

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 Harrison of Oklahoma City

Q3. License Number

AL 1414

Q4. Telephone Number

405-259-2309

Q5. Email Address

david.ewing@sagora.com

Q6. Website URL

<https://www.harrisonoklahomacity.com/>

Q7. Address

10801 S May Ave.

Q8. Administrator

Kara Bolino

Q9. Name of Person Completing the Form

David Ewing

Q10. Title of Person Completing the Form

Executive Director Specialist

Q11. Facility Type

AL and Memory Care

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Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

146

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Q14. Number of Designated Alzheimer's/Dementia Beds

40

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)

NA

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.

The Pathway's Memory Care Program is a focused approach to programming which provides the best possible lifestyle, care and environment for our memory care residents. By understanding their unique needs, we are able to support residents as they progress through the many stages of dementia. Pathways is based on dignity, maximizing choices and focusing on the individual.

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
- Other (explain):
Verbal or physical aggression depending on severity.
- Intravenous

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

30 days or unless the resident is a danger to themselves or others.

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

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Q29. What is the policy for how assessment of change in condition is determined and how does it relate to the care plan?

A change of condition will be evaluated and documented for residents who exhibit significant deviation from their baseline, in physical or mental status such as:

Change in medical condition, (e.g. multiple falls, skin issues, food intake changes, etc.)

Change in behavior (e.g. elopement, sudden confusion, threats or self-harm, etc.)

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

- Annually
- As Needed
- Other (explain):
Upon move-in or significant change in 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 of Alzheimer's disease or related disorders care?

Memory Care Director and facility nurse are trained in Memory Care, dementia and Alzheimer's care.

**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	1-40
Registered Nurse, RN	1-40
Certified Nursing Assistant, CNA	1-8
Activity Director/Staff	1-40
Certified Medical Assistant, CMA	1-40
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>	1-40
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1-8
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1-40
<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>	1-40
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1-16
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1-40
<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

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Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	2
<i>Physical, cognitive, and behavioral manifestations</i>	2
<i>Creating an appropriate and safe environment</i>	1
<i>Techniques for dealing with behavioral management</i>	1
<i>Techniques for communicating</i>	2
<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

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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>	2
<i>Physical, cognitive, and behavioral manifestations</i>	2
<i>Creating an appropriate and safe environment</i>	1
<i>Techniques for dealing with behavioral management</i>	1
<i>Techniques for communicating</i>	2
<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

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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>	2
<i>Physical, cognitive, and behavioral manifestations</i>	2
<i>Creating an appropriate and safe environment</i>	1
<i>Techniques for dealing with behavioral management</i>	1
<i>Techniques for communicating</i>	2
<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.

Abuse, Neglect and Misappropriation.

Q39. Who provides the training?

Memory Care Director, Nurse, Home Health/Hospice, Ombudsman, Alzheimer's Association perform training.

Q40. List the trainer's qualifications:

All Trainers have been certified in Alzheimer's, Dementia, and other forms of Memory deficits.

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

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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?

Residents are escorted by a team member.

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?

Music, arts, crafts, exercise, cooking and games.

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?

Individualized Programming.

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

Individualized Programming.

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

- Outdoor System
- Electro-magnetic locking system
- Other (explain):
Individualized Programming.

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Q51. Do you have an orientation program for families?

- Yes

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

Monthly family support group, programming education and safety measures.

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?

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	No
Housekeeping (number of days per week) 1	Yes
Activities Program	Yes
Select Menus	Yes
Incontinence Care	Yes
Home Health Services	No
Temporary Use of Wheelchair/Walker	Yes
Injections	Yes
Minor Nursing Services Provided by Facility Staff	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>	Additional Cost
<i>Bladder Incontinence Care</i>	Additional Cost
<i>Bowel Incontinence Care</i>	Additional Cost
<i>Medication Injections</i>	Additional Cost
<i>Feeding Residents</i>	Additional Cost
<i>Oxygen Administration</i>	Additional Cost
<i>Behavior Management for Verbal Aggression</i>	Additional Cost
<i>Behavior Management for Physical Aggression</i>	Additional Cost
<i>Housekeeping (number of days per week)</i> 1	Base Rate
<i>Activities Program</i>	Base Rate
<i>Select Menus</i>	Base Rate
<i>Incontinence Care</i>	Additional Cost
<i>Temporary Use of Wheelchair/Walker</i>	Base Rate
<i>Injections</i>	Additional Cost
<i>Minor Nursing Services Provided by Facility Staff</i>	Additional Cost

Q56. Do you charge for different levels of care?

- Yes

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

5 levels based on a point system.

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

- No

Embedded Data:

N/A

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