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
The Ambassador Skilled Nursing and Therapy

Q3. License Number
NH7201

Q4. Telephone Number
918-743-8978

Q5. Email Address
rebecca.murray@ambassadorok.com

Q6. Website URL
www.ambassadorok.com

Q7. Address
1340 East 61st Street Tulsa, OK 74136

Q8. Administrator
Rebecca Murray

Q9. Name of Person Completing the Form
Rebecca Murray

Q10. Title of Person Completing the Form
Administrator

Q11. Facility Type
Skilled Nursing and Therapy

Q12. Dedicated memory care facility?
- Yes

Q13. Total Number of Licensed Beds
171

Q14. Number of Designated Alzheimer's/Dementia Beds
30

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

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.
In order to meet the "specialized" needs of Alzheimer's Disease and related dementia resident, the facility has developed a separate, safe and structured environment to care for these residents. The Alzheimer's Care Unit (ACU) is environmentally separated from the rest of the nursing home. The ACU is structurally designed toward meeting the special needs of the resident with a dementia which includes, but is not limited to, the following: Encouraging a physically restraint free and chemical free restraint appropriate monitored environment which facilitates the safety and comfort of the resident. Dementia directed education programs which are provided to ACU personnel. Specialized activities and nursing programs that maximize participation by maintaining each elder's strengths and abilities while enhancing their quality of life. A separate dining/activities area which fulfills socialization and special nutritional needs. Specially educated nursing staff to meet the physical and safety issues of the resident with dementia. Alzheimer's information for staff and family is available upon request. Our physicians and psychiatrists assigned to these residents have a special interest in Alzheimer's Disease and related dementias. They work closely with the residents and other care team professionals to provide a regimen of a daily health care plan, addressing the special needs of the residents in the ACU.

Q19. What is involved in the pre-admission process? Select all that apply.
- Visit to facility
- Resident assessment
- Medical records assessment
- Family interview
- Other (explain):
  Home Assessment, if applicable.

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.
- Behavior management for verbal aggression
- Other (explain):
  Ventilator. Safety or health risk to self or others. Behavior management for physical aggression.

Q24. Who would make this discharge decision?
- Other (explain):
  Physician assessment, family input, care plan team, and facility administrator.

Q25. How much notice is given for a discharge?
30 days, unless emergency situation.

Q26. Do families have input into discharge decisions?
- Yes

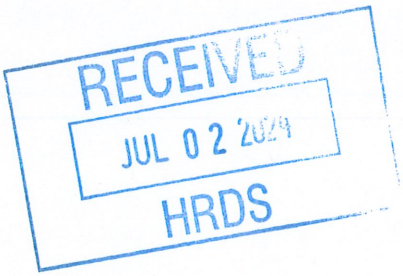
Q27. What would cause temporary transfer from specialized care? Select all that apply.
- Unacceptable physical or verbal behavior
- Significant change in medical condition
- Other (explain):
  The inability to ambulate independently.

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?
A comprehensive assessment is completed when the interdisciplinary team has determined the resident has met the significant change in guidelines for either major improvement or decline. The care plans are updated with assessment findings.

Q30. What is the frequency of assessment and change to care plan? Select all that apply.
- Quarterly
- As Needed
- Other (explain):
  Upon admission.

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):
  Ombudsman, if necessary.



Q32. Do you have a family council?
- No

Q33. Select any of the following options that are allowed in the facility:
- Additional services agreement
- Hospice

Q35. What are the qualifications in terms of education and experience of the person in charge or Alzheimer's disease or related disorders care?
Education of the person in charge: Our physicians, the nurses, the psychiatrists or designee assigned to these residents have a special interest in Alzheimer's Disease and related dementias. They work closely with the residents and other care team professionals to provide a regimen of a daily health care plan, addressing the special needs of the residents in the ACU.

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	.02
Registered Nurse, RN	.04
Certified Nursing Assistant, CNA	.08
Activity Director/Staff	.02
Certified Medical Assistant, CMA	.04
Other (specify)	N/A

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

Licensed Practical Nurse, LPN	.02
Registered Nurse, RN	.04
Certified Nursing Assistant, CNA	.08
Activity Director/Staff	.02
Certified Medical Assistant, CMA	.04
Other (specify)	N/A

Q36#3. Specify the ratio of direct care staff to residents for the specialized care unit for the following: - Night Ratio

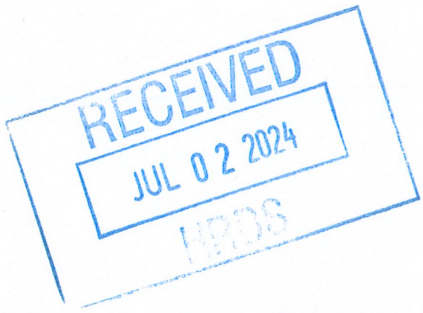
Licensed Practical Nurse, LPN	.02
Registered Nurse, RN	.04
Certified Nursing Assistant, CNA	.04
Activity Director/Staff	0
Certified Medical Assistant, CMA	0
Other (specify)	N/A

