

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

Fairfax behavioral health and Memory care community

Q3. License Number

NH5702

Q4. Telephone Number

5807320264

Q5. Email Address

jennifer.richmond@fairfaxbehavioralhealthlhc.com

Q6. Website URL

<https://www.fairfaxbehavioralhealthlhc.com/>

Q7. Address

4915 W. Briarcreek Dr.

Q8. Administrator

Jennifer A. Richmond

Q9. Name of Person Completing the Form

Jennifer Richmond

Q10. Title of Person Completing the Form

Administrator

Q11. Facility Type

SNF/LTC

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Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

60

Q14. Number of Designated Alzheimer's/Dementia Beds

60

Q15. Total Licensed Capacity for Adult Day Care (leave blank if does not apply to your facility)

na

Q16. Maximum Number of Participants for Alzheimer Adult Day Care (leave blank if does not apply to your facility)

na

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 entire community is a memory care and behavioral health community. We are an entire locked down community with no free egress unless the fire alarms are triggered the all the doors will then and only then "free egress". The community has above staffing standards and have partnered with Pinacple health care to better service our residents in the long-term care specialty community.

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

- Visit to facility
- Resident assessment
- Medical records assessment
- Other (explain):
History and physical review from case managers at a hospital.

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.

- Other (explain):
We are a total care community and pride ourselves meeting all the requirements for our residents.

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?

- Yes

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?

Changes to the patient condition are monitored during daily reviews of nursing documentation. When a change in condition is indicated, the resident plan of care is updated to reflect any immediate changes. Care plans are updated comprehensively at the completion of the Change of condition MDS assessment.

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
- Other (explain):
CNA, CMA, Complete IDT team.

Q32. Do you have a family council?

- No

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

- Approved sitters
- Additional services agreement
- Hospice
- Home health

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?

The administrator and DON are in continuous education programs with ECHO and Telegen.

**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>	1-20
<i>Registered Nurse, RN</i>	1-60
<i>Certified Nursing Assistant, CNA</i>	1-10
<i>Activity Director/Staff</i>	1-20
<i>Certified Medical Assistant, CMA</i>	1-30
<i>Other (specify)</i>	N/A

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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>	1-30
<i>Registered Nurse, RN</i>	1-60
<i>Certified Nursing Assistant, CNA</i>	1-15
<i>Activity Director/Staff</i>	1-20
<i>Certified Medical Assistant, CMA</i>	1-30
<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>	1-30
<i>Registered Nurse, RN</i>	1-60
<i>Certified Nursing Assistant, CNA</i>	1-20
<i>Activity Director/Staff</i>	1-20
<i>Certified Medical Assistant, CMA</i>	1-30
<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

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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>	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>	1

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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>	2
<i>Techniques for dealing with behavioral management</i>	2
<i>Techniques for communicating</i>	2
<i>Using activities to improve quality of life</i>	2
<i>Assisting with personal care and daily living</i>	2
<i>Nutrition and eating/feeding issues</i>	2
<i>Techniques for supporting family members</i>	2
<i>Managing stress and avoiding burnout</i>	2
<i>Techniques for dealing with problem behaviors</i>	2
<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>	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>	2
<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>	1

Q38. List the name of any other trainings.

Realise, Pinnacle Health care, Hospice Co,

Q39. Who provides the training?

RN

Q40. List the trainer's qualifications:

accredited 3rd party education, 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
- 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.

- Other (explain):
common areas

Q42. Is there a secured outdoor area?

- Yes

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

The resident is in a secure outdoor area with no free egress. The open space has safe seating and is inspected for fall risk. Residents are supervised while in the open area and escorted back into the building when resident is ready to go back in.

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?

Reminiscence therapy, Eden program with Pet Therapy, Religious music and messages on Sundays, Supervised nature walks on the 5 acres of land. Music therapy and picture that help with Remote Memory.

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?

Reminiscence therapy, Remote Memory, soft physical re-direction - hand in hand. Eye contact, likable notations of interest, "let's look at this (**), Lets go over here and (HELP)** , Can you show me where (**) is.

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

TV, Music, snacks, Cards, Movies, Puzzles, Supervised outdoor time.

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

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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> 7	Yes
<i>Activities Program</i>	Yes
<i>Select Menus</i>	Yes
<i>Incontinence Care</i>	Yes
<i>Home Health Services</i>	Yes
<i>Temporary Use of Wheelchair/Walker</i>	Yes
<i>Injections</i>	Yes
<i>Minor Nursing Services Provided by Facility Staff</i>	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	Base Rate
Bladder Incontinence Care	Base Rate
Bowel Incontinence Care	Base Rate
Medication Injections	Base Rate
Feeding Residents	Base Rate
Oxygen Administration	Base Rate
Behavior Management for Verbal Aggression	Base Rate
Behavior Management for Physical Aggression	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
Home Health Services	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

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