

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

Cedarcrest Care Center

Q3. License Number

NH7224-7224

Q4. Telephone Number

918-251-3200

Q5. Email Address

srogers@cedarcrestcarecenter.com

Q6. Website URL

cedarcrestcarecenter.com

Q7. Address

1306 E College St

Q8. Administrator

LaDonna Ross

Q9. Name of Person Completing the Form

Sandra Rogers

Q10. Title of Person Completing the Form

Office Manager

Q11. Facility Type

Nursing Facility



Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

89

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)

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

- 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.

To provide a safe and home like atmosphere.

To provide a good quality of life by providing activities and daily routines that cater to their needs.

To make sure that all their needs are met.

Provide staff that shows kindness and respect.

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

- Visit to facility
- Medical records assessment
- Family interview

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

- Doctors' orders
- Residency agreement
- History and physical

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.

- Other (explain):
Only behaviors that could not be redirected or treated or caused harm to staff, other residents or self.

Q24. Who would make this discharge decision?

- Other (explain):
Physician, DON, Administrator

Q25. How much notice is given for a discharge?

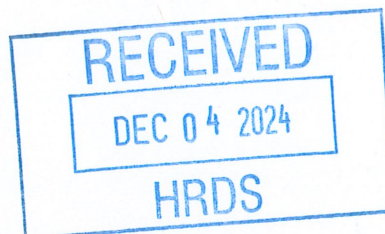
30 days if non-emergency, ASAP if emergency

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?

Use a charting guide form.

Document in PCC, notify physician and family.

MDS updates care plan and makes changes with each occurrence..

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

- Quarterly
- Annually
- As Needed

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?

- Yes

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

- Hospice

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

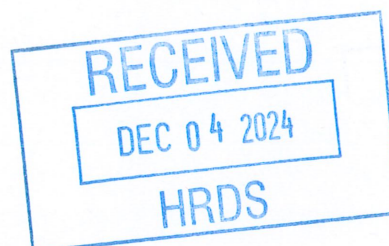
Staff must have R.N. or LPN license, C.M.A. or C.N.A. Certificate.

Nurse Aides have to attend 32 hours of classroom training at Wings.

Nurse Aides have orientation and on the job training.

**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	1
Registered Nurse, RN	1
Certified Nursing Assistant, CNA	3
Activity Director/Staff	1
Certified Medical Assistant, CMA	1
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**

<i>Licensed Practical Nurse, LPN</i>	1
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	2
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1
<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>	1
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	2
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	0
<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

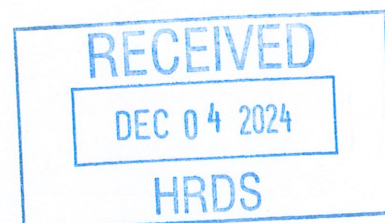
<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	40
<i>Physical, cognitive, and behavioral manifestations</i>	40
<i>Creating an appropriate and safe environment</i>	40
<i>Techniques for dealing with behavioral management</i>	40
<i>Techniques for communicating</i>	40
<i>Using activities to improve quality of life</i>	40
<i>Assisting with personal care and daily living</i>	40
<i>Nutrition and eating/feeding issues</i>	40
<i>Techniques for supporting family members</i>	40
<i>Managing stress and avoiding burnout</i>	40
<i>Techniques for dealing with problem behaviors</i>	40
<i>Other (specify below)</i>	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

<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



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?

Charge Nurse

Q40. List the trainer's qualifications:

Licensed R.N. or L.P.N.

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

- Emergency pull cords
- Opening windows restricted
- Locked doors on exit
- Monitoring/security
- Family/visitor access to secured areas

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

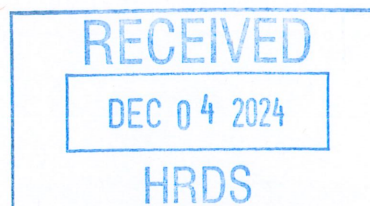
- Other (explain):
Fenced courtyard with staff supervision

Q42. Is there a secured outdoor area?

- Yes

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

Fenced courtyard with staff supervision



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?

Music, chair exercise, church, trivia, nails, board games, bingo, cards, movies, parachute ball toss, birthday and holiday parties,

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?

Separation if incident is between 2 residents and then redirection.

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

TV, music or cards.

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

- 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.

Information is provided to the families at the time they do admission paperwork.

Families are provided contact information for each department head.

Care plan meeting are scheduled for the families to attend.

Ombudsman contact information is provided to the families.

Q52. Do families have input into discharge decisions?

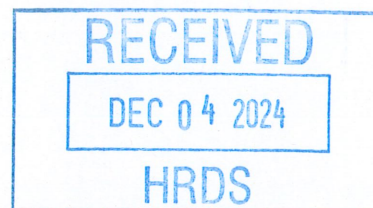
- Yes

Q53. How is your fee schedule based?

- Flat rate

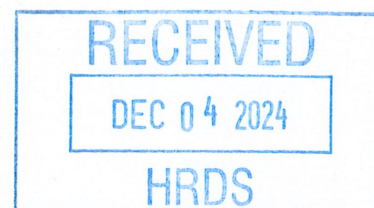
Q54. Please attach a fee schedule.

[\[Click here\]](#)



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	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?

<i>Assistance in transferring to and from a Wheelchair</i>	Base Rate
<i>Intravenous (IV) Therapy</i>	Base Rate
<i>Bladder Incontinence Care</i>	Base Rate
<i>Bowel Incontinence Care</i>	Base Rate
<i>Medication Injections</i>	Base Rate
<i>Feeding Residents</i>	Base Rate
<i>Oxygen Administration</i>	Base Rate
<i>Behavior Management for Verbal Aggression</i>	Base Rate
<i>Behavior Management for Physical Aggression</i>	Base Rate
<i>Special Diet</i>	Base Rate
<i>Housekeeping (number of days per week)</i> 7	Base Rate
<i>Activities Program</i>	Base Rate
<i>Select Menus</i>	Base Rate
<i>Incontinence Care</i>	Base Rate
<i>Home Health Services</i>	Base Rate
<i>Temporary Use of Wheelchair/Walker</i>	Base Rate
<i>Injections</i>	Base Rate
<i>Minor Nursing Services Provided by Facility Staff</i>	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

