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By HRDS at 11:13 am, Feb 05, 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

Homestead of Del City

Q3. License Number

AL 5520

Q4. Telephone Number

405-619-0079

Q5. Email Address

mshrum@homesteadofdelcity.com

Q6. Website URL

www.homesteadofdelcity.com

Q7. Address

5020 SE 44TH ST

Q8. Administrator

Mary Shrum

Q9. Name of Person Completing the Form

Mary Shrum

Q10. Title of Person Completing the Form

Executive Director

Q11. Facility Type

Assisted Living

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Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

60

Q14. Number of Designated Alzheimer's/Dementia Beds

12

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

- 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 mission is to provide quality care while enriching the lives of those who live with Dementia and Alzheimer's Disease.

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
- Other (explain):
For health conditions warranting regular or frequent lab work, lab results

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

Q24. Who would make this discharge decision?

- Other (explain):
Facility Administration, Regional Clinical, and Operational Team

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

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?

Staff and families communicate changes to Licensed nurse when changes occur. The nurse will then determine if a significant change assessment is required. New interventions/changes will be added to the care plan to enable us to continue to provide the care that our residents require. Changes communicated with staff via communication board and tasks entered into PCC.

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

- Annually
- As Needed
- Other (explain):
Every 6 months

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
- 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 of community has gone thru extensive training for Dementia and Alzheimer's Disease, to include being a Certified Dementia Care Practitioner thru the National Council of Certified Dementia Care Practitioners.

**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	1
Certified Nursing Assistant, CNA	1
Activity Director/Staff	N/A
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**

<i>Licensed Practical Nurse, LPN</i>	1
<i>Registered Nurse, RN</i>	1
<i>Certified Nursing Assistant, CNA</i>	1
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	1
<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>	1
<i>Certified Nursing Assistant, CNA</i>	1
<i>Activity Director/Staff</i>	N/A
<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

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Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	8
<i>Physical, cognitive, and behavioral manifestations</i>	12
<i>Creating an appropriate and safe environment</i>	6
<i>Techniques for dealing with behavioral management</i>	6
<i>Techniques for communicating</i>	3
<i>Using activities to improve quality of life</i>	6
<i>Assisting with personal care and daily living</i>	6
<i>Nutrition and eating/feeding issues</i>	2
<i>Techniques for supporting family members</i>	2
<i>Managing stress and avoiding burnout</i>	2
<i>Techniques for dealing with problem behaviors</i>	12
<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>	24
<i>Physical, cognitive, and behavioral manifestations</i>	12
<i>Creating an appropriate and safe environment</i>	6
<i>Techniques for dealing with behavioral management</i>	6
<i>Techniques for communicating</i>	3
<i>Using activities to improve quality of life</i>	6
<i>Assisting with personal care and daily living</i>	6
<i>Nutrition and eating/feeding issues</i>	2
<i>Techniques for supporting family members</i>	2
<i>Managing stress and avoiding burnout</i>	2
<i>Techniques for dealing with problem behaviors</i>	12
<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.

Emergency Preparedness Hospitality and Customer Service, First Aid and CPR, AED, Elopement and Missing Persons, Abuse, Neglect and Misappropriation, Fall Prevention

Q39. Who provides the training?

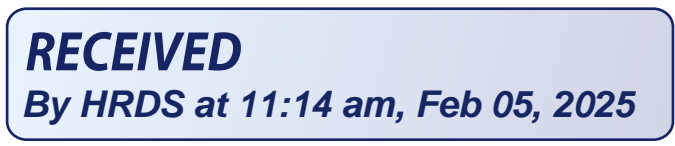
Facility nurse, Administrator, 3r Party providers, Regional support team

Q40. List the trainer's qualifications:

Licensed professionals, both clinical and administrative.. Working professionals with keys in their respective areas.

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

- Emergency pull cords
- Opening windows restricted
- Locked doors on exit
- 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

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 Programs, Arts program, Crafts, Exercise, Outings, Games, and Religious
Frequency depends on the activity scheduled.

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

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Q47. What techniques are used for redirection?

Offer snacks, activity based, resident preferences offered,

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

Snacks, Puzzles, Games

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

- Outdoor System
- 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

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	Yes
Housekeeping (number of days per week) 1	Yes
Activities Program	Yes
Select Menus	Yes
Incontinence Care	Yes
Home Health Services	Yes
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>	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> 1	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>	Base Rate
<i>Minor Nursing Services Provided by Facility Staff</i>	Base Rate

Q56. Do you charge for different levels of care?

- No

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

- No

Embedded Data:

N/A