

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

Grandwood Assisted Living

Q3. License Number

2103

Q4. Telephone Number

918-787-2011

Q5. Email Address

Roxanne@mlcconsult.com

Q6. Website URL

www.grandwoodassistedliving.com

Q7. Address

2001 Sunrise Blvd

Q8. Administrator

Roxanne Fanning

Q9. Name of Person Completing the Form

Reggie Herring

Q10. Title of Person Completing the Form

Member/Owner/Operator

Q11. Facility Type

Assisted Living and Memory Care

Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

110

Q14. Number of Designated Alzheimer's/Dementia Beds

14

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

Grove

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.

We recognize the variety of interest, abilities, and needs of the elderly. We also believe in the social model for services and programming which emphasizes involvement in activities of life at whatever level is possible or desired. All services will focus on assistance. Our role is not the "do for" but to "assist with" each resident's identified needs. By emphasizing assistance, we will support independence and promote dignity for the residents at this community. Activity and service intensity will be determined by the interest, abilities, and functional limitations of the identified resident's needs. An individualized assistance/services plan will be developed for each resident, using a team approach with resident, family and staff participation.

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?

- Yes

Q22. How long is the trial period?

There is a 30 day evaluation period for which the resident is able to determine if this facility is a good fit for them and the facility may determine if the resident is a good fit as well. Agreements for residency are month to month, but do require a 30 day notice if resident decides to terminate stay.

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):
A need for 24 hour skilled care or if resident is a danger to himself/herself or others it may create a discharge need.

Q24. Who would make this discharge decision?

- Other (explain):
Discharges are decided upon by a combination of Administrator, Regional Director and owners.

Q25. How much notice is given for a discharge?

30 day notice is required to be given unless it is an emergency termination of residency, which is then a 10 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
- Other (explain):
if resident poses a danger to themselves or others or requires 24 hour skilled care.

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?

if there is a significant change in condition of the resident a new level of care is put into place and the new level is disclosed to resident and resident's representative. A notice of this change is provided to the resident's representative from the home office. A new level of care is effective immediately if resident is re-admitting at a new level and a 10 day notice is provided if resident level is changed while in-house.

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

- Annually
- As Needed
- Other (explain):
upon a significant change or hospitalization

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
- 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?

Administrator has over 20 years experience working with Dementia in the LTC setting, Director has over 20 years of experience in the field of Hospice and senior care with those living with dementia. Owner is a physical therapist who has been certified in the Positive Approach to Care as well as having over 25 years of providing care and therapy to those living with dementia.

**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>	1:14
<i>Registered Nurse, RN</i>	1:14
<i>Certified Nursing Assistant, CNA</i>	1:7
<i>Activity Director/Staff</i>	1:7
<i>Certified Medical Assistant, CMA</i>	1:14
<i>Other (specify) Memory Care Director</i>	1:14

**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>	1:14
<i>Registered Nurse, RN</i>	1:14
<i>Certified Nursing Assistant, CNA</i>	1:7
<i>Activity Director/Staff</i>	1:7
<i>Certified Medical Assistant, CMA</i>	1:14
<i>Other (specify) Memory Care Director</i>	1:14

**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>	1:14
<i>Registered Nurse, RN</i>	1:14
<i>Certified Nursing Assistant, CNA</i>	1:7
<i>Activity Director/Staff</i>	1:7
<i>Certified Medical Assistant, CMA</i>	1:14
<i>Other (specify) Memory Care Director</i>	0

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>	12
<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>	1
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1
<i>Other (specify below)</i>	1

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>	12
<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>	1
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1
<i>Other (specify below)</i>	1

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>	12
<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>	1
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1
<i>Other (specify below)</i>	1

Q38. List the name of any other trainings.

Communicating in the World of Dementia; presented by owner, Reggie Herring. Various Teepa Snow webcast and Podcast trainings also provided.

Q39. Who provides the training?

Certified health care professionals who possess the knowledge and background required for Dementia care.

Q40. List the trainer's qualifications:

Reggie Herring, Physical Therapist, Certified Pac trainer through the Teepa Snow PAC program with over 23 years of experience providing care to seniors with Dementia.

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

- Emergency pull cords
- 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
- Rummaging areas
- Other (explain):
Secured courtyard

Q42. Is there a secured outdoor area?

- Yes

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

Residents are attended by a staff member and it is used only during safe weather conditions.

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?

The Memory Care Director provides daily activities that are focused on sensory stimulation and geared toward Dementia residents. These activities are scheduled on the activity calendar three times per day and also include outings to various community events and group activities such as bible study and music activities.

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?

Substitution versus subtraction, verbal redirection, redirection using activity interests, calming activities such as back rub or shoulder rub, connection with staff members.

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

Movies, reading to residents, music, snacks, laundry folding, sensory stimulation such as busy blankets and beads, looking at family pictures.

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

- Electro-magnetic locking system
- Other (explain):
Architecturally, the unit is designed in a manner which is effective to allow walking throughout with open space. Key pads are used for security to ensure safety.

Q51. Do you have an orientation program for families?

- Yes

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

Upon pre-admission of a resident, the admission coordinator provided a tour of the unit and meets with family members to discuss the care and the services provided in the Memory Care unit. All questions and concerns are addressed at this meeting and Administrator and Admissions Coordinator are available at all times to address any additional questions throughout the residency. The Activity Director provides a welcome basket with all pertinent information and contacts to the resident and family upon admission. A mentor is assigned to each new resident to provide follow up and ensure a smooth transition is accomplished through this admission process.

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.

[\[Click here\]](#)

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?

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

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>Medication Injections</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>	Base Rate
<i>Activities Program</i>	Base Rate
<i>Select Menus</i>	Base Rate
<i>Incontinence Care</i>	Base Rate
<i>Temporary Use of Wheelchair/Walker</i>	Base Rate
<i>Injections</i>	Base Rate
<i>Minor Nursing Services Provided by Facility Staff</i>	Base Rate

Q56. Do you charge for different levels of care?

- Yes

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

Memory Care offers two separate levels of care, both of which are described on the rate sheet attached to this disclosure.

Memory Care offers two separate levels of care, both of which are described on the rate sheet attached to this disclosure. The levels are determined based off of a point system. If the resident goes above the highest points allowable on the rate sheet it is a cost of \$25 per every point over that level 2 max amount. This amount is capped at \$650 (no more than 83 points).

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

- No

Embedded Data:

N/A