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By Daijah Lusk at 12:56 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 Oklahoma City

Q3. License Number

AL5543

Q4. Telephone Number

405-237-707-

Q5. Email Address

mark.palazzo@je-holdings.com

Q6. Website URL

www.jasmineestatesokc.com

Q7. Address

2232 SW 104th St, Oklahoma City, OK 73157

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 of 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**

Licensed Practical Nurse, LPN	1/50
Registered Nurse, RN	1/50
Certified Nursing Assistant, CNA	1/8
Activity Director/Staff	2/50
Certified Medical Assistant, CMA	1/25
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>	1/50
<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



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

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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

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) 5	Yes
Activities Program	Yes
Select Menus	Yes
Incontinence Care	Yes
Home Health Services	Yes
Temporary Use of Wheelchair/Walker	Yes
Injections	No
Minor Nursing Services Provided by Facility Staff	No

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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?

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

Q56. Do you charge for different levels of care?

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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

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