

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

Bartlesville Health and Rehab Community

Q3. License Number

NH7403-7403

Q4. Telephone Number

918-333-9545

Q5. Email Address

Administrator@bhrcmail.com

Q6. Website URL

www.bartlesvillehealthandrehab.com

Q7. Address

3434 SE Kentucky Pl, Bartlesville, OK 74006

Q8. Administrator

Charly Wing

Q9. Name of Person Completing the Form

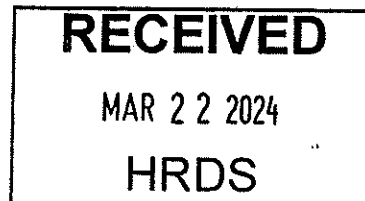
Alex Dout

Q10. Title of Person Completing the Form

President

Q11. Facility Type

Nursing Home



Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

119

Q14. Number of Designated Alzheimer's/Dementia Beds

46

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

- 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.

The care provided to our residents will be individualized and reflect the individuals' concerns, life history, meaning, relationships, emotions, thoughts, current needs, strengths, and preferences, and preferences. Care of residents with dementia will demonstrate compassion, enrich their life, and promote autonomy.

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

- Visit to facility
- Medical records assessment

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):
Behavior management for physical aggression

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

30 days

Q26. Do families have input into discharge decisions?

- No

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

- Unacceptable physical or verbal behavior

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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?

Care plan is updated as necessary for all changes in condition..

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

- Quarterly

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

Q32. Do you have a family council?

- No

Q33. Select any of the following options that are allowed in the facility:

- Approved sitters
- Hospice

Q34. Is the selected service affiliated with your facility?

- Yes

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

24 hours orientation, on the job training for 72 hours with another employee, review of resident service plan 4 hours, and on-going education 1 hour monthly (on-line).

**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	N/A
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	N/A
Activity Director/Staff	N/A
Certified Medical Assistant, CMA	N/A
Other (specify) Direct Care Staff - special care unit	1 to 5

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**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) Direct Care Staff - special care unit</i>	1 to 8

**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) Direct Care Staff - special care unit</i>	1 to 13

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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>	2
<i>Physical, cognitive, and behavioral manifestations</i>	2
<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>	N/A

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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>	2
<i>Physical, cognitive, and behavioral manifestations</i>	2
<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>	N/A

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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>	2
<i>Physical, cognitive, and behavioral manifestations</i>	2
<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>	N/A

Q38. List the name of any other trainings.

In-service

Q39. Who provides the training?

DON

Q40. List the trainer's qualifications:

RN

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
- Cameras
- Built according to NFPA Life Safety Code, Chapter 12 Health

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

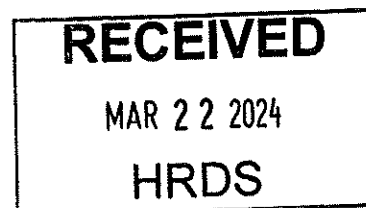
- Wandering paths

Q42. Is there a secured outdoor area?

- Yes

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

Access in secured area, to be monitored by a staff member.



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?
Varies activities will be offered dependent upon each resident's needs.

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

Q46. Are residents taken off the premises for activities?
• Yes

Q47. What techniques are used for redirection?
verbal cues will be used

Q48. What activities are offered during overnight hours for those that need them?
activity boards and activity stations will be available.

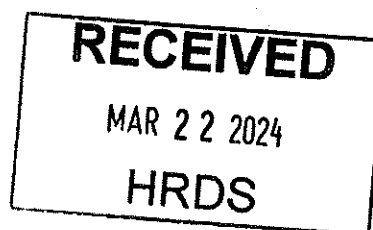
Q49. What techniques are used to address wandering? (Select all that apply.)
• Electro-magnetic locking system
• Wander Guard (or similar system)

Q51. Do you have an orientation program for families?
• No

Q52. Do families have input into discharge decisions?
• No

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	No
Behavior Management for Physical Aggression	No
Special Diet	Yes
Housekeeping (number of days per week) 7	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

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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	Additional Cost
Bladder Incontinence Care	Base Rate
Bowel Incontinence Care	Base Rate
Medication Injections	Base Rate
Feeding Residents	Base Rate
Special Diet	Base Rate
Housekeeping (number of days per week) 7	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
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?

- No

Embedded Data:

N/A

