

## 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

Sand Springs Nursing and Rehabilitation

#### Q3. License Number

NH7217

#### Q4. Telephone Number

9182455908

#### Q5. Email Address

rneff@triacle.us

#### Q6. Website URL

www.sandsprings.us

#### Q7. Address

1025 North Adams Rd

#### Q8. Administrator

Melinda Hurst

#### Q9. Name of Person Completing the Form

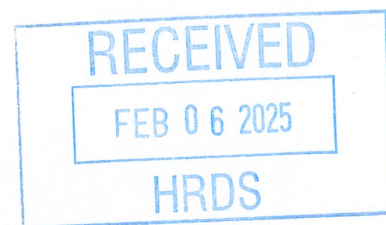
Ricki Jo Neff

#### Q10. Title of Person Completing the Form

Chief Administrative Officer

#### Q11. Facility Type

Skilled Nursing Facility



**Q12. Dedicated memory care facility?**

- No

**Q13. Total Number of Licensed Beds**

173

**Q14. Number of Designated Alzheimer's/Dementia Beds**

18

**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.**

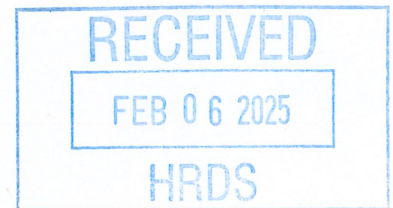
Our mission is to provide specialized care through enhanced training of staff and develop activities that are specific towards dementia and Alzheimer's related disorders. We will also strive to create a therapeutic setting that allows the resident to be independent as long as possible in a safe environment.

**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



**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
- Other (explain):  
Unable to meet a residents needs due to behaviors that are a threat to the safety of the resident or other residents. A resident requiring total care would be referred to another wind in the same building.

**Q24. Who would make this discharge decision?**

- Other (explain):  
Interdisciplinary team including Administrator, Director of Nursing and Soical Service Director.

**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



**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 thorough assessment is performed initially including a complete history of all areas, including nursing, physical, medical, family and social. Care plan goals will be defined to prevent or slow patient declines or regressions but without expectations of dramatic improvement either. All will assist the resident in achieving the maximum level of functioning in the care environment.

**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?**

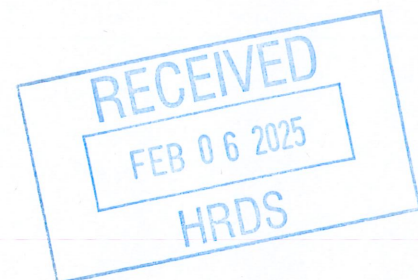
- No

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

- Hospice

**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 Director of Nursing has been a Registered Nurse with a Bachelor of Science in Nursing for over 20 years. Her entire career has been serving the elderly population with many years overseeing memory care units. Leadership staff attend numerous dementia related trainings during their employment. The Chief Administrative Officer, LNHA, MPA and Chief Clinical Officer, BSN, RN will also oversee the operations, both have over 15 years managing LTC facilities and memory care units.



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

|   |   |
|---|---|
| <b>Licensed Practical Nurse, LPN</b>  | 0 |
| <b>Registered Nurse, RN</b>   | 0 |
| <b>Certified Nursing Assistant, CNA</b>   | 1 |
| <b>Activity Director/Staff</b>  | 1 |
| <b>Certified Medical Assistant, CMA</b>   | 1 |
| <b>Other (specify)<br/>LPN's and RN's will be in the building overseeing resident care and assisting staff as needed in the specialized care unit. Multiple LPN's are in the building 24 hours/day and RN's at a minimum 8 hours/day.</b> | 3 |

**Q36#2. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -  
Afternoon/Evening Ratio**

|   |   |
|---|---|
| <b>Licensed Practical Nurse, LPN</b>  | 0 |
| <b>Registered Nurse, RN</b>   | 0 |
| <b>Certified Nursing Assistant, CNA</b>   | 1 |
| <b>Activity Director/Staff</b>  | 0 |
| <b>Certified Medical Assistant, CMA</b>   | 1 |
| <b>Other (specify)<br/>LPN's and RN's will be in the building overseeing resident care and assisting staff as needed in the specialized care unit. Multiple LPN's are in the building 24 hours/day and RN's at a minimum 8 hours/day.</b> | 2 |





