

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

Quail Ridge Living Center

Q3. License Number

NH2105-2105

Q4. Telephone Number

918-422-5138

Q5. Email Address

admin@quailridgeliving.biz

Q6. Website URL

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

Q7. Address

564 State Line Rd. Colcord, OK 74338

Q8. Administrator

Taylor Slaughter

Q9. Name of Person Completing the Form

Taylor Slaughter

Q10. Title of Person Completing the Form

Administrator

Q11. Facility Type

Skilled Nursing Facility

Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

118

Q14. Number of Designated Alzheimer's/Dementia Beds

12

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

- Initial License

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 are licensed for 12 residents on the memory care unit. We focus on promoting independence and safety. Our Administrator is a Certified Alzheimer's Disease and Dementia Care Trainer and provides all education and in-services regarding Dementia, including certifying staff as Certified Dementia Practitioners to ensure the staff is educated in caring for those that live with Dementia. Our Nursing Home emphasizes the personal needs of each family member placed in our care to enhance their quality of life within a stress-free environment.

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):
Family would be included

Q25. How much notice is given for a discharge?

Depends on situation, usually 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?

Change of condition is based off what is considered to be a COC within the MDS, such as admitting to hospice for example. We hold care plans anytime there is a COC and/or quarterly or as needed.

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

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 or Alzheimer's disease or related disorders care?

They must have at minimum 8 hours of Dementia education yearly. At Quail Ridge, we certify a lot of our staff as Certified Dementia Practitioners. We have mandatory in-services every two weeks -- usually one in-service a month is related to Dementia.

**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>	1:8
<i>Registered Nurse, RN</i>	1:8
<i>Certified Nursing Assistant, CNA</i>	1:4
<i>Activity Director/Staff</i>	1:8
<i>Certified Medical Assistant, CMA</i>	1:8
<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>	1:8
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1:8
<i>Activity Director/Staff</i>	1:8
<i>Certified Medical Assistant, CMA</i>	1:8
<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>	1:8
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1:8
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1:8
<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>	8
<i>Physical, cognitive, and behavioral manifestations</i>	8
<i>Creating an appropriate and safe environment</i>	8
<i>Techniques for dealing with behavioral management</i>	8
<i>Techniques for communicating</i>	8
<i>Using activities to improve quality of life</i>	8
<i>Assisting with personal care and daily living</i>	8
<i>Nutrition and eating/feeding issues</i>	8
<i>Techniques for supporting family members</i>	8
<i>Managing stress and avoiding burnout</i>	8
<i>Techniques for dealing with problem behaviors</i>	8
<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>	24
<i>Physical, cognitive, and behavioral manifestations</i>	8
<i>Creating an appropriate and safe environment</i>	8
<i>Techniques for dealing with behavioral management</i>	8
<i>Techniques for communicating</i>	8
<i>Using activities to improve quality of life</i>	8
<i>Assisting with personal care and daily living</i>	8
<i>Nutrition and eating/feeding issues</i>	8
<i>Techniques for supporting family members</i>	8
<i>Managing stress and avoiding burnout</i>	8
<i>Techniques for dealing with problem behaviors</i>	8
<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>	8
<i>Physical, cognitive, and behavioral manifestations</i>	8
<i>Creating an appropriate and safe environment</i>	8
<i>Techniques for dealing with behavioral management</i>	8
<i>Techniques for communicating</i>	8
<i>Using activities to improve quality of life</i>	8
<i>Assisting with personal care and daily living</i>	8
<i>Nutrition and eating/feeding issues</i>	8
<i>Techniques for supporting family members</i>	8
<i>Managing stress and avoiding burnout</i>	8
<i>Techniques for dealing with problem behaviors</i>	8
<i>Other (specify below)</i>	N/A

Q38. List the name of any other trainings.

As interested, Certified Dementia Practitioner Course

Q39. Who provides the training?

Training is provided in house during orientation and while orientating

Q40. List the trainer's qualifications:

Taylor Slaughter, LNHA CADDCT, CDP, CNA-- Kenzie Holland Staffing Coordinator, CDP, CNA -- Candace Knight BSN with 10+ years experience with psych and dementia care -- Kacie Stanheart ADON LPN 20+ years experience with dementia care

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

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

- Rummaging areas
- Other (explain):
Busy boards

Q42. Is there a secured outdoor area?

- Yes

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

Residents have to be supervised within the 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?

Arts and crafts, gardening, part B therapy, one on one activities, puzzles, movies, listening to music, busy boards

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?

Changing of subjects in a flow learned by the Dementia Practitioner class, validation, and engaging in surroundings to redirect.

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

Movies, puzzles, snacks upon request, listening to music. Pretty much anything they want to do as our living area is open to them 24/7

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?

- Yes

Q51. If yes, describe the family support programs and state how each is offered.

We do this at admission with education material.

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

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>	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> 7	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>	Base Rate
<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?

- No

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

- No

Embedded Data:

N/A