

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 and Rehab

Q3. License Number

NH7502

Q4. Telephone Number

580-495-5445

Q5. Email Address

mmorgan@cornheritage.org

Q6. Website URL

www.cornheritage.org

Q7. Address

106 W Adams

Q8. Administrator

Jim Robertson -interim

Q9. Name of Person Completing the Form

Melissa Morgan

Q10. Title of Person Completing the Form

Business Office Manager

Q11. Facility Type

Nursing Home

Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

104

Q14. Number of Designated Alzheimer's/Dementia Beds

20

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.

The philosophy for our Memory Care Unit is one of resident centered care by focusing on the needs, values, and preferences of the resident not on the things they can no longer do or challenges of their diagnosis. Building this interpersonal relationship with our residents is key in providing them with the best care possible. We encourage families to be involved in care planning and activities for the loved ones in our Memory Care Unit to further assist us in providing excellent care.

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
- 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):
Hospitalization by a physician

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

30 days, unless circumstances warrant earlier discharge

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

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?

Assessment of change is determined by the Care Plan Team member and communicated to the family and resident as needed. If this dictates a change to the care plan then it is discussed and updated.

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

- Monthly
- Quarterly
- Annually
- As Needed

Q31. Who is involved in the care plan process? Select all that apply.

- 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:

- 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 or Alzheimer's disease or related disorders care?

RN/DON LPN/ADON CMA CNA

**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>	1:9
<i>Registered Nurse, RN</i>	1:9
<i>Certified Nursing Assistant, CNA</i>	2:9
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	1:9
<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>	1:9
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	2:9
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	1:9
<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>	1:9
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	2:9
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	1:9
<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>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<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>	N/A
<i>Techniques for supporting family members</i>	N/A
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1
<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>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<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>	N/A
<i>Techniques for supporting family members</i>	N/A
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1
<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>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<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>	N/A
<i>Techniques for supporting family members</i>	N/A
<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.

Pain Recognition; abuse and neglect;IRs

Q39. Who provides the training?

HR, DON/ADON

Q40. List the trainer's qualifications:

Evelyn Daniels RN MSN CHPN; Kelly Smith Papa RN BSN

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

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

- Wandering paths
- Rummaging areas

Q42. Is there a secured outdoor area?

- Yes

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

Free daytime access, monitored by staff as needed

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?

monthly calendar of events scheduled. 2-3 activities daily centered around resident needs and preferences. Some activities are held in the Memory Care Unit and some in the main building so residents can participate in activities with all residents.

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

- 1-2 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?

Busy Boards, rummaging boxes, staff interactions, distraction

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

Resident centered activities as needed

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

- Outdoor System
- 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?

- Levels of care

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?

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

- Yes

Q56. If yes, please describe the different levels of care.

Memory care

Q57. Does the facility have a current accreditation or certification in Alzheimer's/dementia care?

- No

Embedded Data:

N/A