

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

Warr Acres Nursing Center

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By Norma Perez at 2:47 pm, Jun 28, 2024

Q3. License Number

NH5515

Q4. Telephone Number

405-721-5444

Q5. Email Address

terri.rowe@warracresnursing.com

Q6. Website URL

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

Q7. Address

6501 N MacArthur Blvd, Oklahoma City, OK 73132

Q8. Administrator

Terri Rowe

Q9. Name of Person Completing the Form

Jennifer Humphries

Q10. Title of Person Completing the Form

Director of Administration

Q11. Facility Type

Nursing Facility

Q12. Dedicated memory care facility?

- Yes

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Q13. Total Number of Licensed Beds

103

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)

n/a

Q16. Maximum Number of Participants for Alzheimer Adult Day Care (leave blank if does not apply to your facility)

0-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.

Mission Statement: Memory Care

Warr Acres Nursing Center offers loving care and support for individuals in varying stages of Alzheimer's disease and related dementias. We are dedicated to providing exceptional service that allows our residents to live full and fulfilled lives each and every day. We take a person-first focus that is centered on each resident's individual needs and the dignity and respect, they deserve. Our team members are committed to creating a quality environment that is always inviting and comfortable. We take care to thoroughly understand the unique challenges of our memory loss residents and to meet those challenges with kindness and compassion.

Philosophy

- * Provide a structured setting by offering patient focused care in a environment that allows a full range of unrestricted movement within a safe area.
- * Offer daily activities, both formal and informal, provide an opportunity for each resident to actively engage and thrive in the highest quality of daily life possible.
- * Acknowledge and redirect our residents. Our trained staff acknowledges our residents' realities, redirect them and modify their environment and our expectations.
- * Value each individual by allowing residents to build personal relationships and experience life in a positive environment that honors and respects them and their families.
- * Our focus of care is developed based on the abilities of individual residents, not on their inabilities. We build on the uniqueness of each person.

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

- Visit to facility
- Medical records assessment

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):
Behavior management for physical aggression

Q24. Who would make this discharge decision?

- Other (explain):

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Q25. How much notice is given for a discharge?

30 day notice unless safety concern to self 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
- Other (explain):
Intravenous therapy

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 are assessed; appropriate notifications are made and care plans updated accordingly

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

- Quarterly
- Annually
- As Needed
- Other (explain):
with significant change

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):
interdisciplinary team

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?

Licensed or registered nurses

**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
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	2
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	0
<i>Other (specify) Staffing Ratios-this is for dedicated unit staff</i>	1:6

**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
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1.5
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	0
<i>Other (specify) Staffing Ratios-this is for dedicated unit staff</i>	1:7

**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>	2
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	0
<i>Other (specify) Staffing Ratios-this is for dedicated unit staff</i>	1:9

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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>	1
<i>Physical, cognitive, and behavioral manifestations</i>	0
<i>Creating an appropriate and safe environment</i>	0
<i>Techniques for dealing with behavioral management</i>	0
<i>Techniques for communicating</i>	0
<i>Using activities to improve quality of life</i>	0
<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>	0
<i>Managing stress and avoiding burnout</i>	0
<i>Techniques for dealing with problem behaviors</i>	0
<i>Other (specify below)</i>	0

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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>	10
<i>Physical, cognitive, and behavioral manifestations</i>	0
<i>Creating an appropriate and safe environment</i>	0
<i>Techniques for dealing with behavioral management</i>	0
<i>Techniques for communicating</i>	0
<i>Using activities to improve quality of life</i>	0
<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>	0
<i>Managing stress and avoiding burnout</i>	0
<i>Techniques for dealing with problem behaviors</i>	0
<i>Other (specify below)</i>	0

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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>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<i>Creating an appropriate and safe environment</i>	0
<i>Techniques for dealing with behavioral management</i>	1
<i>Techniques for communicating</i>	0
<i>Using activities to improve quality of life</i>	0
<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>	0
<i>Managing stress and avoiding burnout</i>	0
<i>Techniques for dealing with problem behaviors</i>	1
<i>Other (specify below)</i>	0

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Q38. List the name of any other trainings.

Orientation, on the job training, continued in-service trainings, online Collins Learning

Q39. Who provides the training?

Director of Clinical Services, Executive Director and outside vendors

Q40. List the trainer's qualifications:

Director of Clinical Services, RN; Executive Director-Nursing Home Administrator's license, outside vendors (i.e., College of OU, ECHO program, Oklahoma Dementia Care Network, the Oklahoma State Ombudsman, or other vendors with certifications for dementia

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
- Built according to NFPA Life Safety Code, Chapter 12 Health

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

- Rummaging areas
- Other (explain):
Outdoor gazebo with a walking path, full range of unrestricted movement in a safe area

Q42. Is there a secured outdoor area?

- Yes

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

Supervised access

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 offered 7 days a week; physical activities: gentle and simple stretches/movement-based activities, fitness fundamental. Social activities: pet therapy groups, human touch, cooking classes, music, bingo, manicures. Expressive activities: Active music listening, coloring, crafts and art making.

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?

Understand the emotion behind the behavior, validate their feelings. Give them a new focal point or change in scenery and communicate a benefit to redirect.

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

Coloring activities, crossword puzzles, watching a movie and/or listening to music

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?

- 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.

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>	No
<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>	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

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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>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>	Base Rate
<i>Activities Program</i>	Base Rate
<i>Select Menus</i>	Base Rate
<i>Incontinence Care</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

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