



We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your responses

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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.

Facility Name

COLONIAL MANOR II

License Number

NH2902

Telephone Number

580-688-9431

Email Address

cfo.col@colonialmanor2.com

Website URL

NONE

Address

120 W Versa

Administrator

NATHAN MCGEE

Name of Person Completing the Form

KIM WHISENANT

Title of Person Completing the Form

CFO

Facility Type

Dedicated memory care facility?

- No
- Yes

Total Number of Licensed Beds

92

Number of Designated Alzheimer's/Dementia Beds

13

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

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

13

Check the appropriate selection

- Initial License
- Change of Information

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.

Some residents who are suffering with Alzheimers disease or related disorders are special residents that have special needs and requirements that cannot be met in a regular nursing home setting. The Special Unit was created in order to provide these residents with their own special environment. An environment that while controlled is as normal as possible and individualized to promote the maximum emotional security, personal comfort, physical safety and individualized quality nursing care. By having the Special Unit we hope to provide our residents suffering with Alzheimers disease or related disorders with their own special environment where they can function to their highest potential, retain their dignity, be safe from harm and receive individualized care and attention. Our intention is not to lock these residents away because they are disruptive to the facility - these residents have a difficult time adjusting to a regular nursing home setting and need their own environment that is adapted to their needs and pace. The Unit is meant to be a benefit to these residents.

What is involved in the pre-admission process? Select all that apply:

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- Visit to facility**
- Resident assessment**
- Medical records assessment
- Written application
- Family interview**
- Other (explain)**

LTC PRE ADMISSION

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

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

Is there a trial period for new residents?

- No**
- Yes

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)**

ACUTE MEDICAL CONDITION

Who would make this discharge decision?

Facility Administrator

Other (explain)

PHYSICIAN, RND, SS/AD, UNIT STAFF

How much notice is given for a discharge?

30 DAYS, UNLESS EMERGENCY DISCHARGE IS OFFERED

Do families have input into discharge decisions?

Yes

No

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)

Do you assist families in coordinating discharge plans?

No

Yes

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

RESIDENTS WHO BECOME BEDFAST WILL BE OFFERED TO TRANSFER OFF THE UNIT. RESIDENTS WHO SHOW SIGNS OF NEGATIVE OUTCOME WILL BE TRANSFERRED OFF THE UNIT. RESIDENTS WHO DO NOT ADAPT TO THE ENVIRONMENT OF THE UNIT WILL BE TRANSFERRED OFF THW UNIT. ANY CHANGES IN CONDITION WILL BE ADDRESSED IN THE CARE PLAN AS NEEDED.

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

Monthly

Quarterly

Annually

As Needed

Other (explain)

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)

Do you have a family council?

- Yes
- No**

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

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

Is the selected service affiliated with your facility?

No ▼

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

RND, LPN, SS/AD - HAVE 5 YEARS ESXPERIENCE WITH DEALING WITH ELDERLY RESIDENTS IN A NURSING HOME SETTING, INCLUDING ALZHIMERS/DEMENTIA RESIDENTS

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

	Day/Morning Ratio Day/Morning Ratio	Afternoon/Evening Ratio Afternoon/Evening Ratio	Night Ratio Night Ratio
Licensed Practical Nurse, LPN			
Registered Nurse, RN			
Certified Nursing Assistant, CNA	1/8	1/8	
Activity Director/Staff			
Certified Medical Assistant, CMA			
Other (specify)			

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			16
Physical, cognitive, and behavioral manifestations			16
Creating an appropriate and safe environment			16
Techniques for dealing with behavioral management			16
Techniques for communicating			16
Using activities to improve quality of life			16
Assisting with personal care and daily living			16
Nutrition and eating/feeding issues			16
Techniques for supporting family members			16
Managing stress and avoiding burnout			16
Techniques for dealing with problem behaviors			16
Other (specify below)			

List the name of any other trainings.

Who provides the training?

List the trainer's qualifications:

2 YEARS EXPERIENCE IN NURSING HOME CARE.

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**

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

- Wandering paths
- Rummaging areas**
- Other (explain)**

DAYROOM

Is there a secured outdoor area?

- No
- Yes**

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

FREE DAYTIME ACCESS (WEATHER PERMITTING)

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?

EXERCISE-DAILY RELIGIOUS - EVERY SUNDAY BINGO - WEEKLY PARTIES - MONTHLY STORY TIME - WEEKLY MUSIC PROGRAMS

How many hours of structured activities are scheduled per day?

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

Are the structured activities offered at the following times? (Select all that apply.)

- Evenings
- Weekends
- Holidays

Are residents taken off the premises for activities?

- No
- Yes

What techniques are used for redirection?

REMOVE FROM SITUATION, INVOLVE IN OTHER ACTIVITIES, REDIRECT TO OUTSIDE PATIO

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

BROUGHT TO LIVING ROOM AREA WHERE THERE IS TV, SNACKS AND STAFF

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

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

REDIRECTION INVOLVE IN ACTIVITIES

Do you have an orientation program for families?

- No
- Yes

Do families have input into discharge decisions?

- No
- Yes

How is your fee schedule based?

- Flat rate
- Levels of care

Please attach a fee schedule.

Drop files or click here to upload

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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Intravenous (IV) Therapy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder Incontinence Care	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bowel Incontinence Care	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Medication Injections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Feeding Residents	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Oxygen Administration	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Behavior Management for Verbal Aggression	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Behavior Management for Physical Aggression	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Special Diet	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Housekeeping (number of days per week)	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="text" value="7"/>				
Activities Program	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Select Menus	Is it offered?	If yes, how is price included?
Incontinence Care	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Base Rate <input type="radio"/> Additional Cost
Home Health Services	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Base Rate <input checked="" type="radio"/> Additional Cost
Temporary Use of Wheelchair/Walker	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> Base Rate <input type="radio"/> Additional Cost
Injections	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Base Rate <input checked="" type="radio"/> Additional Cost
Minor Nursing Services Provided by Facility Staff	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Base Rate <input type="radio"/> Additional Cost

Do you charge for different levels of care?

- No
- Yes

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

- No
- Yes