



OKLAHOMA
State Department
of Health

We thank you for your time spent taking this survey.
Your response has been recorded.

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By Quaily Assurance & Regulatory - HFS at 2:05 pm, Aug 20, 2025

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.

Facility Name

Homestead of Kingfisher

License Number

AL-3701



Telephone Number

405-375-5232

Email Address

mmusick@homesteadofkingfisher.com

Website URL

https://www.midwest-health.com/kingfisher/?utm_source=Google&utm_medium=BusinessListing

Address

1604 S 13th St

Administrator

Marcie Musick

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Name of Person Completing the Form

Marcie Musick

Title of Person Completing the Form

Executive Director

Facility Type

Assisted Living and Memory care

Dedicated memory care facility?

- ☒ No
- ☐ Yes



Total Number of Licensed Beds

47

Number of Designated Alzheimer's/Dementia Beds

15

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

Maximum Number of Participants for Alzheimer Adult Day Care (leave blank if does not apply to your facility)

N/A

Check the appropriate selection

- ☐ Initial License
- ☒ **Change of Information**

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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

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

- ☒ **Visit to facility**
- ☒ **Resident assessment**
- ☒ **Medical records assessment**
- ☐ Written application
- ☒ **Family interview**
- ☐ Other (explain)

What is the process for new residents? Select all that apply.

- ☒ **Doctors' orders**
- ☒ **Residency agreement**
- ☒ **History and physical**
- ☒ **Deposit/payment**
- ☒ **Other (explain)**

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For health conditions warranting regular or frequent lab work, lab results.

Is there a trial period for new residents?

- ☒ **No**
- ☐ Yes

The need for the following services could cause permanent discharge from specialized care.
Select all that apply.

☒ **Medical care requiring 24 hour nursing care**

- ☐ Assistance in transferring to and from wheelchair
- ☐ Behavior management for verbal aggression
- ☐ Sitters
- ☐ Bowel incontinence care
- ☐ Bladder incontinence care

☒ **Intravenous**

- ☐ Medication injections
- ☐ Feeding by staff
- ☐ Oxygen administration
- ☐ Special diets
- ☐ Other (explain)

Who would make this discharge decision?

☐ Facility Administrator

☒ **Other (explain)**

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Facility Administration, Regional Clinical and Operational Team.

How much notice is given for a discharge?

30 days unless emergency discharge is offered.

Do families have input into discharge decisions?

☒ **Yes**

☐ No

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)

Do you assist families in coordinating discharge plans?

☐ No

☒ **Yes**

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 significant change assessment is required. New intervention / 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 task entered into PCC.

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

- ☐ Monthly
- ☐ Quarterly
- ☒ **Annually**
- ☒ **As Needed**
- ☒ **Other (explain)**

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every 6 months

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

- ☒ **Administrator**
- ☒ **Nursing assistants**
- ☒ **Activity director**
- ☒ **Family members**
- ☒ **Resident**
- ☒ **Licensed nurses**
- ☐ Social worker
- ☒ **Dietary**
- ☒ **Physician**
- ☐ Other (explain)

Do you have a family council?

- ☐ Yes
- ☒ No

Select any of the following options that are allowed in the facility:

- ☒ **Approved sitters**
- ☐ Additional services agreement
- ☒ **Hospice**
- ☒ **Home health**

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Is the selected service affiliated with your facility?

No ▾

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.

Specify the ratio of direct care staff to residents for the specialized care unit for the following:

	Day/Morning Ratio	Afternoon/Evening Ratio	Night Ratio
Licensed Practical Nurse, LPN	1	1	
Registered Nurse, RN	1	1	1
Certified Nursing Assistant, CNA	1	1	1
Activity Director/Staff	1		
Certified Medical Assistant, CMA	1	1	1
Other (specify)			

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Specify what type of training new employees receive before working in Alzheimer’s disease or related disorders care.

	All Staff Required hours of training	Activity Director Required hours of training	Direct Care Staff Required hours of training
Alzheimer’s dementia, other forms of dementia, stages of disease	8		24
Physical, cognitive, and behavioral manifestations	12		12
Creating an appropriate and safe environment	6		6
Techniques for dealing with behavioral management	6		6
Techniques for communicating	3		3
Using activities to improve quality of life	6		6
Assisting with personal care and daily living	6		6
Nutrition and eating/feeding issues	2		2
Techniques for supporting family members	2		2
Managing stress and avoiding burnout	2		2
Techniques for dealing with problem behaviors	12		12
Other (specify below)			

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List the name of any other trainings.

Emergency Preparedness, Hospitality and Customer Service, First aide and CPR, AED, Elopement and Missing Persons, Abuse, Neglect and Misappropriation, Fall prevention.

Who provides the training?

Facility Nurse, Administrators, 3rd party providers, regional support team

List the trainer's qualifications:

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

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

- ☒ **Emergency pull cords**
- ☒ **Opening windows restricted**
- ☐ Wander Guard or similar system
- ☒ **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



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

- ☒ **Wandering paths**
- ☒ **Rummaging areas**
- ☐ Other (explain)

Is there a secured outdoor area?

- ☐ No
- ☒ **Yes**

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

supervised access

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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 schedule.

How many hours of structured activities are scheduled per day?

- ☐ 1-2 hours
- ☐ 2-4 hours
- ☒ **4-6 hours**
- ☐ 6-8 hours
- ☐ 8+ hours

Are the structured activities offered at the following times? (Select all that apply.)

- ☒ **Evenings**
- ☒ **Weekends**
- ☒ **Holidays**

Are residents taken off the premises for activities?

- ☐ No
- ☒ **Yes**

What techniques are used for redirection?

offer snacks, activity based, resident preferences offered

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

Snacks, puzzles, games, music, walking

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

- ☒ **Outdoor System**
- ☒ **Electro-magnetic locking system**
- ☐ Wander Guard (or similar system)
- ☐ Other (explain)

Do you have an orientation program for families?

- ☒ **No**
- ☐ Yes

Do families have input into discharge decisions?

- ☐ No
- ☒ **Yes**

How is your fee schedule based?

- ☐ Flat rate
- ☒ **Levels of care**

Please attach a fee schedule.

Drop files or click here to upload

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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?		If yes, how is price included?	
	No	Yes	Base Rate	Additional Cost
Assistance in transferring to and from a Wheelchair	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Intravenous (IV) Therapy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bowel Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Medication Injections	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeding Residents	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Oxygen Administration	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Behavior Management for Verbal Aggression	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Behavior Management for Physical Aggression	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Special Diet	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Housekeeping (number of days per week)	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<div></div>				
Activities Program	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Select Menus	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Home Health Services	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Temporary Use of Wheelchair/Walker	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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	Is it offered?		If yes, how is price included?	
	No	Yes	Base Rate	Additional Cost
Injections	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Minor Nursing Services Provided by Facility Staff	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Do you charge for different levels of care?

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes