

## 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

Gardens at Quail Springs Assisted Living and Memory Care

#### Q3. License Number

AL5514-5514

#### Q4. Telephone Number

405-970-2121

#### Q5. Email Address

executivedirector@gardensatquailsprings.com

#### Q6. Website URL

gardensatquailsprings.com

#### Q7. Address

14300 N Portland Ave, OKC, OK 73134

#### Q8. Administrator

Lisa Sanders

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

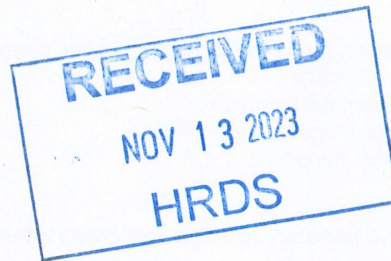
Lisa Sanders

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

Executive Director

#### Q11. Facility Type

Assisted Living and Memory Care



**Q12. Dedicated memory care facility?**

- No

**Q13. Total Number of Licensed Beds**

133

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

45

**Q15. Total Licensed Capacity for Adult Day Care (leave blank if does not apply to your facility)**

Oklahoma City

**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.**

Our comprehensive service gives seniors with Alzheimer's or dementia support, stimulation, purpose, and senior housing. The Alzheimer's care team in our community is here to help and provide independence through activities of daily living, purposeful engagement, socialization with peers and staff.

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

- Visit to facility
- Resident assessment
- Medical records assessment
- 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
- Intravenous
- Other (explain):  
Behavior management for physical aggression.

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

- Other (explain):  
Facility Administrator, Wellness Director and Nurse, Regional Directors

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

30 days, unless emergency discharge is offered.

**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?**

A major change in resident health and/or behaviors, as well as needs; interdisciplinary review and possible revision of the care plan.

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

- Quarterly
- As Needed
- Other (explain):  
Change of Condition

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

- Administrator
- Family members
- Licensed nurses
- Physician
- Other (explain):  
Could include other disciplines as it relates to the changes.

**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?**

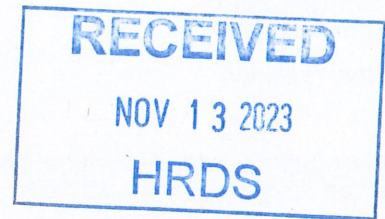
- No

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

Minimum LPN with training or experience in dementia care.

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

|   |      |
|---|------|
| <b>Licensed Practical Nurse, LPN</b>    | 1/45 |
| <b>Registered Nurse, RN</b>             | n/a  |
| <b>Certified Nursing Assistant, CNA</b> | 1/8  |
| <b>Activity Director/Staff</b>          | 1/45 |
| <b>Certified Medical Assistant, CMA</b> | 1/45 |
| <b>Other (specify)</b>                  | N/A  |



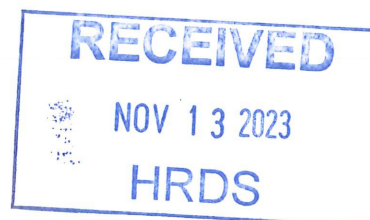
**Q36#2. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -  
Afternoon/Evening Ratio**

|   |      |
|---|------|
| <i>Licensed Practical Nurse, LPN</i>    | 1/45 |
| <i>Registered Nurse, RN</i>             | n/a  |
| <i>Certified Nursing Assistant, CNA</i> | 1/8  |
| <i>Activity Director/Staff</i>          | 1/45 |
| <i>Certified Medical Assistant, CMA</i> | 1/45 |
| <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>    | n/a  |
| <i>Registered Nurse, RN</i>             | n/a  |
| <i>Certified Nursing Assistant, CNA</i> | 1/12 |
| <i>Activity Director/Staff</i>          | n/a  |
| <i>Certified Medical Assistant, CMA</i> | 1/45 |
| <i>Other (specify)</i>                  | N/A  |

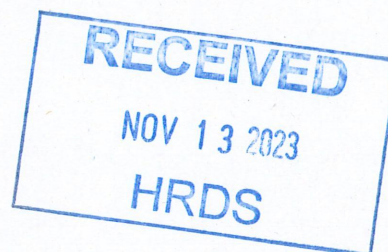
**Q37#1. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - All Staff**





Required hours of training

|   |     |
|---|-----|
| <i>Alzheimer's dementia, other forms of dementia, stages of disease</i> | 1   |
| <i>Physical, cognitive, and behavioral manifestations</i>               | .5  |
| <i>Creating an appropriate and safe environment</i>                     | .5  |
| <i>Techniques for dealing with behavioral management</i>                | .5  |
| <i>Techniques for communicating</i>                                     | .5  |
| <i>Using activities to improve quality of life</i>                      | .5  |
| <i>Assisting with personal care and daily living</i>                    | .5  |
| <i>Nutrition and eating/feeding issues</i>                              | .5  |
| <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>                    | .5  |
| <i>Other (specify below)</i>  | N/A |



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> | 1   |
| <i>Physical, cognitive, and behavioral manifestations</i>               | .5  |
| <i>Creating an appropriate and safe environment</i>                     | .5  |
| <i>Techniques for dealing with behavioral management</i>                | .5  |
| <i>Techniques for communicating</i>                                     | .5  |
| <i>Using activities to improve quality of life</i>                      | .5  |
| <i>Assisting with personal care and daily living</i>                    | .5  |
| <i>Nutrition and eating/feeding issues</i>                              | .5  |
| <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>                    | .5  |
| <i>Other (specify below)</i>  | N/A |





**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> | 1                          |
| <i>Physical, cognitive, and behavioral manifestations</i>               | .5                         |
| <i>Creating an appropriate and safe environment</i>                     | .5                         |
| <i>Techniques for dealing with behavioral management</i>                | .5                         |
| <i>Techniques for communicating</i>                                     | .5                         |
| <i>Using activities to improve quality of life</i>                      | .5                         |
| <i>Assisting with personal care and daily living</i>                    | .5                         |
| <i>Nutrition and eating/feeding issues</i>                              | .5                         |
| <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>                    | .5                         |
| <i>Other (specify below)</i>  | N/A                        |

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

Monthly In-Services

**Q39. Who provides the training?**

Wellness Director and/or nurse

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

LPN

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

- Emergency pull cords
- Opening windows restricted
- Locked doors on exit
- Monitoring/security
- Cameras
- Family/visitor access to secured areas

**Q42. What special features are provided in your building? Select all that apply.**

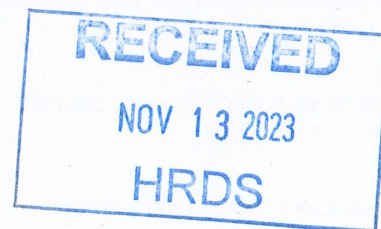
- Wandering paths
- Rummaging areas

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

- Yes

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

Supervised Access for Residents



**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?**

Full range of activities are available to our residents on a daily basis. These include exercise, outings, arts, singing, reminiscence, cooking, sensory activities, pet therapy and more. We also offer one-on-one activities based on resident's interest and backgrounds.

**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?**

Staff is trained to utilize our purposeful living stations in order to find something of interest for the resident, engage with the resident on the level that is best for them.

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

Music, physical games/activities, movies/TV Shows, card and board games, purposeful living stations.

**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?**

- Levels of care

**Q54. Please attach a fee schedule.**

N/A





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

