

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

Fairmont Skilled Nursing and Therapy

Q3. License Number

NH5511

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By Norma Perez at 2:45 pm, Jun 28, 2024

Q4. Telephone Number

405-943-8366

Q5. Email Address

laquita.christon@fairmontok.com

Q6. Website URL

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

Q7. Address

3233 NW 10th Street Oklahoma City, OK 73107

Q8. Administrator

LaQuita Christon

Q9. Name of Person Completing the Form

LaQuita Christon

Q10. Title of Person Completing the Form

Administator

Q11. Facility Type

Skilled Nursing and Therapy

Q12. Dedicated memory care facility?

- Yes

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Q13. Total Number of Licensed Beds

125

Q14. Number of Designated Alzheimer's/Dementia Beds

34

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)

Not Applicable.

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.

In order to meet the "specialized" needs of Alzheimer's Disease and related dementia resident, the facility has developed a separate, safe and structured environment to care for these residents. The Alzheimer's Care Unit (ACU) is environmentally separated from the rest of the nursing home. The ACU is structurally designed toward meeting the special needs of the resident with dementia which includes, but is not limited to, the following: Encouraging a physically restraint free and chemical free restraint appropriate monitored environment which facilitates the safety and comfort of the resident. Dementia

directed education programs which are provided to ACU personnel. Specialized activities and nursing programs that maximize participation by maintaining each elder's strengths and abilities while enhancing their quality of life. A separate dining/activities area which fulfills socialization and special nutritional needs. Specially educated nursing staff to meet the physical and safety issues of the resident with dementia. Alzheimer's information for staff and family is available upon request. Our physicians and psychiatrists assigned to these residents have a special interest in Alzheimer's Disease and related dementias. They work closely with the residents and other care team professionals to provide a regimen of a daily health care plan, addressing the special needs of the residents in the ACU.

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

- 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.

- Medical care requiring 24 hour nursing care
- Behavior management for verbal aggression
- Intravenous
- Oxygen administration
- Other (explain):
Behavior management for physical aggression.

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Q24. Who would make this discharge decision?

- Other (explain):

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Q25. How much notice is given for a discharge?

30 days, unless 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
- Significant change in medical condition
- Other (explain):
Clinical services not typically done within a nursing home. For example: dialysis, nasogastric tube, or chemotherapy.

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 comprehensive assessment is completed when the interdisciplinary team has determined the resident has met the significant change in guidelines for either major improvement or decline. The care plans are updated with assessment findings.

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:

- Approved sitters
- Additional services agreement
- 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?

Education of the person in charge: Registered Nurse or Licensed Professional Nurse. Our physicians and psychiatrists assigned to these residents have a special interest in Alzheimer's Disease and related dementias. They work closely with the residents and other care team professionals to provide a regimen of a daily health care plan, addressing the special needs of the residents in the ACU.

**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>	20:1
<i>Registered Nurse, RN</i>	20:1
<i>Certified Nursing Assistant, CNA</i>	10:1
<i>Activity Director/Staff</i>	20:1
<i>Certified Medical Assistant, CMA</i>	20:1
<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>	20:1
<i>Registered Nurse, RN</i>	20:1
<i>Certified Nursing Assistant, CNA</i>	10:1
<i>Activity Director/Staff</i>	20:1
<i>Certified Medical Assistant, CMA</i>	20:1
<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>	20:1
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	10:1
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	0
<i>Other (specify)</i>	N/A

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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>	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>	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 issues</i>	1
<i>Techniques for supporting family members</i>	1
<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#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>	14
<i>Physical, cognitive, and behavioral manifestations</i>	8
<i>Creating an appropriate and safe environment</i>	4
<i>Techniques for dealing with behavioral management</i>	8
<i>Techniques for communicating</i>	4
<i>Using activities to improve quality of life</i>	1
<i>Assisting with personal care and daily living</i>	4
<i>Nutrition and eating/feeding issues</i>	1
<i>Techniques for supporting family members</i>	1
<i>Managing stress and avoiding burnout</i>	4
<i>Techniques for dealing with problem behaviors</i>	8
<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>	6
<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>	4
<i>Techniques for communicating</i>	4
<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>	1
<i>Techniques for supporting family members</i>	2
<i>Managing stress and avoiding burnout</i>	4
<i>Techniques for dealing with problem behaviors</i>	4
<i>Other (specify below)</i>	N/A

Q38. List the name of any other trainings.

Alzheimer's Association Education

Q39. Who provides the training?

Online Training, Physician, Director of Nursing, and Administrator

Q40. List the trainer's qualifications:

Registered Nurse, Doctor, Licensed Nursing Home Administrator

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

- Emergency pull cords
- Opening windows restricted
- Locked doors on exit
- Family/visitor access to secured areas
- 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):
Not applicable.

Q42. Is there a secured outdoor area?

- Yes

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



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, art, crafts, exercise, cooking, pet therapy, gardening, folding and rummaging.

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

- 4-6 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?

Gently steering residents attention away from distressing or agitating situations. Encourage activities they enjoy, reminisce about positive memories, or use distraction techniques like music or engaging conversations to redirect their focus.

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

Overnight snacks.

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>	No
<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>	No
<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) 7</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

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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
Bladder Incontinence Care	Base Rate
Bowel Incontinence Care	Base Rate
Medication Injections	Base Rate
Feeding Residents	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
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?

- Yes

Q57. If yes, list name and date of accreditation.

	Date
Accreditation Name OSDH	N/A
Accreditation Name	N/A
Accreditation Name	N/A
Accreditation Name	N/A

Embedded Data:

N/A