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By HRDS at 5:05 pm, Feb 04, 2025

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

Tealridge Assisted Living and Memory Care

Q3. License Number

AL5535-5535

Q4. Telephone Number

4056045433

Q5. Email Address

Executivedirector@tealridge.com

Q6. Website URL

<https://tealridge.com/>

Q7. Address

2200 NE 140th St. Edmond, Oklahoma 73013

Q8. Administrator

Shekita Anderson

Q9. Name of Person Completing the Form

Shekita Anderson

Q10. Title of Person Completing the Form

Executive Director

Q11. Facility Type

Assisted Living and Memory Care

Q12. Dedicated memory care facility?

- No

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Q13. Total Number of Licensed Beds

80

Q14. Number of Designated Alzheimer's/Dementia Beds

16

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

80

Q16. Maximum Number of Participants for Alzheimer Adult Day Care (leave blank if does not apply to your facility)

16

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.

Tealridge Memory Care features caring and compassionate staff in a controlled access homelike environment. This setting offers a full Alzheimer's/dementia based activity program with medication management by our trained staff. We want to ensure that our residents experience a positive quality of life, with dignity, independence, choice and comfort.

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
- Other (explain):
Assessment has to be completed within the 30 days.

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
- Behavior management for verbal aggression
- Sitters
- Intravenous
- Medication injections
- Special diets
- Other (explain):
We do not offer special diets, but we can offer texture modification.

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

30 day notice is given.

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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):
Any medical emergency such as falls or change in orientation.

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?

Any staff member can report a change in a resident to the RN or Executive Director. Once it's reported, the nurse with do an assessment to determine if there is a change. All findings is reported to the family, physician, and staff so everyone is aware of the changes and documented on the care plan with signatures.

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

- Annually
- As Needed
- Other (explain):
and for a significant change.

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):
Social worker if available, Hospice or Home Health as well.

Q32. Do you have a family council?

- Yes

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?

Staff is required to maintain Alzheimer's and Dementia training. This Training is to meet the specialized needs of residents and understanding the disease, performing ADL's, and managing behaviors. There are annual and monthly requirements that have to be completed and monitored by the Executive Director.

**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>	N/A
<i>Registered Nurse, RN</i>	1
<i>Certified Nursing Assistant, CNA</i>	5
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	3
<i>Other (specify)</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>	N/A
<i>Registered Nurse, RN</i>	1
<i>Certified Nursing Assistant, CNA</i>	5
<i>Activity Director/Staff</i>	1
<i>Certified Medical Assistant, CMA</i>	3
<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>	0
<i>Certified Nursing Assistant, CNA</i>	4
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	3
<i>Other (specify)</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>	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>	1

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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>	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>	1

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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>	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>	1

Q38. List the name of any other trainings.

Assisting with ADL's.

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Q39. Who provides the training?

Chermel Quick RCC, Debi Sims RN, or Shekita Anderson ED.

Q40. List the trainer's qualifications:

RCC, RN , and Executive Director

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

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

- Other (explain):
secured locked unit that allows residents to walk around freely.

Q42. Is there a secured outdoor area?

- Yes

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

Staff member has to be present at all times with the residents.

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?

cognitive stimulation therapy (CST) with activities like memory games, reminiscence sessions using photos and music, sensory stimulation through touch and smell, art therapy, gentle exercise like yoga, pet therapy, music therapy, and life story work

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?

Staff will use a warm touch and smile. We make sure to listen and respond with a soft tone of voice while making eye contact. Sometimes just going for a walk is all they need, or engaging in an activity.

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

1 on 1 with a staff member to engage in cards, puzzles, art, and folding the residents laundry. We like to use music for the overnight to help relax and promote sleep.

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

- Other (explain):
Staff will redirect or engage in an activity.

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.

N/A

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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?

Assistance in transferring to and from a Wheelchair	Yes
Intravenous (IV) Therapy	No
Bladder Incontinence Care	Yes
Bowel Incontinence Care	Yes
Medication Injections	No
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	No
Incontinence Care	Yes
Home Health Services	Yes
Temporary Use of Wheelchair/Walker	Yes
Injections	No
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
Intravenous (IV) Therapy	Base Rate
Bladder Incontinence Care	Base Rate
Bowel Incontinence Care	Base Rate
Feeding Residents	Base Rate
Oxygen Administration	Base Rate
Housekeeping (number of days per week) 1	Base Rate
Activities Program	Base Rate
Incontinence Care	Base Rate
Home Health Services	Base Rate
Temporary Use of Wheelchair/Walker	Base Rate
Minor Nursing Services Provided by Facility Staff	Base Rate

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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

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