Health Resources Development Service

Oklahoma State Department of Health

Submit form

Health Facility Systems
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ALZHEIMER'S DISEASE OR RELATED DISORDERS SPECIAL CARE DISCLOSURE FORM

Authority: Alzheimer's Disease Special Care Disclosure Act (63 O.S. Section 1-879.2a) and Alzheimer's Disease Special Care Disclosure Rules (OAC 310:673). All questions relate to the specialized Alzheimer's disease or related disorders care the individual facility provides. The use of the word "resident" refers to residents with Alzheimer's disease or related disorders.

Facility Instructions

1. Complete this Disclosure Form according to the care and services your facility provides. You may **not** amend the form, but you may attach an addendum to expand on your answers.
2. Provide copies of the Disclosure Form to anyone who requests information on the care for Alzheimer's or related disorders in your facility.
3. If the facility is a Continuum of Care Center (CCRC), indicate the service at Facility type. For instance, if the Alzheimer's beds are in the Assisted Living Center (ALC) portion/service of a CCRC, list as ALC, not CCRC, so that service can be identified with the bed type. If a CCRC has Alzheimer beds, in the ALC, and the nursing facility (NF), a disclosure form is to be submitted for each facility type.
4. The form is to be submitted if you make any changes from prior disclosures in services, at license renewal, and with bed additions that affect the total number of licensed beds in the facility. The form is to be mailed to PO Box 268823, Oklahoma City, OK 73126-8823.

Facility Information

Facility Name: Arbor House of Mustang

License Number: AL0903 Telephone Number: 405.376.2872

Address: 850 N. Clearspring Rd Mustang, OK 73064

Administrator: Cristy Davis Date Disclosure Form Completed: 3/17/2020

Completed By: Shaye Donica Title: COO

Number of Alzheimer Related Beds: 18

Maximum Number of participants for Alzheimer Adult Day Care: 0

What types of providers must furnish a Disclosure Form?

State rules require the Disclosure Form be provided by any nursing or specialized nursing facility, residential care home, assisted living center, continuum of care facility, or adult day care center that advertises, markets or otherwise promotes they provide care or treatment to residents with Alzheimer's disease or related disorders in a special unit or under a special program.

What is the purpose of the Disclosure Form?

This Disclosure Form gives families and other interested persons the facility description of the services it provides and how these services target the special needs of residents with Alzheimer's disease or related disorders. Although the information categories are standardized, the information reported is facility-specific. This format gives families and other interested persons consistent categories of information, so they can compare facilities and services. The

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. This form contains additional information, which families can use to make more informed decisions about care.

Check the appropriate box below.

☒ New form. First time submission.

☐ No change since previous submission. Check this box and submit this form and your prior form. If a change in form versions, it may require a new form submission.

☐ Limited change since previous submission. Submit a new form.

☐ Substantial change, submit a new form.

PRE-ADMISSION PROCESS

A. What is involved in the pre-admission process?

☒ Visit to facility ☒ Home assessment ☒ Medical records assessment
☐ Written Application ☒ Family interview ☐ Other: _____

B. Services (see following chart)

Service	Is it offered? Yes/No	If yes, is it included in the base rate or purchased for an additional cost?
Assistance in transferring to and from a wheelchair	- yes	base
Intravenous (IV) therapy	- no	
Bladder incontinence care	- yes	base
Bowel incontinence care	- yes	base
Medication injections	- yes	base, b12 shots
Feeding residents	- yes	base
Oxygen administration	- yes	base
Behavior management for verbal aggression	- yes	base
Behavior management for physical aggression	- no	
Meals (3 per day)	- yes	base
Special diet	- yes	base
Housekeeping (1 days per week)	- yes	base
Activities program	- yes	base
Select menus	- no	
Incontinence products	- no	
Incontinence care	- yes	base
Home Health Services	- yes	3rd party

Temporary use of wheelchair/walker	- yes	base
Injections	- yes	base, B12 shots
Minor nursing services provided by facility staff	- yes	base
Transportation (specify)	- no	
Barber/beauty shop	- yes	3rd party

C. Do you charge more for different levels of care? ..... ☐ Yes ☒ No

If yes, describe the different levels of care. _____

I. ADMISSION PROCESS

A. Is there a deposit in addition to rent? ..... ☒ Yes ☐ No

If yes, is it refundable? ..... ☐ Yes ☒ No

If yes, when? _____

B. Do you have a refund policy if the resident does not remain for the entire prepaid period? ☒ Yes ☐ No

If yes, explain Once belongings are removed from the room, the rent will stop and prorated through the month.

