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By HRDS at 9:17 am, Mar 11, 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

FountainBrook Assisted Living & Memory Support

Q3. License Number

AL5537-5537

Q4. Telephone Number

4057697677

Q5. Email Address

FountainED@silverpointsenior.com

Q6. Website URL

fountainbrookliving.com

Q7. Address

11510 SE 15th St, Midwest City, OK 73130

Q8. Administrator

Rishell Gresham

Q9. Name of Person Completing the Form

Ashley Shipman

Q10. Title of Person Completing the Form

Vice President of Operations

Q11. Facility Type

Assisted Living Center

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Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

90

Q14. Number of Designated Alzheimer's/Dementia Beds

19

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.

A full range of services encourages a sense of freedom and self for both Assisted Living & Memory Care residents - while also providing a worry-free lifestyle.

Health and wellness programs

Apartment maintenance

Weekly housekeeping

All utilities (except telephone and private internet)

Personalized Care Plan

Scheduled Transportation

Family Style Meal 3 times per day

All day Refreshments

Regularly scheduled physician visits

Makin Moments Matter Life Story program

Medication management

Incontinence management

Compassionate care team on-site 24/7

Community WiFi access

Pet Friendly

Shower assistance (twice weekly/as needed)

Wellness monitoring and monthly weight check

Resident well-being checks (per service plan)

Escorts to meals and activities

Daily bed-making

Scheduled daily grooming and dressing every morning and evening (per service plan)

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

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
- Sitters
- Intravenous
- Medication injections

Q24. Who would make this discharge decision?

- Other (explain):
Physician (If applicable)
Executive Director
Health and Wellness Director
Corporate Director of Clinical
Operations
Vice President of Operations

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Q25. How much notice is given for a discharge?

30 Day Notice

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?

POLICY:

Change in Condition

When a resident exhibits a change in condition, action will be taken to coordinate appropriate care.

Procedure

1. When a resident displays a change in condition, caregivers notify the Health & Wellness Director.
2. If a change in status progresses to an emergency at anytime, call 911.
3. Examples of change in condition may include, but not be limited to:
 - a. Refusal of meals
 - b. Decreased mobility/range of motion
 - c. Change in patterns of elimination
 - d. Weakness
 - e. Decreased coordination
 - f. Change in level of consciousness
 - g. Decreased communication/response
 - h. Decreased ability to communicate signs
 - i. Decline in cognitive function
 - j. Motor agitation or retardation
 - k. Hallucinations or other unusual behavior
 - l. Nausea
 - m. Vomiting
 - n. Elevated or subnormal temperature
 - o. Wheezing
 - p. Shortness of breath or exertion
 - q. Complaints of pain or discomfort
 - r. Edema or swelling
 - s. Change in usual range of vital signs
 - t. Reaction/side effect to medications
 - u. Weight loss
 - v. Depressive behaviors
 - w. Falls
4. If there is an actual change in condition the resident's physician is notified. Always have the resident's complete chart, list of meds, current vital signs (if available), and concise list of problems available when calling the physician.
5. If this is part of an ongoing problem and home health or hospice are following the resident, contact the home health or hospice nurse and explain the situation at hand.
6. Document the date and time of contacts, and with whom you spoke. Clearly document any new orders and repeat back to the physician.
7. Immediately enter the new orders on the resident's service plan and/or medication administration record if the order pertained to medications.
8. Notify the resident's responsible person of the change in status and action taken.
9. Keep the Health & Wellness Director abreast of the resident's response to the new orders.
10. Report the status change and new physician orders to each shift.
11. If the resident status change results in a prohibited health condition, a conference will take place with the Health & Wellness Director to determine the resident's suitability for retention. The Health & Wellness Director will file for an exception if required.
12. If the resident requires skilled monitoring due to the status change, the Health & Wellness Director consults with the physician to obtain an order for home health.
13. The Health & Wellness Director documents, schedules and follows through with any continuing physician appointments and medical care.
14. If the resident status change is more than a transient problem, a resident care conference is arranged.
15. If the change in status involves a change in ambulatory status, the resident will be retained in a non-ambulatory-approved room.

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

- As Needed
- Other (explain):
 - General Assessment(s):
 - Assisted Living Assessment
 - Completed Prior To Admission, 30 Day Post Admission, Routine (Every 6 Months), Change Of Condition
 - Memory Care Assessment
 - Completed Prior To Admission, 30 Day Post Admission, Routine (Every 6 Months), Change Of Condition

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

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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?

- 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?

Executive Director (Resident Care/Assisted Living)

Health and Wellness Director (Licensed Practical Nurse/Licensed Vocation Nurse)

**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	1
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**

Licensed Practical Nurse, LPN	1
Registered Nurse, RN	0
Certified Nursing Assistant, CNA	1
Activity Director/Staff	1
Certified Medical Assistant, CMA	1
Other (specify)	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>	1
<i>Activity Director/Staff</i>	0
<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>	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#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.

N/A

Q39. Who provides the training?

Relias/Executive Director/Business Office Manager/Health and Wellness Director/Resident Care Coordinator

Q40. List the trainer's qualifications:

RCAL/Licensed Practical Nurse/Licensed Vocational Nurse/Certified Medical Assistant

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

- Opening windows restricted
- 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.

- Other (explain):
Walking Paths Inside/Outside

Q42. Is there a secured outdoor area?

- Yes

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

FountainBrook Assisted Living & Memory Support Team Members monitors outdoor areas frequently to ensure space is safe and secure.

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?

Arts and Crafts: Daily
Cooking: 2-3 Times Weekly
Exercise: Daily
Music: Daily

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?

Review "Life Story" for an individualized approach when redirecting.

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

Arts and Crafts
Exercise
Music

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.

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>	No
<i>Behavior Management for Physical Aggression</i>	No
<i>Special Diet</i>	Yes
<i>Housekeeping (number of days per week) Minimum of Once Weekly/As Needed</i>	Yes
<i>Activities Program</i>	Yes
<i>Select Menus</i>	Yes
<i>Incontinence Care</i>	Yes
<i>Home Health Services</i>	No
<i>Temporary Use of Wheelchair/Walker</i>	No
<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>	Additional Cost
<i>Behavior Management for Physical Aggression</i>	Additional Cost
<i>Special Diet</i>	Base Rate
<i>Housekeeping (number of days per week) Minimum of Once Weekly/As Needed</i>	Base Rate
<i>Activities Program</i>	Base Rate
<i>Select Menus</i>	Base Rate
<i>Incontinence Care</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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