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By HRDS at 11:01 am, Feb 10, 2025

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

St. Simeon's Episcopal Home, Inc.

Q3. License Number

CC7205

Q4. Telephone Number

918-425-3583

Q5. Email Address

angelagreen@saintsimeons.org

Q6. Website URL

www.saintsimeons.org

Q7. Address

3701 N Martin Luther King Jr Blvd

Q8. Administrator

Ruben Bearer

Q9. Name of Person Completing the Form

Angela Green

Q10. Title of Person Completing the Form

President and CEO

Q11. Facility Type

Continuum of Care

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Q12. Dedicated memory care facility?

- No

Q13. Total Number of Licensed Beds

197

Q14. Number of Designated Alzheimer's/Dementia Beds

54

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.

Our mission is to be the preferred senior care community for men and women of all faiths and denominations who wish to live their later years in an environment with dignity, individuality, and the highest attainable level of independence.

Our person-centered care provides family members with the comfort of knowing their loved one is well cared for, so they can relax and enjoy time spent with their loved one with Alzheimer's or related dementia.

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

- Visit to facility
- Resident assessment
- Medical records assessment
- Written application
- 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?

- Facility Administrator

Q25. How much notice is given for a discharge?

30 day written notice unless the resident is a risk to himself or others

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?

The interdisciplinary team will thoroughly evaluate new or changing physical or behavioral symptoms in order to identify underlying causes and address any modifiable factors that may have contributed to the resident's change in condition. If the change in condition is not resolvable within two weeks, then the care plan will be updated.

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
- Activity director
- Family members
- Resident
- Licensed nurses
- Social worker
- Dietary

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Q32. Do you have a family council?

- No

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

- Approved sitters
- 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?

Saint Simeon's has a strong investment in educating our staff about Alzheimer's disease and related disorders. All employees from the CEO to the frontline staff, and every department in between, are trained in dementia care. Training begins upon hire and continues throughout each year guided by world-renowned, Teepa Snow methodology.

Q36#1. Specify the ratio of direct care staff to residents for the specialized care unit for the following: - Day/Morning Ratio

Licensed Practical Nurse, LPN	1:26
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	1:9
Activity Director/Staff	1:26
Certified Medical Assistant, CMA	1:26
Other (specify) restorative aide	1:26

**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>	1:26
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	1:13
<i>Activity Director/Staff</i>	1:26
<i>Certified Medical Assistant, CMA</i>	1:26
<i>Other (specify) restorative aide</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>	1:26
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	1:13
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	N/A
<i>Other (specify) restorative aide</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>	.5
<i>Physical, cognitive, and behavioral manifestations</i>	.5
<i>Creating an appropriate and safe environment</i>	.5
<i>Techniques for dealing with behavioral management</i>	.5
<i>Techniques for communicating</i>	.5
<i>Using activities to improve quality of life</i>	N/A
<i>Assisting with personal care and daily living</i>	.5
<i>Nutrition and eating/feeding issues</i>	N/A
<i>Techniques for supporting family members</i>	.5
<i>Managing stress and avoiding burnout</i>	N/A
<i>Techniques for dealing with problem behaviors</i>	.5
<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>	.5
<i>Physical, cognitive, and behavioral manifestations</i>	.5
<i>Creating an appropriate and safe environment</i>	.5
<i>Techniques for dealing with behavioral management</i>	.5
<i>Techniques for communicating</i>	.5
<i>Using activities to improve quality of life</i>	N/A
<i>Assisting with personal care and daily living</i>	.5
<i>Nutrition and eating/feeding issues</i>	N/A
<i>Techniques for supporting family members</i>	.5
<i>Managing stress and avoiding burnout</i>	N/A
<i>Techniques for dealing with problem behaviors</i>	1.0
<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>	.5
<i>Physical, cognitive, and behavioral manifestations</i>	.5
<i>Creating an appropriate and safe environment</i>	.5
<i>Techniques for dealing with behavioral management</i>	.5
<i>Techniques for communicating</i>	.5
<i>Using activities to improve quality of life</i>	N/A
<i>Assisting with personal care and daily living</i>	.5
<i>Nutrition and eating/feeding issues</i>	N/A
<i>Techniques for supporting family members</i>	.5
<i>Managing stress and avoiding burnout</i>	N/A
<i>Techniques for dealing with problem behaviors</i>	.5
<i>Other (specify below)</i>	N/A

Q38. List the name of any other trainings.

In-services as needed and Relias training

Q39. Who provides the training?

Nurse Educator

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Q40. List the trainer's qualifications:

LPN with dementia training

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

- Emergency pull cords
- Opening windows restricted
- 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
- 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

Q42. Is there a secured outdoor area?

- Yes

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

Residents can use it freely under supervision

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?

Full-time activity director designated just for the Memory Center and providing appropriate activities throughout the day

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

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Q47. What techniques are used for redirection?

Distraction, engagement in activities, and guiding touch

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

Provided based on the individual's needs and interests

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?

- Yes

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

The admissions team meets with the family and provides orientation. Information on a monthly Alzheimer's support group that meets nearby is offered to families.

Q52. Do families have input into discharge decisions?

- Yes

Q53. How is your fee schedule based?

- Flat rate

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?

Assistance in transferring to and from a Wheelchair	Yes
Intravenous (IV) Therapy	Yes
Bladder Incontinence Care	Yes
Bowel Incontinence Care	Yes
Medication Injections	Yes
Feeding Residents	Yes
Oxygen Administration	Yes
Behavior Management for Verbal Aggression	Yes
Behavior Management for Physical Aggression	Yes
Special Diet	Yes
Housekeeping (number of days per week) 7	Yes
Activities Program	Yes
Select Menus	Yes
Incontinence Care	Yes
Home Health Services	No
Temporary Use of Wheelchair/Walker	Yes
Injections	Yes
Minor Nursing Services Provided by Facility Staff	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?

<i>Assistance in transferring to and from a Wheelchair</i>	Base Rate
<i>Intravenous (IV) Therapy</i>	Additional Cost
<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>	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?

- 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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