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By HRDS at 3:20 pm, Feb 06, 2025

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

Chapters Living of Tulsa

Q3. License Number

AL-7238

Q4. Telephone Number

918-249-1300

Q5. Email Address

rrey@chapterstulsa.com

Q6. Website URL

N/A

Q7. Address

7807 S Mingo Rd

Q8. Administrator

Rachel Ray

Q9. Name of Person Completing the Form

Rachel Ray

Q10. Title of Person Completing the Form

Executive Director

Q11. Facility Type

AL/ Memory Care

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Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

46

Q14. Number of Designated Alzheimer's/Dementia Beds

44

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

- 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.

Chapters Living was founded because we saw an opportunity to radically improve the lives of seniors. At Chapters Living we deliver customized experience and care for our residents. We build trust through transparency and understand the unique needs of your loved one. Our Mission is Candid, Integrity, curious, flexible and Thankful.

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):
H&P if available

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.

- Intravenous
- Other (explain):
Combative behaviors that can cause residents or staff to be in harms way. Would attempt all means with behavioral management outside of community and/or work with the psych Dr. to decrease combative behaviors before discharge is requested.

Q24. Who would make this discharge decision?

- Other (explain):
ED would file a immediate discharge through state dept of health and follow the state regulations.

Q25. How much notice is given for a discharge?

Immediate if others at harms way or 30 day notice for anything that is not immediate threat to others.

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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
- Other (explain):
Plan of Accommodation (Hospice, Home Health) on residents that require 24 hour nursing care Hospice or Home Health for aging in place and /or resident no longer meeting the requirements per the regulations to remain in Assisted Living

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 change of condition assessment is completed when there are 2 or more changes in health status that would drive a new care plan.

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

- Annually
- As Needed
- Other (explain):
pre admission, 14 day , annually and with significant change in condition.

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

- Administrator
- Nursing assistants
- Activity director
- Family members
- Licensed nurses
- Dietary

Q32. Do you have a family council?

- No

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

- Approved sitters
- 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?

Administrator with nursing license worked for over 25 years with Alzheimer's and Dementia residents and attend available programs to keep up to date with new ideas and new programs,

**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>	1
<i>Certified Nursing Assistant, CNA</i>	3
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify)</i>	7

**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>	1
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify)</i>	5

**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>	3
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify)</i>	4

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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>	2
<i>Techniques for dealing with behavioral management</i>	2
<i>Techniques for communicating</i>	2
<i>Using activities to improve quality of life</i>	2
<i>Assisting with personal care and daily living</i>	2
<i>Nutrition and eating/feeding issues</i>	2
<i>Techniques for supporting family members</i>	2
<i>Managing stress and avoiding burnout</i>	2
<i>Techniques for dealing with problem behaviors</i>	2
<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>	8
<i>Physical, cognitive, and behavioral manifestations</i>	8
<i>Creating an appropriate and safe environment</i>	8
<i>Techniques for dealing with behavioral management</i>	8
<i>Techniques for communicating</i>	8
<i>Using activities to improve quality of life</i>	8
<i>Assisting with personal care and daily living</i>	8
<i>Nutrition and eating/feeding issues</i>	8
<i>Techniques for supporting family members</i>	8
<i>Managing stress and avoiding burnout</i>	8
<i>Techniques for dealing with problem behaviors</i>	8
<i>Other (specify below)</i>	8

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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>	8
<i>Physical, cognitive, and behavioral manifestations</i>	8
<i>Creating an appropriate and safe environment</i>	8
<i>Techniques for dealing with behavioral management</i>	8
<i>Techniques for communicating</i>	8
<i>Using activities to improve quality of life</i>	8
<i>Assisting with personal care and daily living</i>	8
<i>Nutrition and eating/feeding issues</i>	8
<i>Techniques for supporting family members</i>	8
<i>Managing stress and avoiding burnout</i>	8
<i>Techniques for dealing with problem behaviors</i>	8
<i>Other (specify below)</i>	N/A

Q38. List the name of any other trainings.

CPR, First Aide training and test, resident rights and abuse and neglect

Q39. Who provides the training?

Executive Director/ LPN

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Q40. List the trainer's qualifications:

Nursing and administrator education, have worked with seniors with and without Alzheimer's for over 40 years Online in services and education monthly to keep up on new education and new activities.

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

- Emergency pull cords
- Opening windows restricted
- Wander Guard or similar system
- 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
- Other (explain):
Pool table for residents that have played pool early in life, Piano for anyone to play, outside courtyards locked along with a sunroom for residents to wander in and out when weather permits

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Q42. Is there a secured outdoor area?

- Yes

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

check locked gates , staff member with residents at all time when outside.

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?

Bingo, card games , memory items in basket , virtual TV shows with animals or scenery and items to fold. Music and Art work best with our residents that love to paint or dance.

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?

- No

Q47. What techniques are used for redirection?

Always agree with resident and then ask if it is a good idea that they try it this way, works well.

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

Residents usually are looking for their beds by 9pm , but if resident wants to stay up its there home so we give them a snack and drink and let them sit in Bistro a staff member usually sits with them, or let them watch tv until they can be redirected back to bed

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

- Electro-magnetic locking system
- Wander Guard (or similar system)
- Other (explain):
All doors are locked at all times , key cards and codes to enter or exit community

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?

Assistance in transferring to and from a Wheelchair	Yes
Intravenous (IV) Therapy	No
Bladder Incontinence Care	Yes
Bowel Incontinence Care	Yes
Medication Injections	Yes
Feeding Residents	Yes
Oxygen Administration	Yes
Behavior Management for Verbal Aggression	Yes
Behavior Management for Physical Aggression	Yes
Special Diet	Yes
Housekeeping (number of days per week) 5	Yes
Activities Program	No
Select Menus	No
Incontinence Care	Yes
Home Health Services	No
Temporary Use of Wheelchair/Walker	No
Injections	Yes
Minor Nursing Services Provided by Facility Staff	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?

Assistance in transferring to and from a Wheelchair	Additional Cost
Intravenous (IV) Therapy	Base Rate
Bladder Incontinence Care	Additional Cost
Bowel Incontinence Care	Additional Cost
Medication Injections	Additional Cost
Feeding Residents	Additional Cost
Oxygen Administration	Additional Cost
Behavior Management for Verbal Aggression	Additional Cost
Behavior Management for Physical Aggression	Additional Cost
Special Diet	Base Rate
Housekeeping (number of days per week) 5	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
Incontinence Care	Additional Cost
Home Health Services	Base Rate
Temporary Use of Wheelchair/Walker	Base Rate
Injections	Additional Cost
Minor Nursing Services Provided by Facility Staff	Base Rate

Q56. Do you charge for different levels of care?

- Yes

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

- Level 1 Assessment scoring 0-20 750.00
- Level 2 Assessment scoring 21-30 1500.00
- Level 3 Assessment scoring 31 and above 2500.00

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

- No

Embedded Data:

N/A