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By Norma Perez at 12:19 pm, Jun 29, 2023



OKLAHOMA
State Department
of Health

Submit form

Oklahoma State Department of Health
Health Facilities Systems
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**ALZHEIMER'S DISEASE OR RELATED DISORDERS SPECIAL CARE
DISCLOSURE FORM**

Authority: Alzheimer's Disease Special Care Disclosure Act (63 O.S. Section 1-879.2a) and Alzheimer's Disease Special Care Disclosure Rules (OAC 310:673). All questions relate to the specialized Alzheimer's disease or related disorders care the individual facility provides. The use of the word "resident" refers to residents with Alzheimer's disease or related disorders.

Facility Instructions

1. Complete this Disclosure Form according to the care and services your facility provides. You may not amend the form, but you may attach an addendum to expand on your answers.
2. Provide copies of the Disclosure Form to anyone who requests information on the care for Alzheimer's or related disorders in your facility.
3. If the facility is a Continuum of Care Center (CCRC), indicate the service at Facility type. For instance, if the Alzheimer's beds are in the Assisted Living Center (ALC) portion/service of a CCRC, list as ALC, not CCRC, so that service can be identified with the bed type. If a CCRC has Alzheimer beds, in the ALC, and the nursing facility (NF), a disclosure form is to be submitted for each facility type.
4. The form is to be submitted if you make any changes from prior disclosures in services, at license renewal, and with bed additions that affect the total number of licensed beds in the facility. The form is to be mailed to PO Box 268823, Oklahoma City, OK 73126-8823.

Facility Information

Facility Name: Shawnee Memory Care

License Number: AL 6304 Telephone Number: 405-275-1199

Address: 1723 North Airport Drive, Shawnee, OK 74804

Administrator: Teri Ellis Date Disclosure Form Completed: 07 / 01 / 2023

Completed By: Candis Willis Title: Quality & Wellness Leader

Number of Alzheimer Related Beds: 60

Maximum Number of participants for Alzheimer Adult Day Care: 0

What types of providers must furnish a Disclosure Form?

State rules require the Disclosure Form be provided by any nursing or specialized nursing facility, residential care home, assisted living center, continuum of care facility, or adult day care center that advertises, markets or otherwise promotes they provide care or treatment to residents with Alzheimer's disease or related disorders in a special unit or under a special program.

What is the purpose of the Disclosure Form?

This Disclosure Form gives families and other interested persons the facility description of the services it provides and how these services target the special needs of residents with Alzheimer's disease or related disorders. Although the information categories are standardized, the information reported is facility-specific. This format gives families and other interested persons consistent categories of information, so they can compare facilities and services. The

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. This form contains additional information, which families can use to make more informed decisions about care.

Check the appropriate box below.

- New form. First time submission.
- No change since previous submission. Check this box and submit this form and your prior form. If a change in form versions, it may require a new form submission.
- Limited change since previous submission. Submit a new form.
- Substantial change, submit a new form.

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PRE-ADMISSION PROCESS

A. What is involved in the pre-admission process?

- Visit to facility
- Home assessment
- Medical records assessment
- Written Application
- Family interview
- Other: Mgmt team review of potential resident

B. Services (see following chart)

Service	Is it offered? Yes/No	If yes, is it included in the base rate or purchased for an additional cost?
Assistance in transferring to and from a wheelchair	Yes	Added in level of care fee
Intravenous (IV) therapy	No	
Bladder incontinence care	Yes	Added in level of care fee
Bowel incontinence care	Yes	Added in level of care fee
Medication injections	Yes	Added in level of care fee
Feeding residents	Yes	Added in level of care fee
Oxygen administration	Yes	Added in level of care fee
Behavior management for verbal aggression	Yes	Added in level of care fee
Behavior management for physical aggression	Yes	Added in level of care fee
Meals (3 ___ per day)	Yes	Added in level of care fee
Special diet	Yes	Additional cost (for some)
Housekeeping (7 ___ days per week)	Yes	More than 1x week, add. cost
Activities program	Yes	
Select menus	Yes	Added in level of care fee
Incontinence products	No	Purchased by family or a charge will occur
Incontinence care	Yes	Additional cost
Home Health Services	No	This is a third party service only

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Temporary use of wheelchair/walker	Yes	Added in level of care fee
Injections	Yes	Added in level of care fee
Minor nursing services provided by facility staff	Yes	Added in level of care fee
Transportation (specify)	Yes	If local but out of town is per mile and staff required
Barber/beauty shop	No	Contracted staff provided and they will bill per services

C. Do you charge more for different levels of care? Yes No
If yes, describe the different levels of care. Based on assessment, cares will add certain number of points, which are added to determine LOC cost.

I. ADMISSION PROCESS

A. Is there a deposit in addition to rent? Yes No
If yes, is it refundable? Yes No
If yes, when? _____

B. Do you have a refund policy if the resident does not remain for the entire prepaid period? Yes No
If yes, explain Will be pro-rated and refunded within 30 days, with proper 30 day written notice to terminate contract.

C. What is the admission process for new residents?
 Doctors' orders Residency agreement History and physical Deposit/payment
 Other Mgmt team and front-line staff review needs of potential resident, make ready apartment, service plan completed to be signed by all parties
Is there a trial period for new residents? Yes No
If yes, how long? _____

D. Do you have an orientation program for families? Yes No
If yes, describe the family support programs and state how each is offered.

