

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

The Mansion at Waterford Senior Living Community

Q3. License Number

AL5591-5591

Q4. Telephone Number

404-848-1817

Q5. Email Address

ginger@milestoneretirement.com

Q6. Website URL

<https://milestoneretirement.com/senior-living/ok/oklahoma-city/the-mansion-at-waterford-assisted-living/>

Q7. Address

6110 North Penn Avenue, Oklahoma City, OK 73112

Q8. Administrator

Sharon Flowers

Q9. Name of Person Completing the Form

Ginger Tarabochia

Q10. Title of Person Completing the Form

VP, Compliance

Q11. Facility Type

Assisted Living

Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

125

Q14. Number of Designated Alzheimer's/Dementia Beds

19

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

- Initial License

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 philosophy of our program is built upon 6 principles of well-being framework. Using personal history, each care partner's goal is to know at least 25 things about each person we serve.

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

- Visit to facility
- Resident assessment
- Medical records assessment
- Other (explain):
Physicians Orders

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
- Behavior management for verbal aggression
- Intravenous
- Other (explain):

Any resident needs that are not offered by the community causing the resident needs to not be met.

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

30

Q26. Do families have input into discharge decisions?

- No

Q27. What would cause temporary transfer from specialized care? Select all that apply.

- Medication condition requiring 24 hours nursing care
- 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?

Assessments and Service Plans will be updated as frequently as necessary to ensure they reflect current resident care needs and preferences. Individualized Service Plans are used to plan for and meet resident needs using an interdisciplinary approach.

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

- Annually
- As Needed
- Other (explain):
Change in condition

Q31. Who is involved in the care plan process? Select all that apply.

- Administrator
- Nursing assistants
- Activity director
- Family members
- 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:

- Hospice
- Home health

Q35. What are the qualifications in terms of education and experience of the person in charge of Alzheimer's disease or related disorders care?

All staff care members and Administrator receive current and on-going training through Relias and on the job.

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	1:19
Registered Nurse, RN	1:19
Certified Nursing Assistant, CNA	1:19
Activity Director/Staff	1:19
Certified Medical Assistant, CMA	3:19
Other (specify) Rn is on call as needed	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>	1:19
<i>Certified Nursing Assistant, CNA</i>	N/A
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	N/A
<i>Other (specify) Rn is on call as needed</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>	1:19
<i>Certified Nursing Assistant, CNA</i>	2:19
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	N/A
<i>Other (specify) Rn is on call as needed</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>	16
<i>Physical, cognitive, and behavioral manifestations</i>	8
<i>Creating an appropriate and safe environment</i>	2
<i>Techniques for dealing with behavioral management</i>	2
<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>	4
<i>Nutrition and eating/feeding issues</i>	2
<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

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>	16
<i>Physical, cognitive, and behavioral manifestations</i>	8
<i>Creating an appropriate and safe environment</i>	2
<i>Techniques for dealing with behavioral management</i>	2
<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>	4
<i>Nutrition and eating/feeding issues</i>	2
<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

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>	16
<i>Physical, cognitive, and behavioral manifestations</i>	8
<i>Creating an appropriate and safe environment</i>	2
<i>Techniques for dealing with behavioral management</i>	2
<i>Techniques for communicating</i>	N/A
<i>Using activities to improve quality of life</i>	3
<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.

Elder Abuse

Q39. Who provides the training?

Relias and Sharon Flowers, Administrator

Q40. List the trainer's qualifications:

Certified Dementia Practitioner

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

- Emergency pull cords
- Opening windows restricted
- Built according to NFPA Life Safety Code, Chapter 21, Board and Care

Q42. What special features are provided in your building? Select all that apply.

- Wandering paths

Q42. Is there a secured outdoor area?

- Yes

Q42. If yes, what is your policy on the use of outdoor space?

Supervised 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?

Music, arts, crafts, exercise, cooking, scheduled outside entertainment.

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.)

- Weekends
- Holidays

Q46. Are residents taken off the premises for activities?

- Yes

Q47. What techniques are used for redirection?

Asking sympathetic questions, offering choices

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

arts and crafts

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

- Electro-magnetic locking system
- Other (explain):
Alarms on all exit doors

Q51. Do you have an orientation program for families?

- Yes

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

Families receive basic orientation from staff members at the start of residency as well as ongoing.

Q52. Do families have input into discharge decisions?

- No

Q53. How is your fee schedule based?

- Levels of care

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?

<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>	Yes
<i>Oxygen Administration</i>	Yes
<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>	No
<i>Injections</i>	Yes
<i>Minor Nursing Services Provided by Facility Staff</i>	Yes

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	Additional Cost
Bowel Incontinence Care	Additional Cost
Medication Injections	Additional Cost
Feeding Residents	Base Rate
Oxygen Administration	Additional Cost
Behavior Management for Verbal Aggression	Base Rate
Behavior Management for Physical Aggression	Base Rate
Special Diet	Additional Cost
Housekeeping (number of days per week) 1	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
Incontinence Care	Additional Cost
Home Health Services	Additional Cost
Temporary Use of Wheelchair/Walker	Additional Cost
Injections	Additional Cost
Minor Nursing Services Provided by Facility Staff	Base Rate

Q56. Do you charge for different levels of care?

- Yes

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

Upon admission, a preliminary Personal Care Plan will be developed based on the Pre-Admission Assessment and the information received from the resident's primary care physician. Personal care services are available at a cost over and above what is included in the Base Rent. The Community bases the fee for additional care services on a point structure. Each point is attributed to six (6) minutes of service per day.

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

- Yes

Q57. If yes, list name and date of accreditation.

	Date
Accreditation Name <i>Sharon Flowers</i>	1/2020
Accreditation Name	N/A
Accreditation Name	N/A
Accreditation Name	N/A

Embedded Data:

N/A