

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

Cimarron Pointe Care Center

Q3. License Number

NH1907

Q4. Telephone Number

918.865.7701

Q5. Email Address

rneff@triacle.us

Q6. Website URL

www.cimarronpointe.us

Q7. Address

404 E Cimarron

Q8. Administrator

Sheila Hawk

Q9. Name of Person Completing the Form

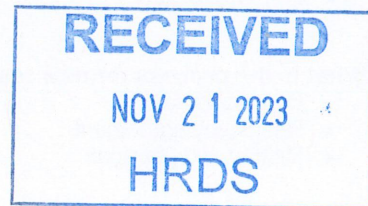
Ricki Jo Neff

Q10. Title of Person Completing the Form

Chief Administrative Officer

Q11. Facility Type

Long-Term Care - SNF



Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

108

Q14. Number of Designated Alzheimer's/Dementia Beds

14

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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)

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.

Our mission is to provide specialized care through enhanced training of staff. Develop activities that are specific towards dementia and Alzheimer's related disorders. We will also strive to create a therapeutic setting that allows the resident to be independent as long as possible in a safe environment.

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

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):
unable to meet a residents needs due to behaviors that are a threat to the safety of the resident or other residents.
A resident requiring total care would be referred to another wing in the same building.

Q24. Who would make this discharge decision?

- Other (explain):
Interdisciplinary team including Administrator, Director of Nursing and Social Service Director.

Q25. How much notice is given for a discharge?

30 days

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?

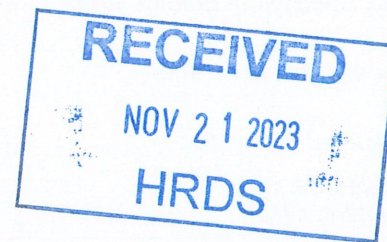
A thorough assessment is performed initially including a complete history of all areas, including nursing, physical, medical, family and social. Care plan goals will be defined to prevent or slow patient declines or regressions but without expectations of dramatic improvement either. All will assist the resident in achieving the maximum level of functioning in the care environment.

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
- 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:

- 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?

The Director of Nursing has been a Registered Nurse for 17 years, with a Bachelor's degree in Communication Disorders and an Associate's in Nursing. 1 year of previous experience overseeing a memory care unit.

The Administrator has been to numerous dementia trainings and a Licensed Nursing Home Administrator for approximately 20 years.

Chief Administrative Officer, LNHA, MPA and Chief Clinical Officer, BSN, RN, will also oversee the operations. Both with over 10 years of managing LTC facility's and memory care units.

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	1
Activity Director/Staff	1
Certified Medical Assistant, CMA	1
Other (specify) Facility LPN's and RN's will be in the building assisting staff as needed. LPN's 24 hours/day and RN a minimum of 8 hour/day.	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	N/A
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	1
Activity Director/Staff	1
Certified Medical Assistant, CMA	1
Other (specify) Facility LPN's and RN's will be in the building assisting staff as needed. LPN's 24 hours/day and RN a minimum of 8 hour/day.	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	N/A
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	1
Activity Director/Staff	N/A
Certified Medical Assistant, CMA	N/A
Other (specify) Facility LPN's and RN's will be in the building assisting staff as needed. LPN's 24 hours/day and RN a minimum of 8 hour/day.	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

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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>	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

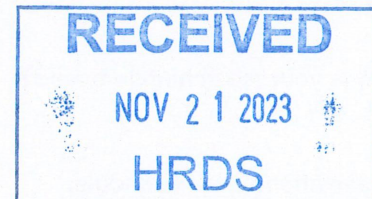
<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	N/A
<i>Physical, cognitive, and behavioral manifestations</i>	N/A
<i>Creating an appropriate and safe environment</i>	N/A
<i>Techniques for dealing with behavioral management</i>	N/A
<i>Techniques for communicating</i>	N/A
<i>Using 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?

Quality Assurance Nurse



Q40. List the trainer's qualifications:

LPN with 47 years experience working in LTC. 25 of those years as an LPN and 16 of those years overseeing a locked dementia unit. Attended many dementia related trainings in the past.

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

- Emergency pull cords
- Locked doors on exit
- Monitoring/security
- Cameras

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

- Other (explain):
There is an outdoor area that requires a code to access, the residents will only be able to go out with staff supervision. It is fenced, but not locked.

Q42. Is there a secured outdoor area?

- No

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, arts and crafts program, exercise. Different techniques will be used to contribute to a homelike and user friendly environment. This will include sensory stimulation without stress, positive visitor space and opportunities for meaningful wandering. The activities will be offered throughout the day.

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?

Each individual has different needs. Redirections will include shifting the person's attention to something else, such as food, music or other activities.

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

24 hour staff can address individual resident needs. Some will enjoy television, others may enjoy keeping themselves busy with projects like folding laundry. It will be on an individual basis.

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?

- 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?

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

