzheimer's disease or related disorders.

Facility Instructions

1. Complete this Disclosure Form according to the care and services your facility provides. You may not amend the form, but you may attach an addendum to expand on your answers.
2. Provide copies of the Disclosure Form to anyone who requests information on the care for Alzheimer's or related disorders in your facility.
3. If the facility is a Continuum of Care Center (CCRC), indicate the service at Facility type. For instance, if the Alzheimer's beds are in the Assisted Living Center (ALC) portion/service of a CCRC, list as ALC, not CCRC, so that service can be identified with the bed type. If a CCRC has Alzheimer beds, in the ALC, and the nursing facility (NF), a disclosure form is to be submitted for each facility type.
4. The form is to be submitted with the application, for renewal, change of ownership, and bed additions that affect the total number of licensed beds in the facility. For these submittals the form is to be mailed with the application to PO Box 268823, Oklahoma City, OK 73126-8823.

Facility Information

Facility Name: Carriage House Homes
 License Number: AL0908 Telephone Number: 405 301-0989
 Address: 11012 Coachsman Rd, Yukon, OK 73099
 Administrator: Angie Crawford Date Disclosure Form Completed: 10/21/19
 Completed By: Angie Crawford Title: Administrator
 Number of Alzheimer Related Beds: 5
 Maximum Number of participants for Alzheimer Adult Day Care: —



What types of providers must furnish a Disclosure Form?

State rules require the Disclosure Form be provided by any nursing or specialized nursing facility, residential care home, assisted living center, continuum of care facility, or adult day care center that advertises, markets or otherwise promotes they provide care or treatment to residents with Alzheimer's disease or related disorders in a special unit or under a special program.

What is the purpose of the Disclosure Form?

This Disclosure Form gives families and other interested persons the facility description of the services it provides and how these services target the special needs of residents with Alzheimer's disease or related disorders. Although the information categories are standardized, the information reported is facility-specific. This format gives families and other interested persons consistent categories of information, so they can compare facilities and services. The

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. This form contains additional information, which families can use to make more informed decisions about care.

Check the appropriate box below.

- New application. Complete this form in its entirety and submit with your application before entering into an agreement to provide care or treatment as a Specialized Alzheimer Care provider.
- No change, since previous application submittal. Submit this form with your renewal application.
- Limited change, since previous application submittal. Only respond to the form items changed, and submit this form with your renewal application.
- Substantial change, in the information previously submitted. This box is applicable to bed changes, changes of ownership, or other changes that would not occur with a renewal application submittal.



PRE-ADMISSION PROCESS

A. What is involved in the pre-admission process?

- Visit to facility
- Home assessment
- Medical records assessment
- Written Application
- Family interview
- Other: _____

B. Services (see following chart)

Service	Is it offered? Yes/No	If yes, is it included in the base rate or purchased for an additional cost?
Assistance in transferring to and from a wheelchair	yes	base rate
Intravenous (IV) therapy	yes	additional cost
Bladder incontinence care	yes	base rate
Bowel incontinence care	yes	base rate
Medication injections	yes	base rate
Feeding residents	yes	base rate
Oxygen administration	yes	base rate
Behavior management for verbal aggression	yes	base rate
Behavior management for physical aggression	yes	base rate
Meals (3 per day)	yes	base rate
Special diet	yes	base rate
Housekeeping (5 days per week)	yes	base rate
Activities program	yes	base rate
Select menus	yes	base rate
Incontinence products	yes	additional cost
Incontinence care	yes	base rate
Home Health Services	yes	additional cost

Temporary use of wheelchair/walker	yes	base rate
Injections	yes	base rate
Minor nursing services provided by facility staff	yes	base rate
Transportation (specify)	yes	base rate
Barber/beauty shop	yes	additional cost

C. Do you charge more for different levels of care? Yes No
 If yes, describe the different levels of care. _____

I. ADMISSION PROCESS

A. Is there a deposit in addition to rent? Yes No
 If yes, is it refundable? Yes No
 If yes, when? _____

B. Do you have a refund policy if the resident does not remain for the entire prepaid period? Yes No
 If yes, explain the rent is prorated by the # of days stayed

C. What is the admission process for new residents?
 Doctors' orders Residency agreement History and physical Deposit/payment
 Other: _____

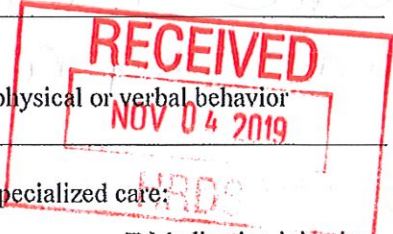
Is there a trial period for new residents? Yes No
 If yes, how long? one week

D. Do you have an orientation program for families? Yes No
 If yes, describe the family support programs and state how each is offered.
offer family handbook, personal cell number is given to all family

II. DISCHARGE/TRANSFER

A. How much notice is given? 30 days

B. What would cause temporary transfer from specialized care?
 Medical condition requiring 24 hours nursing care Unacceptable physical or verbal behavior
 Drug stabilization Other: _____



C. The need for the following services could cause permanent discharge from specialized care:
 Medical care requiring 24-hour nursing care Sitters Medication injections
 Assistance in transferring to and from wheelchair Bowel incontinence care Feeding by staff
 Behavior management for verbal aggression Bladder incontinence care Oxygen administration
 Behavior management for physical aggression Intravenous (IV) therapy Special diets
 Other: _____

D. Who would make this discharge decision?
 Facility manager Other: Administrator Angie Crawford RN

E. Do families have input into these discharge decisions?..... Yes No

F. Do you assist families in making discharge plans? Yes No

III. PLANNING AND IMPLEMENTATION OF CARE (check all that apply)

A. Who is involved in the service plan process?

- Administrator
- Nursing Assistants
- Activity director
- Family members
- Licensed nurses
- Social worker
- Dietary
- Physician
- Resident

