

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

Sequoyah East Nursing Center, LLC

Q3. License Number

NH6802-6802

Q4. Telephone Number

918-427-7401

Q5. Email Address

seqdon@gmail.com

Q6. Website URL

seqdon@gmail.com

Q7. Address

701 S. Taylor Dr., Roland, OK 74954

Q8. Administrator

In search of Administrator

Q9. Name of Person Completing the Form

Christina Dill

Q10. Title of Person Completing the Form

Nursing Consultant

Q11. Facility Type

Skilled Nursing Facility

Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

80

Q14. Number of Designated Alzheimer's/Dementia Beds

22

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.

Our mission is to provide specialized care through enhanced training of staff. Develop Activities that are specific towards dementia and Alzheimer's related disorders. We will strive to create a therapeutic setting that allows the resident to be as 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
- Medical records assessment
- Family interview
- Other (explain):
Physician orders.

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
- Intravenous
- Other (explain):
Decline in condition requiring total care.

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

30 days unless the resident is a threat to themselves or others residents requiring an immediate discharge.

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?

Physician, licensed nursed, and direct care staff help identify individuals with significant risk or having changes of condition. Care plan nurse is notified of identified changes in condition and care plan updated accordingly.

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

- Quarterly
- As Needed
- Other (explain):
When changes are identified.

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?

The facility has 4 Certified Dementia Care practitioner trained specifically (National Council of Certified Dementia Practitioners) in dementia care and certified to provide education to direct care staff in regards to dementia and Alzheimer's related conditions. Staff are required to have dementia care education upon hire (orientation 16 hours and 16-40 hours of on the job training with another employee)and at minimum annually.

**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	1-22
Registered Nurse, RN	1-22
Certified Nursing Assistant, CNA	1 TO 6
Activity Director/Staff	1-22
Certified Medical Assistant, CMA	1-22
Other (specify)	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>	1-22
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1 TO 8
<i>Activity Director/Staff</i>	1-22
<i>Certified Medical Assistant, CMA</i>	1-22
<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>	1-22
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1 TO 15
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1-22
<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

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Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	4
<i>Physical, cognitive, and behavioral manifestations</i>	4
<i>Creating an appropriate and safe environment</i>	4
<i>Techniques for dealing with behavioral management</i>	4
<i>Techniques for communicating</i>	4
<i>Using activities to improve quality of life</i>	4
<i>Assisting with personal care and daily living</i>	0
<i>Nutrition and eating/feeding issues</i>	0
<i>Techniques for supporting family members</i>	4
<i>Managing stress and avoiding burnout</i>	4
<i>Techniques for dealing with problem behaviors</i>	4
<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>	4
<i>Physical, cognitive, and behavioral manifestations</i>	4
<i>Creating an appropriate and safe environment</i>	4
<i>Techniques for dealing with behavioral management</i>	4
<i>Techniques for communicating</i>	4
<i>Using activities to improve quality of life</i>	4
<i>Assisting with personal care and daily living</i>	4
<i>Nutrition and eating/feeding issues</i>	4
<i>Techniques for supporting family members</i>	4
<i>Managing stress and avoiding burnout</i>	4
<i>Techniques for dealing with problem behaviors</i>	4
<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>	4
<i>Physical, cognitive, and behavioral manifestations</i>	4
<i>Creating an appropriate and safe environment</i>	4
<i>Techniques for dealing with behavioral management</i>	4
<i>Techniques for communicating</i>	4
<i>Using activities to improve quality of life</i>	4
<i>Assisting with personal care and daily living</i>	0
<i>Nutrition and eating/feeding issues</i>	4
<i>Techniques for supporting family members</i>	4
<i>Managing stress and avoiding burnout</i>	4
<i>Techniques for dealing with problem behaviors</i>	4
<i>Other (specify below)</i>	N/A

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Q38. List the name of any other trainings.

N/A

Q39. Who provides the training?

Director of Nursing, Assistant Director of Nursing, Care Plan coordinator

Q40. List the trainer's qualifications:

Certified Dementia Care Practitioner (National Council of Certified Dementia Practitioners)

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

- Emergency pull cords
- Opening windows restricted
- Locked doors on exit
- Cameras
- Family/visitor access to secured areas
- Built according to NFPA Life Safety Code, Chapter 12 Health

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

- Wandering paths
- Rummaging areas

Q42. Is there a secured outdoor area?

- Yes

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

Accompanied by staff

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 program, Arts program, Crafts, Exercise. Activities include orientation exercise and other gross motor activities, grooming, socializing, food preparation, crafts, games, reminiscence. Scheduled activities are offered at least 3 times per day with unscheduled activities occurring as needed for restlessness, and various other situations.

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?

Offering different types of activities, distraction, therapeutic walks, fidget boards or blankets, and snacks.

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

Snacks, music therapy, TV or movies.

Q49. What techniques are used to address wandering? (Select all that apply.)

- Outdoor System
- 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?

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>	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

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N/A