

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

Superior Care Homes of Oklahoma, LLC

Q3. License Number

AL5556-5556

Q4. Telephone Number

4053677213

Q5. Email Address

superiorcarehomesofoklahoma@gmail.com

Q6. Website URL

<https://schomesok.com>

Q7. Address

8817 NW 121st Street, Oklahoma City, OK 73162

Q8. Administrator

Misty Leeson/ Luvetta Compton

Q9. Name of Person Completing the Form

Daniette Leavy

Q10. Title of Person Completing the Form

Business Manager

Q11. Facility Type

Assisted Living Center

Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

5

Q14. Number of Designated Alzheimer's/Dementia Beds

2

Q15. Total Licensed Capacity for Adult Day Care (leave blank if does not apply to your facility)

Oklahoma City

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.

The Assisted Living Center provides a low patient-to-staff ratio to increase care while maximizing supervision for residents diagnosed with Alzheimer's Dementia disease.

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

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
- Oxygen administration

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

180 days

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
- Other (explain):
Chronic or acute condition lasting for a prolonged period.

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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?

The staff notifies the company's nurse. The company nurse notifies the Home Health or Hospice nurse. Both nurses start coordinating care with the resident's provider or assisted living center's medical director. All changes are documented and updated in the resident's care plan once the physician approves the change.

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

- Quarterly
- Annually
- As Needed

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

- Administrator
- Nursing assistants
- 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
- 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?

Licensed Registered Nurse.

**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	N/A
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	1
Activity Director/Staff	N/A
Certified Medical Assistant, CMA	N/A
Other (specify medication aide)	1

**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>	N/A
<i>Certified Nursing Assistant, CNA</i>	1
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	N/A
<i>Other (specify) medication aide</i>	1

**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>	1
<i>Registered Nurse, RN</i>	N/A
<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) medication aide</i>	1

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>	N/A
<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>	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>	10
<i>Physical, cognitive, and behavioral manifestations</i>	10
<i>Creating an appropriate and safe environment</i>	10
<i>Techniques for dealing with behavioral management</i>	10
<i>Techniques for communicating</i>	10
<i>Using activities to improve quality of life</i>	10
<i>Assisting with personal care and daily living</i>	10
<i>Nutrition and eating/feeding issues</i>	10
<i>Techniques for supporting family members</i>	10
<i>Managing stress and avoiding burnout</i>	10
<i>Techniques for dealing with problem behaviors</i>	10
<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>	N/A
<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>	N/A

Q38. List the name of any other trainings.

N/A

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Q39. Who provides the training?

Administrator

Q40. List the trainer's qualifications:

Licensed Nursing Home Administrator

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

- Emergency pull cords
- Locked doors on exit
- Monitoring/security
- Cameras

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

- Wandering paths
- Rummaging areas

Q42. Is there a secured outdoor area?

- Yes

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

There must be one staff outside with the resident at all times unless family members are present, at which point staff is on standby.

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?

3 Daily activities to engage

Q44. How many hours of structured activities are scheduled per day?

- 1-2 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?

- No

Q47. What techniques are used for redirection?

One on one prevention, snack and favorite drink to redirect.

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

One on one intervention, toileting, snacks, coffee, walking and looking at old photos and memorabilia.

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

- Other (explain):
Safety gate

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.

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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>	No
<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) 2 to 3</i>	Yes
<i>Activities Program</i>	Yes
<i>Select Menus</i>	Yes
<i>Incontinence Care</i>	Yes
<i>Home Health Services</i>	No
<i>Temporary Use of Wheelchair/Walker</i>	Yes
<i>Injections</i>	Yes
<i>Minor Nursing Services Provided by Facility Staff</i>	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	Base Rate
Bowel Incontinence Care	Base Rate
Oxygen Administration	Base Rate
Behavior Management for Verbal Aggression	Base Rate
Behavior Management for Physical Aggression	Base Rate
Housekeeping (number of days per week) 2 to 3	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
Incontinence Care	Base Rate
Temporary Use of Wheelchair/Walker	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.

Residents are assessed based on their care needs and amount of assistance required. Sometimes based on the residents income we have been know to negotiate the rate.

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

- No

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Embedded Data:

N/A