

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

Countryside Memory Care of Muskogee

Q3. License Number

AL5101

Q4. Telephone Number

918-683-8388

Q5. Email Address

carla@countrysideltc.com

Q6. Website URL

www.countrysideassistedliving.com/muskogee

Q7. Address

3211 Chandler Rd. Muskogee, OK 74403

Q8. Administrator

Carla Gay

Q9. Name of Person Completing the Form

Melissa Nold

Q10. Title of Person Completing the Form

Consultant

Q11. Facility Type

Assisted Living

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Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

49

Q14. Number of Designated Alzheimer's/Dementia Beds

49

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

- 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.

Countryside Memory Care of Muskogee is designed with a focus on providing a safe, supportive, and compassionate environment tailored to meet the unique needs of residents with Alzheimer's disease and other forms of dementia. The overall philosophy and mission of such a facility typically revolve around several key principles:

- Person-Centered Care
- Creating a Safe and Secure Environment
- Holistic Care and Support
- Support for Family Members
- Skilled and Specialized Staff
- Promoting Independence and Quality of Life
- Compassionate End-of-Life Care

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

- Visit to facility
- Resident assessment
- Medical records assessment

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
- 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.

- 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?

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In an assisted living setting, the assessment of a change in a resident's condition is crucial for ensuring their health, safety, and overall well-being. This process is typically guided by several policies and procedures, ensuring a comprehensive and systematic approach to monitoring and responding to changes. The following are the steps on how a change in condition is determined:

1. Ongoing Monitoring and Regular Assessments:

Routine Assessments: Regular assessments are conducted to monitor a resident's physical, mental, and emotional health. This could be done daily, weekly, or monthly, depending on the resident's needs. These assessments may include vital signs checks, cognitive status evaluations, mobility assessments, and other indicators.

Behavioral and Emotional Monitoring: Staff also observe for changes in behavior, mood, and engagement. Sudden changes can be a sign of underlying issues, like infections, mental health concerns, or cognitive decline.

2. Criteria for Determining a Change in Condition:

Physical Changes: These might include changes in mobility, loss of appetite, changes in weight, new or worsening pain, or difficulty with activities of daily living (ADLs) like bathing, dressing, or eating.

Cognitive Changes: Declines in memory, confusion, difficulty concentrating, or signs of conditions like dementia or delirium.

Behavioral Changes: Uncharacteristic behaviors such as agitation, withdrawal, or increased anxiety, which could signal an unmet need or medical issue.

Health Indicators: Any sudden or gradual changes in vital signs, such as blood pressure, heart rate, or blood sugar levels, that could indicate a medical emergency or a chronic condition worsening.

3. Documentation and Reporting:

Incident Reporting: If a change is observed, staff document it thoroughly. This documentation is critical for tracking trends, managing care, and ensuring clear communication among caregivers, medical staff, and family members.

Alerting Medical Providers: If the change is concerning or requires immediate attention, it is reported to the on-site nurse, physician, or other medical professionals. Depending on the severity, this might also involve alerting emergency medical services (EMS).

4. Evaluation and Care Plan Adjustment:

Reassessment: Following a significant change, the resident's care plan is reassessed. This may include revising medication, adjusting levels of assistance with ADLs, or providing new interventions.

Team Involvement: The care team, including nurses, doctors, therapists, and social workers, collaborates to determine the most appropriate response. They evaluate the resident's needs and may consider introducing new services, such as physical therapy or increased supervision.

Family Involvement: Family members are often consulted about changes in condition, especially when the change is significant, and adjustments are made to the care plan accordingly.

5. Interventions and Modifications to the Care Plan:

Updating the Care Plan: If necessary, the care plan is updated to reflect the new condition. This may include changes in daily activities, medication management, or social and psychological support.

Additional Services or Support: Depending on the change, the facility may introduce additional services, such as more frequent nurse visits, specialized therapies, or adjustments to the living environment (e.g., moving the resident to a room that accommodates their new mobility needs).

6. Family and Resident Involvement in Decision-Making:

Resident-Centered Approach: The changes are discussed with the resident (if possible) and their family, with decisions being made collaboratively to ensure the resident's preferences and values are considered.

Consent and Communication: Any major changes to the care plan or medical interventions require informed consent, which is communicated transparently to the family and resident.

7. Evaluation of Care Plan Effectiveness:

Follow-up: After adjustments are made, follow-up assessments and regular monitoring ensure that the care plan changes have been effective in improving or stabilizing the resident's condition.

Continuous Improvement: The process of reassessing and modifying the care plan is ongoing. As residents' needs change, the facility strives to adapt and improve their care to ensure quality of life.

By continuously assessing changes in a resident's condition and making the necessary adjustments to their care plan, assisted living facilities can help ensure that each resident receives personalized and responsive care, ultimately contributing to their health and well-being

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

- Annually
- As Needed

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

- Administrator
- Resident
- Licensed nurses
- 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?

- Yes

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

Licensure

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>	1/49
<i>Registered Nurse, RN</i>	1/49
<i>Certified Nursing Assistant, CNA</i>	3/49
<i>Activity Director/Staff</i>	NA
<i>Certified Medical Assistant, CMA</i>	2/49
<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>	N/A
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	3/49
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	2/49
<i>Other (specify)</i>	N/A

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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>	N/A
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	2/49
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	1/49
<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>	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>	N/A
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	N/A
<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>	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

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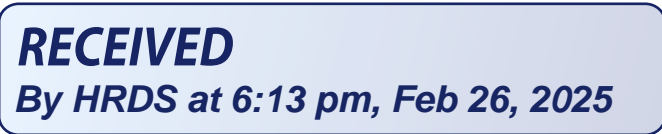
Q37#3. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - Activity Director

Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	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

Q38. List the name of any other trainings.

Abuse, neglect, and exploitation



Q39. Who provides the training?

the community

Q40. List the trainer's qualifications:

LPN/Administrator

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

Q42. Is there a secured outdoor area?

- Yes

Q42. If yes, what is your policy on the use of outdoor space?
as temperature and weather permit

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?
Purposeful, emotional, physical, spiritual, and intellectual activities through day time hours, evenings and weekends.

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?
Create a calm environment, offer a distraction, engage in a simple activity, validate their concerns and reassurance and help them with their request

Q48. What activities are offered during overnight hours for those that need them?
Distractions using snacks, beverages, or small activity, reminiscing, music, and/or a short walk.

Q49. What techniques are used to address wandering? (Select all that apply.)
• Electro-magnetic locking system
• Wander Guard (or similar system)

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?
• 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?

<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> 1	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>	No
<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>	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> 1	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>Minor Nursing Services Provided by Facility Staff</i>	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

Embedded Data:

N/A

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