

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

Dorset Place Memory Care

Q3. License Number

AL5515

Q4. Telephone Number

(405) 752-4220

Q5. Email Address

demetrio.gutierrez@vitalvi.org

Q6. Website URL

N/A

Q7. Address

12401 Dorset Dr, Oklahoma City, OK 73120

Q8. Administrator

Demetrio Gutierrez

Q9. Name of Person Completing the Form

Tracey Toll

Q10. Title of Person Completing the Form

Attorney

Q11. Facility Type

Assisted Living Center/Memory Care



Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

38

Q14. Number of Designated Alzheimer's/Dementia Beds

38

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.

Our philosophy is to utilize the latest technology and strategic principles, and provide innovative resident focused programs and services. We deliver an overall experience that is flexibility and customizable so residents can be more active and independent.

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

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
- Behavior management for verbal aggression
- 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.

- Medication condition requiring 24 hours nursing care
- Unacceptable physical or verbal behavior
- Other (explain):
Drug Stabilization

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?

Upon change of condition, the Health & Wellness Director will utilize an assessment tool along with Mini-Mental to monitor decline in AOLs and progression of disease that will be used to determine adjustments needed to the plan of care.

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

- Quarterly

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

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



Q32. Do you have a family council?

- Yes

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 or Alzheimer's disease or related disorders care?

AAA & Wendy Brown LPN/DHW

**Q36#1. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Day/Morning Ratio**

Licensed Practical Nurse, LPN	1
Registered Nurse, RN	0
Certified Nursing Assistant, CNA	2
Activity Director/Staff	1
Certified Medical Assistant, CMA	1
Other (specify)	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
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	2
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	1
<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
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	2
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	1
<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>	4
<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#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>	4
<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>	4
<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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Q38. List the name of any other trainings.

Relias & Cares Training

Q39. Who provides the training?

AAA & Wendy Brown LPN/DHW

Q40. List the trainer's qualifications:

LPN/DHW

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
- 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.

- Rummaging areas

Q42. Is there a secured outdoor area?

- Yes

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

Supervised access.

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?

Activities include social, spiritual, intellectual, emotional and physical dimensions of well-being based on resident's level of ability.

Q44. How many hours of structured activities are scheduled per day?

- 4-6 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?

Redirection is person-centered. Staff assess what works for each individual based on preferences and shares what works with other staff.

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

Overnight staff have access to different program kits that include activity packets, games, cards, and manipulatives.

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

- Electro-magnetic locking 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.

[\[Click here\]](#)



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)	Yes
Activities Program	Yes
Select Menus	Yes
Incontinence Care	Yes
Home Health Services	Yes
Temporary Use of Wheelchair/Walker	Yes
Injections	Yes
Minor Nursing Services Provided by Facility Staff	Yes