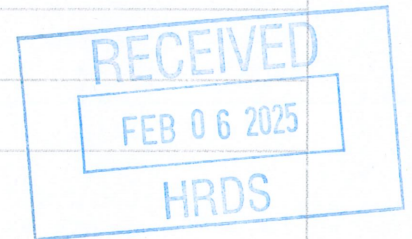
Q36#3. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -  
Night Ratio

|   |   |
|---|---|
| <i>Licensed Practical Nurse, LPN</i>  | 0 |
| <i>Registered Nurse, RN</i>   | 0 |
| <i>Certified Nursing Assistant, CNA</i>   | 1 |
| <i>Activity Director/Staff</i>  | 0 |
| <i>Certified Medical Assistant, CMA</i>   | 0 |
| <i>Other (specify)<br/>LPN's and RN's will be in the building overseeing resident care and assisting staff as needed in the specialized care unit. Multiple LPN's are in the building 24 hours/day and RN's at a minimum 8 hours/day.</i> | 2 |

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

**Q38. List the name of any other trainings.**

All staff receive a comprehensive orientation and continued training multiple times throughout the month.

**Q39. Who provides the training?**

Director of Nursing, Administrator, Quality Assurance Nurse, in addition to outside resources.

**Q40. List the trainer's qualifications:**

The QA nurse educator has over 47 years of experience in long-term care. 16 of those years were spent overseeing a locked dementia unit.

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

- Emergency pull cords
- 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

**Q42. Is there a secured outdoor area?**

- No



**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, arts and crafts, exercise and other activities are offered. Different techniques are used to contribute to a homelike and user friendly environment. This will include sensory stimulation without stress, positive visitor space and opportunities for meaningful wandering. The activities will be offered throughout the day.

**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?**

Each individual has different needs. Redirections will include shifting the persons attention to something else, such as food, music or other activities.

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

24 hour staff can address individual resident needs. Some will enjoy television, others may enjoy keeping themselves busy with projects like laundry. It will be on an individual basis.

**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?**

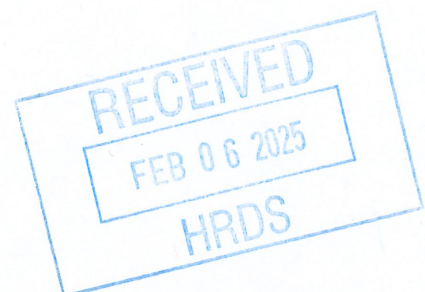
- Yes

**Q53. How is your fee schedule based?**

- Flat rate

**Q54. Please attach a fee schedule.**

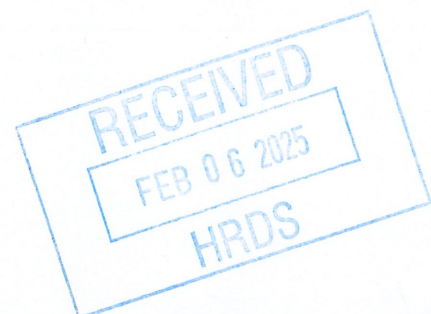
N/A





**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?**

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

|  |           |
|--|-----------|
| <b>Assistance in transferring to and from a Wheelchair</b> | Base Rate |
| <b>Intravenous (IV) Therapy</b>                            | Base Rate |
| <b>Bladder Incontinence Care</b>                           | Base Rate |
| <b>Bowel Incontinence Care</b>                             | Base Rate |
| <b>Medication Injections</b>                               | Base Rate |
| <b>Feeding Residents</b>                                   | Base Rate |
| <b>Oxygen Administration</b>                               | Base Rate |
| <b>Behavior Management for Verbal Aggression</b>           | Base Rate |
| <b>Behavior Management for Physical Aggression</b>         | Base Rate |
| <b>Special Diet</b>  | Base Rate |
| <b>Housekeeping (number of days per week)<br/>7</b>        | Base Rate |
| <b>Activities Program</b>                                  | Base Rate |
| <b>Select Menus</b>  | Base Rate |
| <b>Incontinence Care</b>                                   | Base Rate |
| <b>Temporary Use of Wheelchair/Walker</b>                  | Base Rate |
| <b>Injections</b>  | Base Rate |
| <b>Minor Nursing Services Provided by Facility Staff</b>   | 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

