

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 Weatherford

Q3. License Number

AL 2003

Q4. Telephone Number

580-774-2955

Q5. Email Address

slee@midwest-health.com

Q6. Website URL

<https://www.midwest-health.com/weatherford/>

Q7. Address

3601 E Main St

Q8. Administrator

Stacey Lee

Q9. Name of Person Completing the Form

Stacey Lee

Q10. Title of Person Completing the Form

Administrator

Q11. Facility Type

Assisted Living & Memory Care

Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

49

Q14. Number of Designated Alzheimer's/Dementia Beds

9

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

Weatherford

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.

To provide individualized care to our residents in a safe, social environment through meaningful activities while promoting independence.

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?

Respite Care options offered- based on individualized needs.

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
- Sitters
- Intravenous
- Feeding by staff

Q24. Who would make this discharge decision?

- Other (explain):
Administrator, Resident Care Coordinator, Regional Nurse, and Regional Director of Operations

Q25. How much notice is given for a discharge?

30-day from resident or community; immediate, 5-day, and 10-day may be given by community.

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

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 in condition assessment occurs when there are two or more changes in the resident's ADLs; the care plan is updated at the time of assessment.

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

- Other (explain):
Every six months, and 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
- Social worker
- Dietary
- Physician

Q32. Do you have a family council?

- Yes

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 of Alzheimer's disease or related disorders care?

8 hours orientation, 40 hours of on the job training including review of resident's service plans. 2 additional hours of on-going training is provided thereafter.

**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	N/A
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	1:4.5
Activity Director/Staff	N/A
Certified Medical Assistant, CMA	1:4.5
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>	N/A
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	1:4.5
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	1:4.5
<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>	N/A
<i>Certified Nursing Assistant, CNA</i>	1:4.5
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	1:4.5
<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

Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	8
<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>	2

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>	18
<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>	2

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>	18
<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>	2

Q38. List the name of any other trainings.

Two hours of on-going training is provided monthly.

Q39. Who provides the training?

LPN, ED, Home Health, Hospice, Resident Programming Director outside sources that specialize in specific required training topics.

Q40. List the trainer's qualifications:

Completed Alzheimer's and dementia training. Continuous education on Alzheimer's and dementia throughout the year.

Q41. 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

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?

Exercise daily, music twice a week, arts and crafts 3-5 times a week, Bible study and church at least two times a week.

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

- 2-4 hours

Q45. Are the structured activities offered at the following times? (Select all that apply.)

N/A

Q46. Are residents taken off the premises for activities?

- Yes

Q47. What techniques are used for redirection?

Gently draw attention to what we are trying to achieve by using the channels established with the resident.

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

Arts and crafts, rummaging and sorting, music, and television.

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

- Electro-magnetic locking system
- Wander Guard (or similar 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.

[\[Click here\]](#)

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>	No
<i>Oxygen Administration</i>	No
<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> 1	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>	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>Intravenous (IV) Therapy</i>	Base Rate
<i>Bladder Incontinence Care</i>	Base Rate
<i>Bowel Incontinence Care</i>	Base Rate
<i>Medication Injections</i>	Additional Cost
<i>Oxygen Administration</i>	Base Rate
<i>Behavior Management for Verbal Aggression</i>	Additional Cost
<i>Behavior Management for Physical Aggression</i>	Additional Cost
<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>	Additional Cost
<i>Home Health Services</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>	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