

## 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 Grove at Midtown

#### Q3. License Number

AL7216-7216

#### Q4. Telephone Number

918-743-2700

#### Q5. Email Address

jbraun@grovemidtown.com

#### Q6. Website URL

www.grovemidtown.com

#### Q7. Address

5211 S. Lewis Ave. Tulsa OK, 74105

#### Q8. Administrator

Jennifer Braun

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

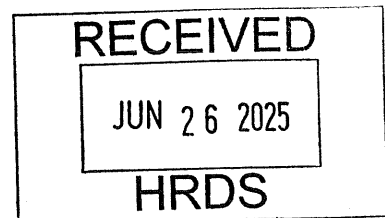
Jennifer Braun

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

Executive Director/Administrator

#### Q11. Facility Type

Assisted Living and Memory Care



**Q12. Dedicated memory care facility?**

- Yes

**Q13. Total Number of Licensed Beds**

120

**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)**

0

**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**

- 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 exclusive daily lifestyle experience harmonizes the body, mind, and spirit of our residents with a community of family and friends to serve them.

**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
- Behavior management for verbal aggression

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

- Facility Administrator

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

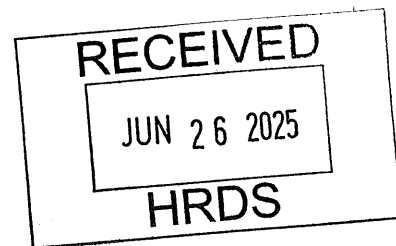
30-Day Written Notice

**Q26. Do families have input into discharge decisions?**

- No

**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?**

Assessments are completed annually and if a resident had a change of condition. Our assessments when entered into ECP the information transfers to the care plan.

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

- Annually
- Other (explain):  
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

**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?**

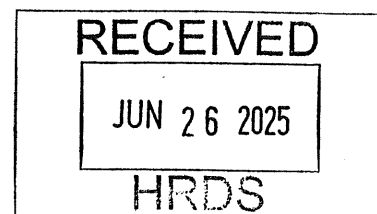
- No

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

Nursing license in the state of Oklahoma and training in Alzheimer's disease with 5 or more years experience.

**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
<b>Registered Nurse, RN</b>	N/A
<b>Certified Nursing Assistant, CNA</b>	3
<b>Activity Director/Staff</b>	1
<b>Certified Medical Assistant, CMA</b>	0
<b>Other (specify) Certified Medication Aide</b>	1

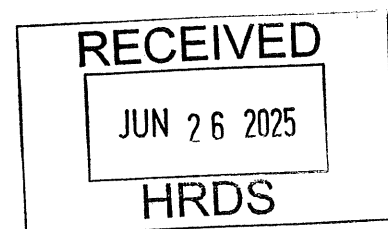


Q36#2. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -  
Afternoon/Evening Ratio

<i>Licensed Practical Nurse, LPN</i>	1
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	2
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	0
<i>Other (specify) Certified Medication Aide</i>	1

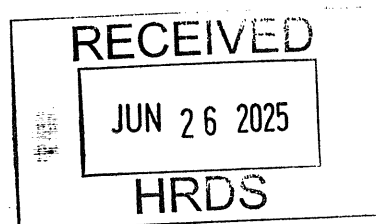
Q36#3. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -  
Night Ratio

<i>Licensed Practical Nurse, LPN</i>	0
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	2
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	0
<i>Other (specify) Certified Medication Aide</i>	1



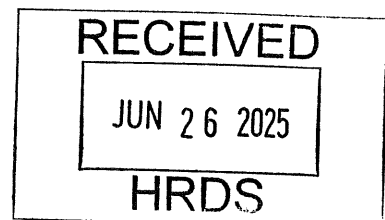
Q37#1. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - All Staff

	Required hours of training
<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	16
<i>Physical, cognitive, and behavioral manifestations</i>	16
<i>Creating an appropriate and safe environment</i>	16
<i>Techniques for dealing with behavioral management</i>	16
<i>Techniques for communicating</i>	16
<i>Using activities to improve quality of life</i>	16
<i>Assisting with personal care and daily living</i>	16
<i>Nutrition and eating/feeding issues</i>	16
<i>Techniques for supporting family members</i>	16
<i>Managing stress and avoiding burnout</i>	16
<i>Techniques for dealing with problem behaviors</i>	16
<i>Other (specify below)</i>	16



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>	24
<i>Physical, cognitive, and behavioral manifestations</i>	24
<i>Creating an appropriate and safe environment</i>	24
<i>Techniques for dealing with behavioral management</i>	24
<i>Techniques for communicating</i>	24
<i>Using activities to improve quality of life</i>	24
<i>Assisting with personal care and daily living</i>	24
<i>Nutrition and eating/feeding issues</i>	24
<i>Techniques for supporting family members</i>	24
<i>Managing stress and avoiding burnout</i>	24
<i>Techniques for dealing with problem behaviors</i>	24
<i>Other (specify below)</i>	24



**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>	16
<i>Physical, cognitive, and behavioral manifestations</i>	16
<i>Creating an appropriate and safe environment</i>	16
<i>Techniques for dealing with behavioral management</i>	16
<i>Techniques for communicating</i>	16
<i>Using activities to improve quality of life</i>	16
<i>Assisting with personal care and daily living</i>	16
<i>Nutrition and eating/feeding issues</i>	16
<i>Techniques for supporting family members</i>	16
<i>Managing stress and avoiding burnout</i>	16
<i>Techniques for dealing with problem behaviors</i>	16
<i>Other (specify below)</i>	16

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

Teepa Snow training is available to check out for our community through the Oklahoma Senior Living Association to utilize for training.

**Q39. Who provides the training?**

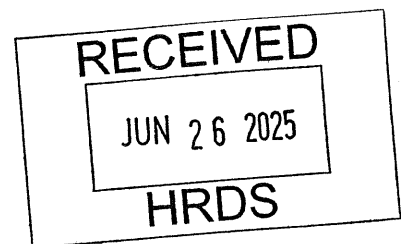
Resident Care Director or Administrator

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

License LPN and Licensed Administrator

**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
- 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):  
Life Stations

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

- Yes

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

Staff present when residents are enjoying the outdoor space unless the responsible party is present with their resident.  
resident.

**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?**

Daily Lilac Lane 1 and Lilac Lane 2 our memory care.

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

- 6-8 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?**

The team members offer a variety of ways to redirect the residents if needed. A couple was to redirect the resident is using music headphones or offering work boards to the residents.

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

Activities overnight offered would be music headphones, clothes sorting or folding, and we have life stations for the residents to engage in during the night.

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

- Electro-magnetic locking system
- Other (explain):  
Redirection

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

- Yes

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

The Grove provides a packet for the families to explain how the community functions and what leadership team member to ask for when something is needed by that department.

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

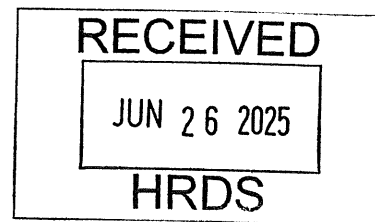
- No

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

- Flat rate

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

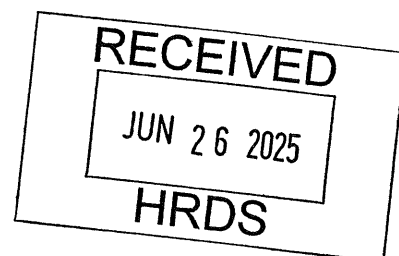
N/A





**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?**

<i>Assistance in transferring to and from a Wheelchair</i>	Yes
<i>Intravenous (IV) Therapy</i>	Yes
<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>	Yes
<i>Temporary Use of Wheelchair/Walker</i>	Yes
<i>Injections</i>	Yes
<i>Minor Nursing Services Provided by Facility Staff</i>	Yes



**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>Intravenous (IV) Therapy</i>	Additional Cost
<i>Bladder Incontinence Care</i>	Base Rate
<i>Bowel Incontinence Care</i>	Base Rate
<i>Medication Injections</i>	Additional Cost
<i>Feeding Residents</i>	Base Rate
<i>Oxygen Administration</i>	Additional Cost
<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>Home Health Services</i>	Base Rate
<i>Temporary Use of Wheelchair/Walker</i>	Base Rate
<i>Injections</i>	Additional Cost
<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

