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By HRDS at 9:48 am, Nov 26, 2024

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

CORN HERITAGE VILLAGE & REHAB WEATHERFORD

Q3. License Number

NH2002-2002

Q4. Telephone Number

5807723993

Q5. Email Address

sraji@cornheritage.org

Q6. Website URL

WWW.CORNHERITAGE.ORG

Q7. Address

801 n washington Weatherford OK 73096

Q8. Administrator
SHERIFF RAJI

Q9. Name of Person Completing the Form
SHERIFF RAJI

Q10. Title of Person Completing the Form
EXECUTIVE DIRECTOR

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Q11. Facility Type
SNF/LTC

Q12. Dedicated memory care facility?
• Yes

Q13. Total Number of Licensed Beds
81

Q14. Number of Designated Alzheimer's/Dementia Beds
18

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.
A DEDICATED UNIT FOR MEMORY CARE RESIDENTS WITH SPECIALIZED CARE AND TRAINED STAFF TO PROVIDE THEIR EVERYDAY NEEDS

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.

- Behavior management for verbal aggression

Q24. Who would make this discharge decision?

- Other (explain):
INTERDISCIPLINARY TEAM

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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?

An assessment is performed upon admission and every three months, to determine suitability for memory care and a special assessment is done when there is a medical or physical change in condition of the resident.

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

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

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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?

- No

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

RN, LPN, LTCA

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>	1/12
<i>Registered Nurse, RN</i>	1/12
<i>Certified Nursing Assistant, CNA</i>	2/12
<i>Activity Director/Staff</i>	1/18
<i>Certified Medical Assistant, CMA</i>	1/14
<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>	1/12
<i>Registered Nurse, RN</i>	1/12

Certified Nursing Assistant, CNA	2/12	RECEIVED By HRDS at 9:49 am, Nov 26, 2024
Activity Director/Staff	1/18	
Certified Medical Assistant, CMA	1/14	
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	1/12
Registered Nurse, RN	0
Certified Nursing Assistant, CNA	2/12
Activity Director/Staff	0
Certified Medical Assistant, CMA	1/14
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	4
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

<i>Assisting with personal care and daily living</i>	2
<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>	2
<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>	4
<i>Physical, cognitive, and behavioral manifestations</i>	2
<i>Creating an appropriate and safe environment</i>	2
<i>Techniques for dealing with behavioral management</i>	2
<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>	2
<i>Nutrition and eating/feeding</i>	1

Managing/feeding issues	1
Techniques for supporting family members	1
Managing stress and avoiding burnout	1
Techniques for dealing with problem behaviors	2
Other (specify below)	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

Alzheimer's dementia, other forms of dementia, stages of disease	4
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	

<i>managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	2
<i>Other (specify below)</i>	N/A

Q38. List the name of any other trainings.
pain management.

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Q39. Who provides the training?
Human Resources

Q40. List the trainer's qualifications:
BSC

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
- Cameras
- Family/visitor access to secured areas
- 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.

- Wandering paths

Q42. Is there a secured outdoor area?

- Yes

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

N/A

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?

Exercise, Religious services, one on one

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?

- Yes

Q47. What techniques are used for redirection?

Verbal, various activities, meals. e.t.c

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

one on one

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

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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
Dental	

Bowel Incontinence Care	Yes	RECEIVED By HRDS at 9:50 am, Nov 26, 2024
Medication Injections	Yes	
Feeding Residents	Yes	
Oxygen Administration	Yes	
Behavior Management for Verbal Aggression	Yes	
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	

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
Special Diet	Base Rate
Housekeeping (number of days per week) 7	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
Incontinence Care	Base Rate
Temporary Use of Wheelchair/Walker	Base Rate
Injections	Base Rate
Minor Nursing Services Provided by Facility Staff	Base Rate

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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