

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

Fountain View Manor

Q3. License Number

100773730A

Q4. Telephone Number

9286527022

Q5. Email Address

admyaya2018@gmail.com

Q6. Website URL

None

Q7. Address

107 East Barclay /P.O. BOX 520 Henryetta, OK 74437

Q8. Administrator

Jennifer Munholland

Q9. Name of Person Completing the Form

Jennifer Munholland

Q10. Title of Person Completing the Form

Adm/Pres.

Q11. Facility Type

SNF/LTC

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Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

119

Q14. Number of Designated Alzheimer's/Dementia Beds

27

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)

N/A

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.

We try to provide a unit that provides a secure but homelike environment to allow wandering, social services, activities, and meet all personal care needs when home is no longer that option.

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

- Resident assessment
- Medical records assessment
- Other (explain):
Medical record review with possible site visit for ability to meet their needs.

Q20. What is the process for new residents? Select all that apply.

- Doctors' orders
- History and physical
- Deposit/payment
- Other (explain):
New admit packet & medications on admit or pharmacy contract to get them ordered.

Q21. Is there a trial period for new residents?

- Yes

Q22. How long is the trial period?

30 days

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
- Assistance in transferring to and from wheelchair
- Behavior management for verbal aggression
- Sitters
- Intravenous
- Medication injections
- Other (explain):
Any threat to themselves or others

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

Depends on severity of the situation & safety to all

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Q26. Do families have input into discharge decisions?

- No

Q27. What would cause temporary transfer from specialized care? Select all that apply.

- Medication condition requiring 24 hours nursing care
- Unacceptable physical or verbal behavior
- Significant change in medical condition
- Other (explain):
Behaviors, declines, or special needs

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?

It is by the IDT group, physician, social services, nursing, & psychiatry.

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

- Quarterly
- Annually
- 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):
Anybody that can give input or help with direction I care needs.

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
- 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 or Alzheimer's disease or related disorders care?

We have training with the Alzheimer's Association for specific needs with a services activity director certification

**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>	1/27
<i>Registered Nurse, RN</i>	1/27
<i>Certified Nursing Assistant, CNA</i>	1/7
<i>Activity Director/Staff</i>	1/27
<i>Certified Medical Assistant, CMA</i>	1/27
<i>Other (specify) Activities / social services</i>	1/27

**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>	1/27
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	1/10
<i>Activity Director/Staff</i>	1/27
<i>Certified Medical Assistant, CMA</i>	1/27
<i>Other (specify) Activities / social services</i>	1/27

**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>	1/27
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	1/15
<i>Activity Director/Staff</i>	1/27
<i>Certified Medical Assistant, CMA</i>	1/27
<i>Other (specify) Activities / social services</i>	0

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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>	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>	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>	1
<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>	2
<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>	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>	1
<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>	2
<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>	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>	1
<i>Other (specify below)</i>	N/A

Q38. List the name of any other trainings.

Alzheimer's Association, CDC, bi weekly inservice training, Telligen

Q39. Who provides the training?

Variety of sources: Administration, DON, ADON, Alz Association. Webinars

Q40. List the trainer's qualifications:

Licensed Nurse, social services/activity director certification

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

- Opening windows restricted
- 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
- Rummaging areas
- Other (explain):
Designated activity/dining room

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?

Must be monitored by staff to be outdoors & have the ability to independently ambulate safely

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?

2-3 activities with listed calendar daily

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

Q46. Are residents taken off the premises for activities?

- No

Q47. What techniques are used for redirection?

Limited one on one to prevent harm or injury to others. Snacks, activities, tv, games , and staff interaction.

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

Snacks, color pages, TV, movies, books, & busy motor skill type devices to distract & or redirect.

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>	Yes
<i>Behavior Management for Verbal Aggression</i>	No
<i>Behavior Management for Physical Aggression</i>	No
<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>	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
Intravenous (IV) Therapy	Additional Cost
Bladder Incontinence Care	Additional Cost
Bowel Incontinence Care	Additional Cost
Medication Injections	Additional Cost
Feeding Residents	Additional Cost
Oxygen Administration	Additional Cost
Behavior Management for Verbal Aggression	Additional Cost
Behavior Management for Physical Aggression	Additional Cost
Special Diet	Additional Cost
Housekeeping (number of days per week) 7	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
Incontinence Care	Base Rate
Home Health Services	Additional Cost
Temporary Use of Wheelchair/Walker	Base Rate
Injections	Additional Cost
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

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