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*By Daijah Lusk at 12:57 pm, Jan 30, 2024*

## 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

Jasmine Estates of Edmond

#### Q3. License Number

AL5598

#### Q4. Telephone Number

405-341-1450

#### Q5. Email Address

mark.palazzo@je-holdings.com

#### Q6. Website URL

www.jasmineestatesedmond.com

#### Q7. Address

1004 S. Bryant Ave, Edmond, OK 73034

#### Q8. Administrator

Savanah Patt

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

Mark Palazzo

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

Asset Manager

#### Q11. Facility Type

Memory Care

**Q12. Dedicated memory care facility?**

- Yes

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**Q13. Total Number of Licensed Beds**

50

**Q14. Number of Designated Alzheimer's/Dementia Beds**

50

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

N/A

**Q16. Maximum Number of Participants for Alzheimer Adult Day Care (leave blank if does not apply to your facility)**

N/A

**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: Provide a faith-based, holistic approach to memory care that offers a safe and loving home where residents live with the dignity they deserve, and families walk with a partner they trust."

**Q19. What is involved in the pre-admission process? Select all that apply.**

- Visit to facility
- Resident assessment
- Medical records assessment

**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
- Intravenous
- Medication injections
- Other (explain):  
Behavior management for physical aggression

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

- Other (explain):  
Facility Manager, wellness director, residents families

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

30 days or notice given based on being unable to meet resident needs based on state regulations

**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

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**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?**

Upon observation and documentation of a change in condition, an assessment would be performed by the wellness director and the results reviewed with community administrator and resident's responsible party. The care plan would then be adjusted based on the results of the assessment.

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

- Annually
- Other (explain):  
Pre-admission, 14 days after admission Upon 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?**

- 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 or Alzheimer's disease or related disorders care?**

RN / LPN, Resident Care Coordinator (RCC), Direct of Training and Culture (ACMA, CMA,CNA,MAT)

**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>	1/50
<b>Registered Nurse, RN</b>	1/50
<b>Certified Nursing Assistant, CNA</b>	1/8
<b>Activity Director/Staff</b>	2/50
<b>Certified Medical Assistant, CMA</b>	1/25
<b>Other (specify)</b>	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>	1/50
<i>Registered Nurse, RN</i>	1/50
<i>Certified Nursing Assistant, CNA</i>	1/8
<i>Activity Director/Staff</i>	1/50
<i>Certified Medical Assistant, CMA</i>	1/25
<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>	1/50
<i>Registered Nurse, RN</i>	1/50
<i>Certified Nursing Assistant, CNA</i>	1/8
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	1/50
<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>	4
<i>Physical, cognitive, and behavioral manifestations</i>	4
<i>Creating an appropriate and safe environment</i>	1
<i>Techniques for dealing with behavioral management</i>	1
<i>Techniques for communicating</i>	1
<i>Using activities to improve quality of life</i>	N/A
<i>Assisting with personal care and daily living</i>	1
<i>Nutrition and eating/feeding issues</i>	2
<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>	2

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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>	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

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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>	4
<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.**

2 hours monthly of on-going training

**Q39. Who provides the training?**

Director of Training and Culture

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

CNA

**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

**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 and free daytime access (weather permitting)

**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?**

Religious services and activities, music programs, arts and crafts, exercise, cooking classes, mental acuity games, pet therapy and other activities as developed. There is a monthly activity calendar with activities scheduled daily, 7 days per week.

**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

**Q47. What techniques are used for redirection?**

1:1 engagement, engagement with activities, change of environment

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

1:1 engagement

**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?**

- Yes

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

Upon initial admission

Monthly support groups

As needed on an individual basis

**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

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**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?**

<b><i>Assistance in transferring to and from a Wheelchair</i></b>	Yes
<b><i>Intravenous (IV) Therapy</i></b>	No
<b><i>Bladder Incontinence Care</i></b>	Yes
<b><i>Bowel Incontinence Care</i></b>	Yes
<b><i>Medication Injections</i></b>	Yes
<b><i>Feeding Residents</i></b>	Yes
<b><i>Oxygen Administration</i></b>	Yes
<b><i>Behavior Management for Verbal Aggression</i></b>	Yes
<b><i>Behavior Management for Physical Aggression</i></b>	Yes
<b><i>Special Diet</i></b>	Yes
<b><i>Housekeeping (number of days per week) 5</i></b>	Yes
<b><i>Activities Program</i></b>	Yes
<b><i>Select Menus</i></b>	Yes
<b><i>Incontinence Care</i></b>	Yes
<b><i>Home Health Services</i></b>	Yes
<b><i>Temporary Use of Wheelchair/Walker</i></b>	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?**

<b>Assistance in transferring to and from a Wheelchair</b>	Base Rate
<b>Bladder Incontinence Care</b>	Base Rate
<b>Bowel Incontinence Care</b>	Base Rate
<b>Medication Injections</b>	Base Rate
<b>Feeding Residents</b>	Base Rate
<b>Oxygen Administration</b>	Base Rate
<b>Behavior Management for Verbal Aggression</b>	Base Rate
<b>Behavior Management for Physical Aggression</b>	Base Rate
<b>Special Diet</b>	Base Rate
<b>Housekeeping (number of days per week) 5</b>	Base Rate
<b>Activities Program</b>	Base Rate
<b>Select Menus</b>	Base Rate
<b>Incontinence Care</b>	Base Rate
<b>Home Health Services</b>	Additional Cost
<b>Temporary Use of Wheelchair/Walker</b>	Additional Cost

**Q56. Do you charge for different levels of care?**

- Yes

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

3 levels of care based on overall daily time increments related to 1:1 resident care

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

- No



**Embedded Data:**

N/A