

Q1. 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

Baptist Village of Oklahoma City

Q3. License Number

CC5501

Q4. Telephone Number

405-721-2466

Q5. Email Address

mhall@baptistvillage.org

Q6. Website URL

baptistvillage.org

Q7. Address

9700 Mashburn Blvd

Q8. Administrator

Martin Hall

Q9. Name of Person Completing the Form

Martin Hall

Q10. Title of Person Completing the Form

Administrator

Q11. Facility Type

CCRC

Q12. Dedicated memory care facility?

- No
 Yes

Q13. Total Number of Licensed Beds

120

Q14. Number of Designated Alzheimer's/Dementia Beds

34

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
- 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.

As care providers, we recognize the responsibility to be sensitive to individual resident needs and respond with a compassionate, life-enhancing program in a safe and home like environment.

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)

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

- Doctors' orders
- Residency agreement
- History and physical
- Deposit/payment

Other (explain)

Q21. Is there a trial period for new residents?

- No
 Yes

Q22. How long is the trial period?

This question was not displayed to the respondent.

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
 Assistance in transferring to and from wheelchair
 Behavior management for verbal aggression
 Sitters
 Bowel incontinence care
 Bladder incontinence care
 Intravenous
 Medication injections
 Feeding by staff
 Oxygen administration
 Special diets
 Other (explain)

Threat to self or others

Q24. Who would make this discharge decision?

- Facility Administrator

Other (explain)

Q25. How much notice is given for a discharge?

30 days unless emergency

Q26. Do families have input into discharge decisions?

Yes

No

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)

Q28. Do you assist families in coordinating discharge plans?

No

Yes

Q29. What is the policy for how assessment of change in condition is determined and how does it relate to the care plan?

RN DON will assess to determine with PCP if a change has occurred and will be addressed by care plan team and updated.

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

- Monthly
- Quarterly
- Annually
- As Needed
- Other (explain)

Change of Condition

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

- Administrator
- Nursing assistants
- Activity director
- Family members
- Resident
- Licensed nurses
- Social worker
- Dietary
- Physician
- Other (explain)

Q32. Do you have a family council?

- Yes
- 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?

This question was not displayed to the respondent.

Q35. What are the qualifications in terms of education and experience of the person in charge of Alzheimer's disease or related disorders care?

Director of Nursing, Neighborhood Supervisor, Distant Learning Programs, Off Campus Seminars, Special Guest Educators, Team Trainer.

Q36. Specify the ratio of direct care staff to residents for the specialized care unit for the following:

	Day/Morning Ratio	Afternoon/Evening Ratio	Night Ratio
Licensed Practical Nurse, LPN	1:29	1:29	1:29
Registered Nurse, RN			
Certified Nursing Assistant, CNA	1:6	1:6	1:12
Activity Director/Staff	1:29	1:29	
Certified Medical Assistant, CMA	1:29	1:29	1:29
Other (specify)			

Q37. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care.

	All Staff Required hours of training	Activity Director Required hours of training	Direct Care Staff Required hours of training
Alzheimer's dementia, other forms of dementia, stages of disease	1	4	4
Physical, cognitive, and behavioral manifestations	1	1	2
Creating an appropriate and safe environment	1	1	1

Techniques for dealing with behavioral management	1	2	2
Techniques for communicating	1	1	1
Using activities to improve quality of life	1	3	1
Assisting with personal care and daily living	1	1	2
Nutrition and eating/feeding issues	1	1	2
Techniques for supporting family members	1	1	1
Managing stress and avoiding burnout	1	1	1
Techniques for dealing with problem behaviors	1	2	3
Other (specify below)			

Q38. List the name of any other trainings.

distance learning and guest educators

Q39. Who provides the training?

Alzheimer's association etc

Q40. List the trainer's qualifications:

nursing

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

- Emergency pull cords
- Opening windows restricted
- Wander Guard or similar system
- 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)

Snoozelen room

Q42. Is there a secured outdoor area?

No

Yes

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

Supervised Access

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?

Pet therapy, Music Therapy, Snoozelen room, crafts, religious services, entertainment, parties for the season.

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

1-2 hours

2-4 hours

4-6 hours

6-8 hours

8+ 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?

- No
- Yes

Q47. What techniques are used for redirection?

hand in hand training, separation from upsetting situations

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

rummaging items are available, food snacks, snoozelen room.

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

- Outdoor System
- Electro-magnetic locking system
- Wander Guard (or similar system)
- Other (explain)

Q51. Do you have an orientation program for families?

- No
- Yes

Q51. If yes, describe the family support programs and state how each is offered.

This question was not displayed to the respondent.

Q52. Do families have input into discharge decisions?

- No
 Yes

Q53. How is your fee schedule based?

- Flat rate
 Levels of care

Q54. Please attach a fee schedule.

Q55. 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?		If yes, how is price included?	
	No	Yes	Base Rate	Additional Cost
Assistance in transferring to and from a Wheelchair	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Intravenous (IV) Therapy	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bladder Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bowel Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Medication Injections	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeding Residents	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Oxygen Administration	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Behavior Management for Verbal Aggression	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Behavior Management for Physical Aggression	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Special Diet	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Housekeeping (number of days per week) <input type="text" value="daily"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Activities Program	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Select Menus	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Home Health Services	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Temporary Use of Wheelchair/Walker	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Injections	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



Q56. Do you charge for different levels of care?

No

Yes

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

This question was not displayed to the respondent.

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

No

Yes

Q57. If yes, list name and date of accreditation.

This question was not displayed to the respondent.

Location Data

Location: ([35.5774](#), [-97.6412](#))

Source: GeolP Estimation

