

## 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

Oxford Glen at Owasso

#### Q3. License Number

AL7239

#### Q4. Telephone Number

918-376-4810

#### Q5. Email Address

ewhitecloud@oxfordseniorliving.com

#### Q6. Website URL

<https://www.oxfordseniorliving.com/senior-living/ok/owasso/e-103rd-street-north/>

#### Q7. Address

1113 E. 103rd St. N. Owasso, OK 74055

#### Q8. Administrator

Elizabeth Whitecloud

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

Nami Beeman

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

Office Administrator

#### Q11. Facility Type

Memory Care ALF

**Q12. Dedicated memory care facility?**

- Yes

**Q13. Total Number of Licensed Beds**

48

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

48

**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.**

This special care unit is a small facility dedicated to providing care to seniors with dementia. Our mission is "The human element of caring is our first priority; an extraordinary and empowered staff values and embodies service to others; and the environment inspires happy residents who feel at home sharing hopes, dreams, recipes, and fishing stories."

**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?**

- 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

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

- Other (explain):  
The administrator, DON, Corporate team

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

30 days unless resident is a threat to other residents

**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?**

A change of condition can be determined by a change in behavior, change in health conditions, weight loss etc. This is warranted when staff report a noticeable change during rounds, routine resident review meetings, hospital stay, etc.

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

- Annually
- As Needed

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

- Administrator
- Nursing assistants
- Activity director
- Family members
- Resident
- Licensed nurses
- Dietary

**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?**

Qualifications include licensed administrator, licensed nurse, direct care staff with special training and experience in working with dementia residents.

**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
<b>Registered Nurse, RN</b>	.5
<b>Certified Nursing Assistant, CNA</b>	4
<b>Activity Director/Staff</b>	2
<b>Certified Medical Assistant, CMA</b>	2
<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
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	4
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	2
<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>	2
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	2
<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>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<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>	1
<i>Assisting with personal care and daily living</i>	1
<i>Nutrition and eating/feeding issues</i>	1
<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>	N/A

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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>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<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>	1
<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>	1
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1
<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>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<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>	1
<i>Techniques for supporting family members</i>	N/A
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1
<i>Other (specify below)</i>	N/A

**Q38. List the name of any other trainings.**

N/A

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**Q39. Who provides the training?**

Online training: Relias. In-service: Administrator, DON

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

Approved senior living training software, licensed administrator, licensed nurse

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

- Locked doors on exit
- Monitoring/security
- Built according to NFPA Life Safety Code, Chapter 12 Health

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

- Other (explain):  
each "house" is small and very home like with maximum of 16 residents and a large living room and kitchen with an open floor plan and secured entry/exit.

**Q42. Is there a secured outdoor area?**

- Yes

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

When weather temperatures allow with staff supervision.

**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?**

Activities are provided 7 days per week geared to the abilities of the current resident population. Activities include arts and crafts, music, bingo, exercise, pet therapy, life stations, and more.

**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?**

We engage in conversation, take walks, go to the enclosed patio, calling family so the resident can speak to their loved one, rummage in life stations, puzzles, etc.

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

Walks, games, movies, folding clothes, art projects.

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

- Outdoor System
- Electro-magnetic locking system
- Other (explain):  
enclosed patios

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**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.**

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?**

<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)</i></b> 7	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
<b><i>Injections</i></b>	Yes
<b><i>Minor Nursing Services Provided by Facility Staff</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>Intravenous (IV) Therapy</b>	Additional Cost
<b>Bladder Incontinence Care</b>	Additional Cost
<b>Bowel Incontinence Care</b>	Additional Cost
<b>Medication Injections</b>	Additional Cost
<b>Feeding Residents</b>	Additional Cost
<b>Oxygen Administration</b>	Additional Cost
<b>Behavior Management for Verbal Aggression</b>	Additional Cost
<b>Behavior Management for Physical Aggression</b>	Additional Cost
<b>Special Diet</b>	Base Rate
<b>Housekeeping (number of days per week) 7</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>	Base Rate
<b>Temporary Use of Wheelchair/Walker</b>	Base Rate
<b>Injections</b>	Base Rate
<b>Minor Nursing Services Provided by Facility Staff</b>	Base Rate

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

- Yes

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

Increased need for physical assistance with ADLs.  
Advanced cognitive support  
Diabetic care  
Feeding assistance  
Dependent for transfers

**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.**

	<b>Date</b>
<b>Accreditation Name</b> <b>OSDH</b>	2015
<b>Accreditation Name</b>	N/A
<b>Accreditation Name</b>	N/A
<b>Accreditation Name</b>	N/A

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**Embedded Data:**

N/A

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