

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

Wilkins health and rehabilitation community

Q3. License Number

6905

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Q4. Telephone Number

5802523955

Q5. Email Address

tywilkins@wilkinspathway.com

Q6. Website URL

<https://wilkinshealthandrehabcommunity.com/>

Q7. Address

1205 S 4th st.

Q8. Administrator

tyler wilkins

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Q9. Name of Person Completing the Form

tyler wilkins

Q10. Title of Person Completing the Form

Administrator

Q11. Facility Type

Skilled nursing facility

Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

128

Q14. Number of Designated Alzheimer's/Dementia Beds

16

Q15. Total Licensed Capacity for Adult Day Care (leave blank if does not apply to your facility)

none

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.

The purpose of our memory care unit is to provide a safe, comfortable place of love and acceptance for elderly citizens who experience alzheimers disease or related memory impairments. The memory care center/s goal is to care for the whole person: physically , mentally, emotional and spiritually.

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?

- Yes

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Q22. How long is the trial period?

30 days

Q23. The need for the following services could cause permanent discharge from specialized care. Select all that apply.

- Medical care requiring 24 hour nursing care
- Behavior management for verbal aggression
- Other (explain):
 - combative behavior
 - drug stabilization
 - non payment

Q24. Who would make this discharge decision?

- Other (explain):
 - Administrator and DON

Q25. How much notice is given for a discharge?

30 days or unless unable to provide care

Q26. Do families have input into discharge decisions?

- Yes

Q27. What would cause temporary transfer from specialized care? Select all that apply.

- Medication condition requiring 24 hours nursing care
- Unacceptable physical or verbal behavior
- Significant change in medical condition
- Other (explain):
 - non payment

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 in condition is determined by two or more changes in functional, dietary, behaviors or cognition etc. Care plan is updated as changes occur.

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

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Q32. Do you have a family council?

- Yes

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?

Rn-DON LPN-ADON RN- Education Nurse

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	1:16
Registered Nurse, RN	1:16

Certified Nursing Assistant, CNA	2:16
Activity Director/Staff	1:16
Certified Medical Assistant, CMA	1:16
Other (specify)	N/A

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Q36#2. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -

Afternoon/Evening Ratio

Licensed Practical Nurse, LPN	1:16
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	3:16
Activity Director/Staff	1:16
Certified Medical Assistant, CMA	1:16
Other (specify)	N/A

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

Night Ratio

Licensed Practical Nurse, LPN	1:16
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	2:16
Activity Director/Staff	N/A
Certified Medical Assistant, CMA	1:16
Other (specify)	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

Alzheimer's dementia, other forms of dementia. staes	N/A
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Physical, cognitive, and behavioral manifestations	8
Creating an appropriate and safe environment	N/A
Techniques for dealing with behavioral management	N/A
Techniques for communicating	N/A
Using activities to improve quality of life	N/A
Assisting with personal care and daily living	N/A
Nutrition and eating/feeding issues	N/A
Techniques for supporting family members	N/A
Managing stress and avoiding burnout	N/A
Techniques for dealing with problem behaviors	N/A
Other (specify below)	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**

Alzheimer’s dementia, other forms of dementia, stages of disease	16
Physical, cognitive, and behavioral manifestations	16

<i>Creating an appropriate and safe environment</i>	16
<i>Techniques for dealing with behavioral management</i>	16
<i>Techniques for communicating</i>	16
<i>Using activities to improve quality of life</i>	16
<i>Assisting with personal care and daily living</i>	16
<i>Nutrition and eating/feeding issues</i>	16
<i>Techniques for supporting family members</i>	16
<i>Managing stress and avoiding burnout</i>	16
<i>Techniques for dealing with problem behaviors</i>	16
<i>Other (specify below)</i>	16

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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>	16
<i>Physical, cognitive, and behavioral manifestations</i>	16
<i>Creating an appropriate and safe environment</i>	16
<i>Techniques for dealing with</i>	16

<i>behavioral management</i>	16
<i>Techniques for communicating</i>	16
<i>Using activities to improve quality of life</i>	16
<i>Assisting with personal care and daily living</i>	16
<i>Nutrition and eating/feeding issues</i>	16
<i>Techniques for supporting family members</i>	16
<i>Managing stress and avoiding burnout</i>	16
<i>Techniques for dealing with problem behaviors</i>	16
<i>Other (specify below)</i>	16

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Q38. List the name of any other trainings.

OFMQ OU college of health sciences- Virtual dementia Training

Q39. Who provides the training?

Education Nurse , DON,ADON, OFMQ, OU college of health sciences

Q40. List the trainer's qualifications:

RN, LPN

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
- Rummaging areas
- Other (explain):
kitchenette, painted doors as bookshelves, no mirrors, shadow boxes to locate their room.

Q42. Is there a secured outdoor area?

- Yes

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

They have their own courtyard to access daily.

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?

Twice a day, singing, Exercise, happy nails, art, dancing, picture bingo, bible readings, church.

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

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Q46. Are residents taken off the premises for activities?

- Yes

Q47. What techniques are used for redirection?

individualized per resident. Singing songs depending on their preference.

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

games, music, tv,art.

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?

- Yes

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

quarterly

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?

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

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?

Assistance in transferring to and from a Wheelchair	Base Rate
Intravenous (IV) Therapy	Base Rate
Bladder Incontinence Care	Base Rate
Bowel Incontinence Care	Base Rate
Medication Injections	Base Rate
Feeding Residents	Base Rate
Oxygen Administration	Base Rate
Behavior Management for Verbal Aggression	Base Rate
Behavior Management for Physical Aggression	Base Rate
Special Diet	Base Rate
Housekeeping (number of days per week) 7	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
Incontinence Care	Base Rate
Home Health Services	Base Rate

Services	
Temporary Use of Wheelchair/Walker	Base Rate
Injections	Base Rate
Minor Nursing Services Provided by Facility Staff	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?

- No

Embedded Data:

N/A