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*By HRDS at 11:29 am, Mar 13, 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

The Courtyard at Magnolia Creek Memory Care Assisted Living

#### Q3. License Number

AL3303-3303

#### Q4. Telephone Number

580-482-6735

#### Q5. Email Address

Karina.Veirs@MagnoliaOK.com

#### Q6. Website URL

<https://www.al.magnoliaok.com>

#### Q7. Address

2600 Cedar Creek Dr. Altus, OK 73521

#### Q8. Administrator

Karina Veirs

#### Q9. Name of Person Completing the Form

Karina Veirs

#### Q10. Title of Person Completing the Form

Administrator

#### Q11. Facility Type

Assisted Living Center

**Q12. Dedicated memory care facility?**

- Yes

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**Q13. Total Number of Licensed Beds**

70

**Q14. Number of Designated Alzheimer's/Dementia Beds**

70

**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)**

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.**

In order to meet the needs of Alzheimer's Disease and related dementia resident, the facility has developed a secured, safe and structured environment to care for these residents. The facility is structurally designed toward meeting the special needs of the resident with a dementia which includes, but is not limited to, the following: Encouraging a physically restraint free and chemical restraint appropriate monitored environment which facilitates the safety and comfort of the resident. Dementia directed education programs which are provided to facility personnel. Specialized activities and programs that maximize participation by maintaining each resident's strengths and abilities while enhancing their quality of life. A dining/activities area which fulfills socialization and special nutritional needs. Specially educated staff to meet the physical and safety issues of the resident with dementia. Information regarding Alzheimer's Disease is available for staff and family upon request. The facility staff works closely with the residents, physicians and other care team professionals to provide a regimen of a daily health care plan, addressing the special needs of residents with dementia or other memory deficits.

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

- Visit to facility
- Medical records assessment
- Family interview
- Other (explain):  
Nursing Assessment

**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?**

- Yes

**Q22. How long is the trial period?**

N/A

**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
- Behavior management for verbal aggression
- Intravenous
- Medication injections
- Oxygen administration
- Special diets
- Other (explain):  
If resident requires physical assistance by Mechanical lift. Safety or health risk to self or others.

**Q24. Who would make this discharge decision?**

- Other (explain):  
Physician

**Q25. How much notice is given for a discharge?**

30 days unless emergency situation

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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

**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 comprehensive assessment is completed when the IDT team has determined that the resident has met the significant change in guidelines for either major improvement or decline. The care plans are updated with assessment findings.

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

- Quarterly
- Annually
- Other (explain):  
Upon admission

**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
- 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?**

Education of the person in charge: Licensed Assisted Living Administrator, Licensed Practical Nurse. Our physicians assigned to these residents have a special interest in Alzheimer's Disease and related Dementia. They work closely with the residents and other care team professionals to provide a regimen of a daily healthcare plan, addressing the special needs of the residents in the Assisted Living.

**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>	0.08
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	.23
<i>Activity Director/Staff</i>	.08
<i>Certified Medical Assistant, CMA</i>	.23
<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>	0.08
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	.23
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	.23
<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>	0.08
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	.23
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	.23
<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>	2
<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>	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>	14
<i>Physical, cognitive, and behavioral manifestations</i>	8
<i>Creating an appropriate and safe environment</i>	4
<i>Techniques for dealing with behavioral management</i>	8
<i>Techniques for communicating</i>	4
<i>Using activities to improve quality of life</i>	1
<i>Assisting with personal care and daily living</i>	4
<i>Nutrition and eating/feeding issues</i>	1
<i>Techniques for supporting family members</i>	1
<i>Managing stress and avoiding burnout</i>	4
<i>Techniques for dealing with problem behaviors</i>	8
<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**

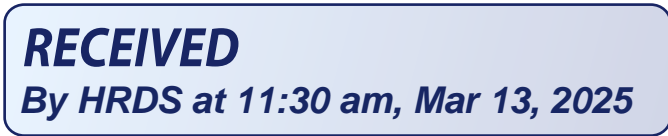
<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	6
<i>Physical, cognitive, and behavioral manifestations</i>	2
<i>Creating an appropriate and safe environment</i>	2
<i>Techniques for dealing with behavioral management</i>	4
<i>Techniques for communicating</i>	4
<i>Using activities to improve quality of life</i>	2
<i>Assisting with personal care and daily living</i>	2
<i>Nutrition and eating/feeding issues</i>	1
<i>Techniques for supporting family members</i>	2
<i>Managing stress and avoiding burnout</i>	4
<i>Techniques for dealing with problem behaviors</i>	4
<i>Other (specify below)</i>	N/A

**Q38. List the name of any other trainings.**

Alzheimer's Association Education

**Q39. Who provides the training?**

Administrator and Director of Nursing



**Q40. List the trainer's qualifications:**

Licensed Practical Nurse and Licensed Nursing Home Administrator

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

- Emergency pull cords
- Locked doors on exit
- 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.**

- Other (explain):  
N/A

**Q42. Is there a secured outdoor area?**

- Yes

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

Daily activities inside and outside the facility, weather permitting.

**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?**

Pet therapy, domestic activities, religious activities, glamour time, music programs, arts programs, crafts, exercises and aroma therapy, Daily activities inside and outside facility.

**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?**

- No

**Q47. What techniques are used for redirection?**

Gently steering residents' attention away from distressing or agitating situations. Encourage activities they enjoy, reminisce about positive memories, or use distraction techniques like music or engaging conversations to redirect their focus.

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

Music therapy, reading and quiet rooms.

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

- Outdoor System
- Electro-magnetic locking system

**Q51. Do you have an orientation program for families?**

- Yes

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

Admissions process and/ or care plan meetings.

**Q52. Do families have input into discharge decisions?**

- Yes

**Q53. How is your fee schedule based?**

- Flat rate

**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?**

<b><i>Assistance in transferring to and from a Wheelchair</i></b>	No
<b><i>Intravenous (IV) Therapy</i></b>	Yes
<b><i>Bladder Incontinence Care</i></b>	No
<b><i>Bowel Incontinence Care</i></b>	No
<b><i>Medication Injections</i></b>	No
<b><i>Feeding Residents</i></b>	No
<b><i>Oxygen Administration</i></b>	No
<b><i>Behavior Management for Verbal Aggression</i></b>	No
<b><i>Behavior Management for Physical Aggression</i></b>	No
<b><i>Special Diet</i></b>	No
<b><i>Housekeeping (number of days per week)</i></b> 1	No
<b><i>Activities Program</i></b>	No
<b><i>Select Menus</i></b>	Yes
<b><i>Incontinence Care</i></b>	No
<b><i>Home Health Services</i></b>	No
<b><i>Temporary Use of Wheelchair/Walker</i></b>	No
<b><i>Injections</i></b>	No
<b><i>Minor Nursing Services Provided by Facility Staff</i></b>	No

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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?**

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

**Q56. Do you charge for different levels of care?**

- Yes

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

Level of care is determined by ADLS's and medication changes.

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

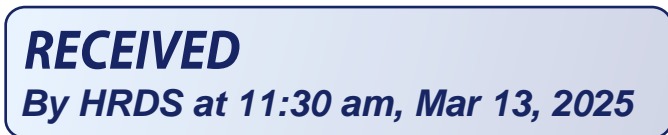
- Yes

**Q57. If yes, list name and date of accreditation.**

	<b>Date</b>
<b>Accreditation Name OSDH</b>	9/8/2022
<b>Accreditation Name</b>	N/A
<b>Accreditation Name</b>	N/A
<b>Accreditation Name</b>	N/A

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N/A



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