C. What is the admission process for new residents?

☒ Doctors' orders ☒ Residency agreement ☒ History and physical ☒ Deposit/payment

☐ Other _____

Is there a trial period for new residents? ..... ☒ Yes ☐ No

If yes, how long? 30 days

D. Do you have an orientation program for families? ..... ☐ Yes ☒ No

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

_____

II. DISCHARGE/TRANSFER

A. How much notice is given? 30 day notice unless resident is harm to self or others

B. What would cause temporary transfer from specialized care?

☒ Medical condition requiring 24 hours nursing care ☒ Unacceptable physical or verbal behavior

☒ Drug stabilization ☐ Other: _____

C. The need for the following services could cause permanent discharge from specialized care:

☒ Medical care requiring 24-hour nursing care	☐ Sitters	☐ Medication injections
☐ Assistance in transferring to and from wheelchair	☐ Bowel incontinence care	☐ Feeding by staff
☐ Behavior management for verbal aggression	☐ Bladder incontinence care	☐ Oxygen administration
☒ Behavior management for physical aggression	☒ Intravenous (IV) therapy	☐ Special diets

☐ Other: _____

D. Who would make this discharge decision?

☒ Facility manager ☒ Other: Nurse + Family

E. Do families have input into these discharge decisions?..... ☒ Yes ☐ No

F. Do you assist families in making discharge plans? ..... ☒ Yes ☐ No

III. PLANNING AND IMPLEMENTATION OF CARE (check all that apply)

A. Who is involved in the service plan process?

☐ Administrator ☒ Nursing Assistants ☐ Activity director ☐ Family members ☒ Resident
☒ Licensed nurses ☐ Social worker ☐ Dietary ☐ Physician

B. How often is the resident service plan assessed?

☐ Monthly ☐ Quarterly ☒ Annually ☒ As needed
☐ Other: _____

C. What types of programs are scheduled?

☒ Music program ☒ Arts program ☒ Crafts ☒ Exercise ☒ Cooking
☐ Other: _____

How often is each program held, and where does it take place? weekly

D. How many hours of structured activities are scheduled per day?

☐ 1-2 hours ☒ 2-4 hours ☐ 4-6 hours ☐ 6-8 hours ☐ 8 + hours

E. Are residents taken off the premises for activities?..... ☐ Yes ☒ No

F. What specific techniques do you use to address physical and verbal aggressiveness?

☒ Redirection ☐ Isolation
☐ Other: _____

G. What techniques do you use to address wandering?

☒ Outdoor access ☒ Electro-magnetic locking system ☐ Wander Guard (or similar system)
☐ Other: _____

H. What restraint alternatives do you use?

n/a

I. Who assists/administers medications?

☐ RN ☐ LPN ☒ Medication aide ☐ Attendant
☐ Other: _____

IV. CHANGE IN CONDITION ISSUES

What special provisions do you allow for aging in place?

☒ Sitters ☒ Additional services agreements ☒ Hospice ☒ Home health

If so, is it affiliated with your facility?..... ☐ Yes ☒ No

☐ Other: _____

V. STAFF TRAINING ON ALZHEIMER'S DISEASE OR RELATED DISORDERS CARE

A. What training do new employees get before working in Alzheimer's disease or related disorders care?

☒ Orientation: 4 hours ☐ Review of resident service plan: _____ hours
☑ On the job training with another employee: 16 hours
☐ Other: _____

Who gives the training and what are their qualifications?
Administrator, Nurse, Designated caregiver. Must have 2+ years working with residents with Dementia

B. How much on-going training is provided and how often?
(Example: 30 minutes monthly): 2 hrs monthly

Who gives the training and what are their qualifications?
Administrator + Nurse

VI. VOLUNTEERS

Do you use volunteers in your facility? ☐ Yes ☒ No

If yes, please complete A, B, and C below.

A. What type of training do volunteers receive?

☐ Orientation: _____ hours ☐ On-the-job training: _____ hours
☐ Other: _____

B. In what type of activities are volunteers engaged?

☐ Activities ☐ Meals ☐ Religious services ☐ Entertainment ☐ Visitation
☐ Other: _____

C. List volunteer groups involved with the family:

_____; _____;

_____; _____;

_____; _____;

VII. PHYSICAL ENVIRONMENT

A. What safety features are provided in your building?

☐ Emergency pull cords ☒ Opening windows restricted ☐ Wander Guard or similar system
☒ Magnetic locks ☒ Sprinkler system ☒ Fire alarm system
☒ Locked doors on emergency exits
☒ Built according to NFPA Life Safety Code, Chapter 12 Health Care
☒ Built according to NFPA Life Safety Code, Chapter 21, Board and Care
☐ Other: _____

B. What special features are provided in your building?

☒ Wandering paths ☒ Rummaging areas ☐ Others: _____

C. What is your policy on the use of outdoor space?

☐ Supervised access ☒ Free daytime access (weather permitting)

VIII. STAFFING

A. What are the qualifications in terms of education and experience of the person in charge of Alzheimer's disease or related disorders care?

Minimum of 2 years experience in Mangement & Dementia.

B. What is the daytime staffing ratio of direct care staff? 1:7

What is the daytime staffing ratio of Direct Staffing to Residents in Special Care Unit? 1:7

C. What is the daytime staffing ratio of licensed staff? 1:60 M-F

D. What is the nighttime staffing ratio of direct care staff? 1:12

What is the nighttime Ratio of Direct Staffing to Residents in the Special Care Unit? 1:12

E. What is the nighttime staffing ratio of licensed staff? on call

NOTE: Please attach additional comments on staffing policy, if desired.

IX. Describe the Alzheimer's disease special care unit's overall philosophy and mission as it relates to the needs of the residents with Alzheimer's disease or related disorders.

We believe in treating all residents with dignity & respect. We will help those with memory loss who aren't ready for a nursing home but need some assistance w/ daily activities.