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
Alzheimer's dementia, other forms of dementia, stages of disease	2
Physical, cognitive, and behavioral manifestations	2
Creating an appropriate and safe environment	2
Techniques for dealing with behavioral management	2
Techniques for communicating	1
Using activities to improve quality of life	1
Assisting with personal care and daily living	2
Nutrition and eating/feeding issues	1
Techniques for supporting family members	1
Managing stress and avoiding burnout	2
Techniques for dealing with problem behaviors	2
Other (specify below)	N/A

Q37#2. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - Direct Care Staff

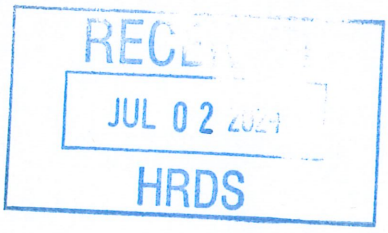
	Required hours of training
Alzheimer's dementia, other forms of dementia, stages of disease	14
Physical, cognitive, and behavioral manifestations	8
Creating an appropriate and safe environment	4
Techniques for dealing with behavioral management	8
Techniques for communicating	4
Using activities to improve quality of life	1
Assisting with personal care and daily living	4
Nutrition and eating/feeding issues	1
Techniques for supporting family members	1
Managing stress and avoiding burnout	4
Techniques for dealing with problem behaviors	8
Other (specify below)	N/A



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
Alzheimer's dementia, other forms of dementia, stages of disease	6
Physical, cognitive, and behavioral manifestations	2
Creating an appropriate and safe environment	2
Techniques for dealing with behavioral management	4
Techniques for communicating	4
Using activities to improve quality of life	2
Assisting with personal care and daily living	2
Nutrition and eating/feeding issues	1
Techniques for supporting family members	2
Managing stress and avoiding burnout	4
Techniques for dealing with problem behaviors	4
Other (specify below)	N/A

Q38. List the name of any other trainings.
Alzheimer's Association Education



Q39. Who provides the training?
Online training, social services, Director of Nursing, and Administrator

Q40. List the trainer's qualifications:
Registered Nurse and Licensed Nursing Home Administrator

Q41. What safety features are provided in your building? Select all that apply.
- Emergency pull cords
- Locked doors on exit
- 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):
  N/A

Q42. Is there a secured outdoor area?
- Yes

Q42. If yes, what is your policy on the use of outdoor space?
Daily activities inside and outside the facility, weather permitting.

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, domestic activities, religious activities, food and music programs, arts programs, crafts, exercise, and aroma therapy. Daily activities inside and outside facility.

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

- 2-4 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

Q47. What techniques are used for redirection?

Reminiscing about their past memories, using music or activies to help redirection, calling families to speak on the phone, weather permitting taking residents outside, walking the resident away from a potential agitating issue, offering food and snacks. All of the above assist in redirection.

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

Music, reading, and emotional support.

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

- Outdoor System
- Electro-magnetic locking system

Q51. Do you have an orientation program for families?

- Yes

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

Admission process and/or care plan meetings.

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?

Assistance in transferring to and from a Wheelchair	Yes
Intravenous (IV) Therapy	Yes
Bladder Incontinence Care	Yes
Bowel Incontinence Care	Yes
Medication Injections	Yes
Feeding Residents	Yes
Oxygen Administration	Yes
Behavior Management for Verbal Aggression	Yes
Behavior Management for Physical Aggression	Yes
Special Diet	Yes
Housekeeping (number of days per week) 7 days per week	Yes
Activities Program	Yes
Select Menus	Yes
Incontinence Care	Yes
Home Health Services	No
Temporary Use of Wheelchair/Walker	Yes
Injections	Yes
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
Medication Injections	Base Rate
Feeding Residents	Base Rate
Oxygen Administration	Base Rate
Behavior Management for Verbal Aggression	Base Rate
Behavior Management for Physical Aggression	Base Rate
Special Diet	Base Rate
Housekeeping (number of days per week) 7 days per week	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
Incontinence Care	Base Rate
Home Health Services	Additional Cost
Temporary Use of Wheelchair/Walker	Base Rate
Injections	Base Rate
Minor Nursing Services Provided by Facility Staff	Base Rate

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?

- Yes

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

	Date
Accreditation Name OSDH	N/A
Accreditation Name	N/A
Accreditation Name	N/A
Accreditation Name	N/A

Embedded Data:

N/A