B. How often is the resident service plan assessed?

- Monthly
- Quarterly
- Annually
- As needed
- Other: _____

C. What types of programs are scheduled?

- Music program
- Arts program
- Crafts
- Exercise
- Cooking
- Other: _____

How often is each program held, and where does it take place? weekly in sun room or living room

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

- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8 + hours

E. Are residents taken off the premises for activities?..... Yes No

F. What specific techniques do you use to address physical and verbal aggressiveness?

- Redirection
- Isolation
- Other: one on one care with resident

G. What techniques do you use to address wandering?

- Outdoor access
- Electro-magnetic locking system
- Wander Guard (or similar system)
- Other: _____

H. What restraint alternatives do you use?

None - we utilize walking, crafts memory lap rugs, outdoor time

I. Who assists/administers medications?

- RN
- LPN
- Medication aide
- Attendant
- Other: _____



IV. CHANGE IN CONDITION ISSUES

What special provisions do you allow for aging in place?

- Sitters
- Additional services agreements
- Hospice
- Home health

If so, is it affiliated with your facility?..... Yes No

Other: _____

V. STAFF TRAINING ON ALZHEIMER'S DISEASE OR RELATED DISORDERS CARE

A. What training do new employees get before working in Alzheimer's disease or related disorders care?

- Orientation: 4 hours
- Review of resident service plan: 2 hours
- On the job training with another employee: 8 hours
- Other: _____

Who gives the training and what are their qualifications?

Angie Crawford - She is a RN since 1991
that has over 30yrs experience in working
with geriatrics

B. How much on-going training is provided and how often?

(Example: 30 minutes monthly): 1 hr

Who gives the training and what are their qualifications?

Angie Crawford RN BSN CNU LTCIA
see above qualifications

VI. VOLUNTEERS

Do you use volunteers in your facility?..... Yes No

If yes, please complete A, B, and C below.

A. What type of training do volunteers receive?

- Orientation: 4 hours
- On-the-job training: 8 hours
- Other: _____

B. In what type of activities are volunteers engaged?

- Activities
- Meals
- Religious services
- Entertainment
- Visitation
- Other: _____

C. List volunteer groups involved with the family:

hospice volunteers ; pet therapy from
Clergy group ; The Underdog Rescue
music from local ;
church

VII. PHYSICAL ENVIRONMENT

A. What safety features are provided in your building?

- Emergency pull cords
- Opening windows restricted
- Magnetic locks
- Sprinkler system
- Locked doors on emergency exits
- Built according to NFPA Life Safety Code, Chapter 12 Health Care
- Built according to NFPA Life Safety Code, Chapter 21, Board and Care
- Other: _____
- Wander Guard or similar system
- Fire alarm system



B. What special features are provided in your building?

Wandering paths

Rummaging areas

Others: _____

C. What is your policy on the use of outdoor space?

Supervised access

Free daytime access (weather permitting)

VIII. STAFFING

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

30 yrs of RN experience in geriatrics
and neuro patients. she has worked with

B. What is the daytime staffing ratio of direct care staff

2:4

Alzheimer, stroke & brain injury
pts

What is the daytime staffing ratio of Direct Staffing to Residents in Special Care Unit?

2:4

C. What is the daytime staffing ratio of licensed staff?

2:4

D. What is the nighttime staffing ratio of direct care staff?

1:4

What is the nighttime Ratio of Direct Staffing to Residents in the Special Care Unit?

1:4

E. What is the nighttime staffing ratio of licensed staff?

1:4

NOTE: Please attach additional comments on staffing policy, if desired.

IX. Describe the Alzheimer's disease special care unit's overall philosophy and mission as it relates to the needs of the residents with Alzheimer's disease or related disorders.

The Carraig House's mission statement
is to provide a safe, loving + dignified
environment for all our residents. We provide
one on one care with each of our
residents.

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Oklahoma State Department of Health
Creating a State of Health

October 4, 2019

Current Administrator
Carriage House Homes (AL0907)
11012 Coachman Road
Yukon, OK 73099

Dear Current Administrator,

Our record indicates the facility has designated beds for persons with Alzheimer's disease or related disorders. After a thorough search, we are unable to locate the current disclosure for your facility. Please see requirements below

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 673. ALZHEIMER'S DISEASE SPECIAL CARE DISCLOSURE RULES
SUBCHAPTER 3. STANDARDIZED DISCLOSURES AND REVIEWS

310:673-3-1. Disclosure required

- Before entering an agreement to offer care or treatment as a special care provider, each provider shall file a standardized disclosure form with the Department.
- include the disclosure form with each license renewal

310:673-3-3. Timeframes for review

- The Department shall review and verify the special care provider's standardized disclosure within timeframes applicable to the issuance or denial of the provider's license.

310:673-3-4. Standardized disclosure changes

- Providers shall submit any substantial change to the information originally submitted
- Within thirty (30) days after receipt, the Department shall review and verify proposed changes or required filings.



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310:673-3-5. Conditions to refuse to renew

- The Department may refuse to issue or refuse to renew a license for a special care provider, or take such other steps as appropriate, if the special care provider fails to:
 - (1) Submit a required standardized disclosure; or
 - (2) Correct inaccurate information reported in the standardized disclosure.

Sincerely,



Naomi Scott

Administrative Assistant II

Protective Health Services/ Health Resources Development Service

Health Facilities Systems/ Managed Care Systems

1000 N E 10th Street, Room 1010.3

Oklahoma City, OK 73117-1299



