

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

River Valley Skilled Nursing and Therapy

Q3. License Number

NH2001

Q4. Telephone Number

580-323-1110

Q5. Email Address

blake.rhoden@rivervalleyok.com

Q6. Website URL

rivervalleyok.com

Q7. Address

2400 W Modelle Ave

Q8. Administrator

Blake Rhoden

Q9. Name of Person Completing the Form

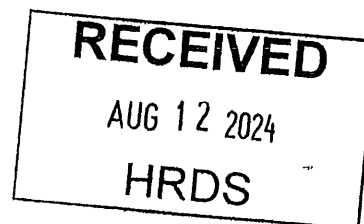
Blake Rhoden

Q10. Title of Person Completing the Form

Administrator

Q11. Facility Type

Nursing Home



Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

100

Q14. Number of Designated Alzheimer's/Dementia Beds

50

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

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.

"To treat all residents with compassion and dignity"

Q19. What is involved in the pre-admission process? Select all that apply.

- Visit to facility
- Resident assessment
- Medical records assessment
- Family interview

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

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

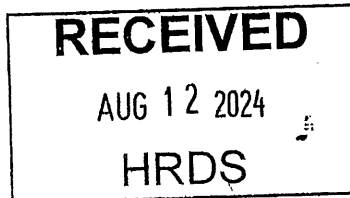
Q21. Is there a trial period for new residents?

- 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
- 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):

Facility provides all of these items regularly to those that need it.



Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

Q26. Do families have input into discharge decisions?

- Yes

Q27. What would cause temporary transfer from specialized care? Select all that apply.

- Unacceptable physical or verbal behavior

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?

MDS triggers change in condition and a significant change is initiated, through regular assessments. When this occurs, a significant change is updated on the care plan.

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

- Quarterly
- As Needed

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

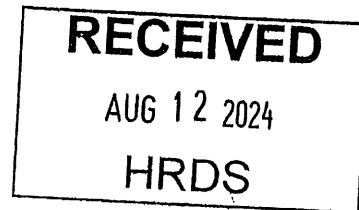
- Administrator
- Nursing assistants
- Family members
- Resident
- Licensed nurses
- Social worker
- Dietary
- Physician

Q32. Do you have a family council?

- 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?

- 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?

continued education through relias and in-services as needed

**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>	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)</i>	N/A

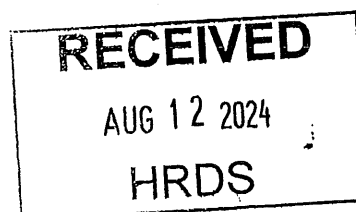
Q36#2. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Afternoon/Evening Ratio

<i>Licensed Practical Nurse, LPN</i>	N/A
<i>Registered Nurse, RN</i>	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)</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>	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)</i>	N/A

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>	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

RECEIVED
AUG 12 2024
HRDS

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>	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

RECEIVED
AUG 12 2024
HRDS

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

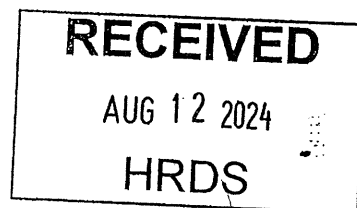
Q38. List the name of any other trainings.
N/A

Q39. Who provides the training?
Relias and Department heads

Q40. List the trainer's qualifications:
LPN, RN, Administrator

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

- Emergency pull cords
- Wander Guard or similar system
- Locked doors on exit
- Monitoring/security
- 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.

- Other (explain):
Activities

Q42. Is there a secured outdoor area?
• Yes

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?

Our skilled unit provides activities for Skilled residents and Activities coordinator provides daily activities

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?

activities, 1v1

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

puzzles, movies, music, magazines

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

- Electro-magnetic locking system
- Wander Guard (or similar system)

Q51. Do you have an orientation program for families?

- No

Q52. Do families have input into discharge decisions?

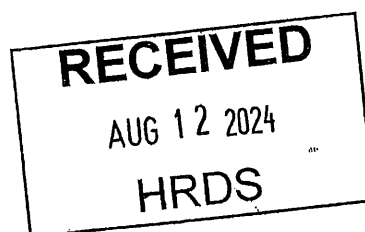
- Yes

Q53. How is your fee schedule based?

- Flat rate

Q54. Please attach a fee schedule.

N/A



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>	Yes
<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>	Yes
<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) 7</i>	Yes
<i>Activities Program</i>	Yes
<i>Select Menus</i>	Yes
<i>Incontinence Care</i>	Yes
<i>Home Health Services</i>	Yes
<i>Temporary Use of Wheelchair/Walker</i>	Yes
<i>Injections</i>	Yes
<i>Minor Nursing Services Provided by Facility Staff</i>	Yes

RECEIVED
AUG 12 2024
HRDS