

# 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

South Park East

### Q3. License Number

NH 5534

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### Q4. Telephone Number

4005-631-7444

### Q5. Email Address

admin.southparkeast@phoenixhealthcarellc.com

### Q6. Website URL

www.southparkeastokc.com

### Q7. Address

225 SW 35th Street

### Q8. Administrator

Jessica Bieger

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

Shanna Rierson

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

Chief Operating Officer

**Q11. Facility Type**

Skilled Nursing Facility

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**Q12. Dedicated memory care facility?**

- Yes

**Q13. Total Number of Licensed Beds**

47

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

47

**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.**

South Park East is licensed as a specialized facility for Alzheimer's care for Skilled Nursing and Therapy or Long-Term Care, with only 2 others like it in Oklahoma. With over 20 years of experience caring for individuals with Alzheimer's and other Dementia related diagnosis, South Park East follows the redirection model for dementia care rather than correction; allowing for dignity and choice in a safe environment. Our professional staff receives formal dementia care training to provide each resident with a specialized plan of clinical care, along with mental care and understanding, personalizing each resident's care to meet his or her specific needs. This 47-bed facility caters to those with memory care needs and focuses on personal preferences and aging with dignity.

**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
- Other (explain):  
Deposit/payment if indicated for private pay residents.

**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
- Sitters

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

- Facility Administrator

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**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?**

The facility follows regulatory guidelines for assessing change in condition and updates the care plan as indicated.

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

- Monthly
- 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):  
Nurse Assessment Coordinator

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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
- 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 of Alzheimer's disease or related disorders care?**

Hand to Hand Dementia care is required training during orientation and before working on the floor. Ongoing Dementia specific and hands on training are provided throughout employment.

**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>	2/35
<b>Registered Nurse, RN</b>	1/35
<b>Certified Nursing Assistant, CNA</b>	1/6
<b>Activity Director/Staff</b>	1/35
<b>Certified Medical Assistant, CMA</b>	1/35
<b>Other (specify) Social Services, Therapists, ADON</b>	N/A

**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>	1/35
<b>Registered Nurse, RN</b>	N/A
<b>Certified Nursing</b>	1/35

<b>Assistant, CNA</b>	1/8
<b>Activity Director/Staff</b>	N/A
<b>Certified Medical Assistant, CMA</b>	1/35
<b>Other (specify) Social Services, Therapists, ADON</b>	N/A

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

**Night Ratio**

<b>Licensed Practical Nurse, LPN</b>	1/35
<b>Registered Nurse, RN</b>	N/A
<b>Certified Nursing Assistant, CNA</b>	1/11
<b>Activity Director/Staff</b>	N/A
<b>Certified Medical Assistant, CMA</b>	N/A
<b>Other (specify) Social Services, Therapists, ADON</b>	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**

<b>Alzheimer's dementia, other forms of dementia, stages of disease</b>	2
<b>Physical, cognitive, and behavioral manifestations</b>	2
<b>Creating an appropriate and safe environment</b>	1
<b>Techniques for dealing with behavioral management</b>	N/A
<b>Techniques for communicating</b>	N/A
<b>Using activities to improve quality of life</b>	N/A
<b>Assisting with personal care and</b>	1

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<i>daily living</i>	
<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>	2
<i>Physical, cognitive, and behavioral manifestations</i>	2
<i>Creating an appropriate and safe environment</i>	1
<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>	1
<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</i>	N/A

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<i>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>	2
<i>Physical, cognitive, and behavioral manifestations</i>	2
<i>Creating an appropriate and safe environment</i>	1
<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>	21
<i>Assisting with personal care and daily living</i>	1
<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.**

Blood borne pathogens, Resident rights, Enhanced barrier precautions,

**Q39. Who provides the training?**

Relias

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

Nationally recognized training program with education approved by the state.

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

- Emergency pull cords
- Opening windows restricted
- Locked doors on exit
- 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

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

Residents may go outside accompanied by an employee

**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?**

Activities are provided daily by trained Activities director. We also have Physical, Occupational, and Speech therapy services available for those who qualify.

**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
- Holidays

**Q46. Are residents taken off the premises for activities?**

- No

**Q47. What techniques are used for redirection?**

We meet the resident where they are. We offer an activity, snack or water. Sometimes just converse with the resident about their needs, offer assistance or a friend.

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

We have activity books available, tv room.

**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

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**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?**

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

<b>Minor Nursing Services Provided by Facility Staff</b>	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?**

<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) 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

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**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?**

- Yes

Q57. If yes, list name and date of accreditation.

	Date
<i>Accreditation Name</i>	N/A
<i>Accreditation Name</i>	N/A
<i>Accreditation Name</i>	N/A
<i>Accreditation Name</i>	N/A

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**Embedded Data:**

N/A

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