II. DISCHARGE/TRANSFER

A. How much notice is given? 3 days or 30 days depending upon reason for termination of residency (Reasons in Residency Agreement)

B. What would cause temporary transfer from specialized care?
 Medical condition requiring 24 hours nursing care Unacceptable physical or verbal behavior
 Drug stabilization Other: _____

C. The need for the following services could cause permanent discharge from specialized care:
 Medical care requiring 24-hour nursing care Sitters Medication injections
 Assistance in transferring to and from wheelchair Bowel incontinence care Feeding by staff
 Behavior management for verbal aggression Bladder incontinence care Oxygen administration
 Behavior management for physical aggression Intravenous (IV) therapy Special diets
 Other: Tube feeding or ventilation support

D. Who would make this discharge decision?
 Facility manager Other: Regional Director of Operations

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E. Do families have input into these discharge decisions?..... Yes No

F. Do you assist families in making discharge plans? Yes No

III. PLANNING AND IMPLEMENTATION OF CARE (check all that apply)

A. Who is involved in the service plan process?

- Administrator Nursing Assistants Activity director Family members Resident
- Licensed nurses Social worker Dietary Physician

B. How often is the resident service plan assessed?

- Monthly Quarterly Annually As needed
- Other: Addition of any third party services, increase the level of care

C. What types of programs are scheduled?

- Music program Arts program Crafts Exercise Cooking
- Other: Relaxation during peak behavior times to resident, sensory stimulation all built around the individual resident's needs

How often is each program held, and where does it take place? Various activities take place on a daily basis and until 7:00 pm Mondays through Friday dependent on holiday and specific resident needs.

D. How many hours of structured activities are scheduled per day?

- 1-2 hours 2-4 hours 4-6 hours 6-8 hours 8 + hours

E. Are residents taken off the premises for activities?..... Yes No

F. What specific techniques do you use to address physical and verbal aggressiveness?

- Redirection Isolation
- Other: Validation, person-centered care.

G. What techniques do you use to address wandering?

- Outdoor access Electro-magnetic locking system Wander Guard (or similar system)
- Other: Increase in activities, relaxation, phone calls to families, etc.

H. What restraint alternatives do you use?

N/A. No restraints will be used.

We will use lowered beds, bed perimeter mattresses, movement sensor pads, increase in activities, relocation to another room, reviewing recent environmental changes, etc.

I. Who assists/administers medications?

- RN LPN Medication aide Attendant
- Other: Families may assist difficult behaviors (under direct staff supervision) and/or third party vendors, hospice, etc.

IV. CHANGE IN CONDITION ISSUES

What special provisions do you allow for aging in place?

- Sitters Additional services agreements Hospice Home health

If so, is it affiliated with your facility?..... Yes No

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Other: Renting or obtaining specific equipment as needed, depending on needs for a specific resident

V. STAFF TRAINING ON ALZHEIMER'S DISEASE OR RELATED DISORDERS CARE

A. What training do new employees get before working in Alzheimer's disease or related disorders care?

Orientation: 8 hours

Review of resident service plan: 2 hours

On the job training with another employee: 32 hours

Other: Daily huddle meetings each shift, continual in-service education on combative behavior, types of dementia, and educating on each resident's specific behavior.

Who gives the training and what are their qualifications?

Executive Director mostly, however each manager is trained to offer one on one education to any staff and particularly those that are specific to a resident.

B. How much on-going training is provided and how often?

(Example: 30 minutes monthly): Daily huddles, various topics and 2 hours of in-service per month.

Who gives the training and what are their qualifications?

Executive Director and other managers on specific topics. Executive Director has numerous years experience with working in an elder care setting managing residents with dementia. Director of nursing has 20+ years experience in working with elders and dementia care.

VI. VOLUNTEERS

Do you use volunteers in your facility?..... Yes No

If yes, please complete A, B, and C below.

A. What type of training do volunteers receive?

Orientation: 2 hours

On-the-job training: 2 hours

Other: Topics of reading and various DVDs

B. In what type of activities are volunteers engaged?

Activities

Meals

Religious services

Entertainment

Visitation

Other: Many volunteers assist with outings and during the peak of the holiday season

C. List volunteer groups involved with the family:

Alzheimer's Association meeting groups ; YMCA, schools ;

Family members ; Hospice ;

Extension Groups ; various church groups ;

VII. PHYSICAL ENVIRONMENT

A. What safety features are provided in your building?

Emergency pull cords

Opening windows restricted

Wander Guard or similar system

Magnetic locks

Sprinkler system

Fire alarm system

Locked doors on emergency exits

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

Built according to NFPA Life Safety Code, Chapter 21, Board and Care

Other: Motion detectors in room and restrooms, sensor pads all linked to the nurse call system via walkie talkies

B. What special features are provided in your building?

Wandering paths

Rummaging areas

Others: baby doll cribs, various fidget games, fish tanks, etc.

C. What is your policy on the use of outdoor space?

Supervised access

Free daytime access (weather permitting)

VIII. STAFFING

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

Executive Director and some managers, depending on topic.

B. What is the daytime staffing ratio of direct care staff? 1 to 10

What is the daytime staffing ratio of Direct Staffing to Residents in Special Care Unit? 100% special unit

C. What is the daytime staffing ratio of licensed staff? 1 to 20

D. What is the nighttime staffing ratio of direct care staff? 1 to 20

What is the nighttime Ratio of Direct Staffing to Residents in the Special Care Unit? 100% special unit

E. What is the nighttime staffing ratio of licensed staff? 1 to 40

NOTE: Please attach additional comments on staffing policy, if desired.

IX. Describe the Alzheimer's disease special care unit's overall philosophy and mission as it relates to the needs of the residents with Alzheimer's disease or related disorders.

See attached.

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