

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 Neighborhoods at Baptist Village of Broken Arrow

Q3. License Number

AL 7259

Q4. Telephone Number

918-355-0099

Q5. Email Address

mbaggett@baptistvillage.org

Q6. Website URL

baptistvillage.org

Q7. Address

2801 N. Birch Ave., Broken Arrow, OK 74012

Q8. Administrator

Monty Baggett

Q9. Name of Person Completing the Form

Monty Baggett

Q10. Title of Person Completing the Form

Campus Director

Q11. Facility Type

Assisted Living

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Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

58

Q14. Number of Designated Alzheimer's/Dementia Beds

14

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.

The neighborhood design creates a friendly, family-style ambiance. The physical environment promotes team/resident interaction and socialization in the tranquility of a household setting. Those who serve in the Neighborhoods are known as the "Friends Team". The stated mission communicated to the entire team is "Serving God, Serving You, Serving Together">

Q19. 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):
Admission information

Q20. What is the process for new residents? Select all that apply.

- Doctors' orders
- Residency agreement
- History and physical
- Deposit/payment
- Other (explain):
Acceptance of residency application and completion of requested admission information

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
- Bowel incontinence care
- Intravenous
- Feeding by staff
- Special diets
- Other (explain):
Admission criteria as listed in Resident Service Contract

Q24. Who would make this discharge decision?

- Other (explain):
In consultation with Director of Health Services, VP, and/or consultant physician

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Q25. How much notice is given for a discharge?

30 days except when immediate discharge is necessary for health/safety reasons

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
- Other (explain):
To protect the health and safety of other residents.

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?

Nurses and all direct care staff daily observe and engage with residents and if a change in condition is noticed then the nursing team will perform an assessment and if necessary adjust the resident's care plan.

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

- Quarterly
- Annually
- Other (explain):
Upon a change of condition when needed

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

- Administrator
- Nursing assistants
- Family members
- Resident
- Licensed nurses
- Dietary
- Physician

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Q32. Do you have a family council?

- No

Q33. Select any of the following options that are allowed in the facility:

- Approved sitters
- Additional services agreement
- 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?

Licensed LTC administrator, RN with assisted living experience, Licensed Practical nurse with ECHO training and 15 years experience in Memory Care communities.

**Q36#1. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Day/Morning Ratio**

<i>Licensed Practical Nurse, LPN</i>	2
<i>Registered Nurse, RN</i>	1
<i>Certified Nursing Assistant, CNA</i>	1
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify) Other direct care staff always available in adjoining Neighborhoods if needed</i>	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>	2
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify) Other direct care staff always available in adjoining Neighborhoods if 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>	On Call
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify) Other direct care staff always available in adjoining Neighborhoods if needed</i>	N/A

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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>	4
<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>	12

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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>	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>	12

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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>	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>	12

Q38. List the name of any other trainings.

On-going in-service training, 40 hours of initial on the job training/mentoring by permanent staff with experience in Memory Care support, Teepa Snow training videos

Q39. Who provides the training?

Licensed nurses, LTC administrator, Life Enrichment Director

Q40. List the trainer's qualifications:

State nursing licenses, ECHO certification, assisted living experience involving memory support

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
- Built according to NFPA Life Safety Code, Chapter 12 Health

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

- Wandering paths
- Rummaging areas
- Other (explain):
Small neighborhoods

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?

Arts & crafts, exercise classes, going for walks indoor and outdoor weather permitting, music therapy, games, puzzles, socials, birthday parties, church services, video watching, occasional drives outside the community, salon/glamour days, times of reminiscing

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.)

- Evenings
- Weekends
- Holidays

Q46. Are residents taken off the premises for activities?

- Yes

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Q47. What techniques are used for redirection?

Non-threatening verbal communication, changing environment, approach from a different staff member, reassurance

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

No overnight activities are scheduled but personal attention/care always given when needed

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

- Electro-magnetic locking system
- Other (explain):
Encouragement to engage in Life Enrichment activities

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?

- Levels of care

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?

Assistance in transferring to and from a Wheelchair	Yes
Intravenous (IV) Therapy	No
Bladder Incontinence Care	Yes
Bowel Incontinence Care	No
Medication Injections	Yes
Feeding Residents	Yes
Oxygen Administration	Yes
Behavior Management for Verbal Aggression	No
Behavior Management for Physical Aggression	No
Special Diet	No
Housekeeping (number of days per week) 1	Yes
Activities Program	Yes
Select Menus	Yes
Incontinence Care	Yes
Home Health Services	Yes
Temporary Use of Wheelchair/Walker	Yes
Injections	Yes
Minor Nursing Services Provided by Facility Staff	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?

Assistance in transferring to and from a Wheelchair	Base Rate
Bladder Incontinence Care	Additional Cost
Medication Injections	Base Rate
Feeding Residents	Base Rate
Oxygen Administration	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	Base Rate
Injections	Base Rate
Minor Nursing Services Provided by Facility Staff	Base Rate

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Q56. Do you charge for different levels of care?

- Yes

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

Three levels of service as measured by a functional status scale

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

- No

Embedded Data:

N/A