

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

Radiance Senior Living at the Village

Q3. License Number

AL5519-5519

Q4. Telephone Number

405-751-8430

Q5. Email Address

wferguson@radiancesl.com

Q6. Website URL

Radiancesl.com

Q7. Address

2333 Manchester Drive

Q8. Administrator

Willena Ferguson

Q9. Name of Person Completing the Form

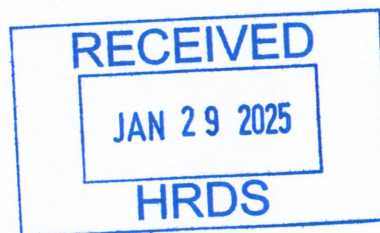
WILLENA Ferguson

Q10. Title of Person Completing the Form

Administrator of Record

Q11. Facility Type

Assisted Living/Memory Care



Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

65

Q14. Number of Designated Alzheimer's/Dementia Beds

22

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.

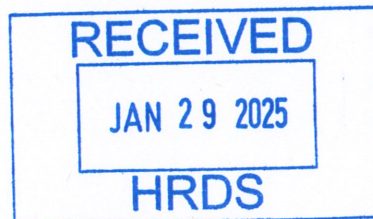
To meet the special needs of the residents suffering from the various kinds of dementia-related memory loss, including Alzheimer's diagnosed dementia.

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):
signed agreement

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

- Doctors' orders
- Residency agreement
- History and physical
- Deposit/payment
- Other (explain):
Select Apartment



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.

- Intravenous
- Other (explain):
Physical aggression that causes a threat of injury to self or others.

Q24. Who would make this discharge decision?

- Other (explain):
RN, Wellness Director, Physician and administration, only if after a psyche evaluation the behaviors cannot be corrected.

Q25. How much notice is given for a discharge?

None, if immediate danger exists after a psych evaluation

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):
End of life transfer to hospice house at family or physician request.

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?

The Wellness Director and / or RN will initiate a new assessment and care plan, or a Plan of Accomodation will

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

- Annually
- As Needed
- Other (explain):
Extreme changes in behavior

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
- Other (explain):
Family care review meeting

Q32. Do you have a family council?

- No

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

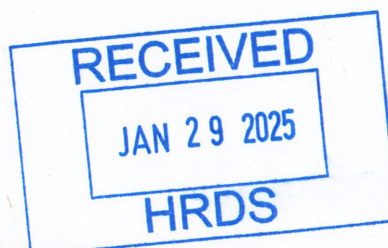
- Approved sitters
- Additional services agreement
- Hospice
- Home health

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 of Alzheimer's disease or related disorders care?

Memory Care training and on-going updates (in services)



**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>	1
<i>Registered Nurse, RN</i>	Consultant
<i>Certified Nursing Assistant, CNA</i>	3
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify) ED and MTCE Director</i>	on call

**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>	.5
<i>Registered Nurse, RN</i>	Consultant
<i>Certified Nursing Assistant, CNA</i>	3
<i>Activity Director/Staff</i>	.5
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify) ED and MTCE Director</i>	on call

**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>	Consultant
<i>Certified Nursing Assistant, CNA</i>	2
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify) ED and MTCE Director</i>	on call



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>	2
<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>	2
<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>	2
<i>Nutrition and eating/feeding issues</i>	1
<i>Techniques for supporting family members</i>	1
<i>Managing stress and avoiding burnout</i>	2
<i>Techniques for dealing with problem behaviors</i>	2
<i>Other (specify below)</i>	1



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>	2
<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>	2
<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>	2
<i>Nutrition and eating/feeding issues</i>	1
<i>Techniques for supporting family members</i>	1
<i>Managing stress and avoiding burnout</i>	2
<i>Techniques for dealing with problem behaviors</i>	2
<i>Other (specify below)</i>	1



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>	2
<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>	2
<i>Other (specify below)</i>	1

Q38. List the name of any other trainings.

Working as a team, monthly in-services

Q39. Who provides the training?

On-line training, RN, Wellness Director, Executive Director, ALZ Specialists, Home Health/Hospice personnel

Q40. List the trainer's qualifications:

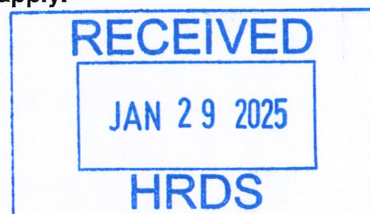
Licensed nurses, ED's, Physician's, Classes approved by OSDH

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
- 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
- Rummaging areas
- Other (explain):
 - Life Stations, i.e. nursery (doll babies, etc.)
 - Office for former secretaries, book keepers.



Q42. Is there a secured outdoor area?

- Yes

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

Has to have a caregiver outside with the residents at all times.

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 geared toward those with limited intellectual or physical abilities, 4-6 activities daily.

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?

Participating in the reality of where the resident is at the moment and slowing redirecting as necessary.

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

On-site aides to provide snacks and conversation as needed to reorient the person to the night time.

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

- Outdoor System
- Electro-magnetic locking system
- Other (explain):
Aides walk with the resident and talk with them until they feel comfortable going back into the community.

Q51. Do you have an orientation program for families?

- No

Q52. Do families have input into discharge decisions?

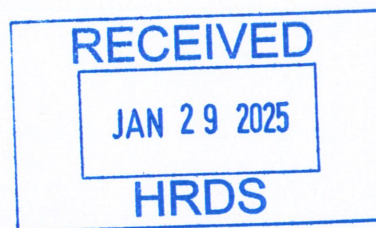
- Yes

Q53. How is your fee schedule based?

- Flat rate

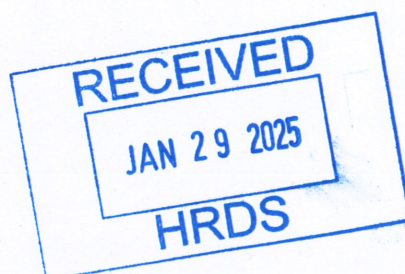
Q54. Please attach a fee schedule.

[\[Click here\]](#)



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	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) weekly and as needed	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



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	Additional Cost
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) weekly and as needed	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
Incontinence Care	Base Rate
Home Health Services	Base Rate
Temporary Use of Wheelchair/Walker	Base Rate
Injections	Additional Cost
Minor Nursing Services Provided by Facility Staff	Base Rate

Q56. Do you charge for different levels of care?

- No

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

- No

Embedded Data:

N/A

