Health Resources
Development Service

Oklahoma State
Department of Health

Health Facility Systems
PO Box 268823
Oklahoma City, OK 73126-8823
Phone 405.271.6868
Fax 405.271.7360
E-mail HFS@health.ok.gov

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: Southern Plaza Assisted Living & Memory Care

License Number: AL5549 Telephone Number: 405-440-1117

Address: 3704 N. Asbury Bethany, OK 73008

Administrator: Danelle Zemke Date Disclosure Form Completed: 2/12/20

Completed By: Shaye Donica Title: Manager

Number of Alzheimer Related Beds: 36

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

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

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 all belongings are removed from the building, the rent is prorated.

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 days unless resident is threat 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: DON + 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
☒ Licensed nurses ☐ Social worker ☐ Dietary ☐ Physician ☐ Resident

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 + in activity area

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

RECEIVED
FEB 24 2020
HRDS

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: 4 hours
☒ On the job training with another employee: 16 hours
☐ Other: _____

Who gives the training and what are their qualifications?
DON t/or Supervisor who have 2+ years of Dementia and Management experience.

B. How much on-going training is provided and how often?
(Example: 30 minutes monthly): 1 hour monthly

Who gives the training and what are their qualifications?
Director, DON, Home Health Professionals, etc

VI. VOLUNTEERS

RECEIVED
FEB 24 2020
HRDS

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?

2+ years of Dementia + Management Exp

B. What is the daytime staffing ratio of direct care staff 1:8

What is the daytime staffing ratio of Direct Staffing to Residents in Special Care Unit? ~~1:36~~ same

C. What is the daytime staffing ratio of licensed staff? 1:36

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? same

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 respect and dignity. We will help those with memory loss who are not ready for a nursing home, but need more assistance than a traditional assisted living community can offer.

Health Resources
Development Service

Oklahoma State
Department of Health

Health Facility Systems
P.O. Box 268823
Oklahoma City, OK 73126-8823
Phone 405.271.6868
Fax 405.271.7360
E-mail HealthResources@health.ok.gov

ALZHEIMER'S DISEASE OR RELATED DISORDERS SPECIAL CARE DISCLOSURE FORM

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.

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.

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 Alzheimer's or related disorders care in your facility.

Facility Information

Date: 7/11/18

Facility Name: Southern Plaza Assisted Living and Memory Care

License Number: AL5549 Phone Number: (405) 440-1111

Address: 3704 N. Asbury Bethany, OK 73008

Administrator: Danelle Zemke Date Disclosure Form Completed: 07/11/2018

Completed By: Shaye Donica Title: Manager

Number of Alzheimer Related Beds: 36 Facility Type: Assisted Living Center

Maximum Number of participants for Alzheimer Adult Day Care: _____

Check the appropriate box below.

☐ New application. Complete this form in its entirety and submit with your initial application.

☒ No change, since previous application submittal. Submit this form with your renewal application.

☐ Limited change, since previous application submittal. Only respond to the form items changed and submit this form with your renewal application.

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	☒ Y ☐ N	basic
Intravenous (IV) therapy	☐ Y ☒ N	
Bladder incontinence care	☒ Y ☐ N	basic
Bowel incontinence care	☒ Y ☐ N	basic
Medication injections	☐ Y ☒ N	
Feeding residents	☒ Y ☐ N	basic
Oxygen administration	☒ Y ☐ N	basic
Behavior management for verbal aggression	☒ Y ☐ N	basic
Behavior management for physical aggression	☐ Y ☒ N	
Meals (3 per day)	☒ Y ☐ N	basic
Special diet	☒ Y ☐ N	basic
Housekeeping (2 days per week)	☒ Y ☐ N	basic
Activities program	☒ Y ☐ N	basic
Select menus	☐ Y ☒ N	
Incontinence products	☐ Y ☒ N	
Incontinence care	☒ Y ☐ N	basic
Home Health Services	☒ Y ☐ N	3rd party service
Temporary use of wheelchair/walker	☒ Y ☐ N	basic
Injections	☐ Y ☒ N	
Minor nursing services provided by facility staff	☒ Y ☐ N	basic
Transportation (specify)	☐ Y ☒ N	
Barber/beauty shop	☒ Y ☐ N	3rd party service

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

If yes, describe the different levels of care. _____

RECEIVED
FEB 24 2020
HRDS

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 all belongings are removed from the building, the rent is prorated.

C. What is the admission process for new residents?

☒ Doctor's 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 days unless the resident is a risk 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: DON and 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 ☒ Licensed nurses

☒ Nursing assistants ☐ Activity director ☒ Family members ☒ Resident

☐ 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 and in the activity room

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

RECEIVED
FEB 24 2020
HRDS

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: 4 hours

☒ On the job training with another employee: 16 hours

☐ Other: _____

Who gives the training and what are their qualifications?

DON and/or Supervisor who have 2+ years of Dementia and Management experience.

Application Inventory

(Return with application-Check each item submitted)

☐ **Application signed by person listed on owner information page attached, and notarized.** OAC 310:663-21-1(b)

☑ Application Filing Fee (*$10.00 per licensed bed*). 63 O.S. 1-890.4(B)

☑ State Fire Marshal Inspection Report (dated within the last twelve (12) months). OAC 310:663-21-5(C) and OAC 310:663-21-5(b)(7)

☑ Copy of the Administrator's current license or page showing administrator licensed from OSBELTCA Website. OAC 310:663-21-5(c)(2) and OAC 310:663-21-5(b)(2) (http://www.ok.gov/osbeltca)

☑ Secretary of State Website sheet (documentation licensee is active, and manager, if applicable). 63 O.S. 1-890.5 Print and submit page showing entity is active. http://204.87.112.123:81/home/home-default.asp or https://www.sos.ok.gov/corp/corpInquiryFind.aspx

☑ Summary of the Resident grievance and dispute resolution activities for the previous twelve (12) months. **Do not provide documentation that includes residents' names.** OAC 310:663-21-5(c)(2)

☑ Does the facility provide Alzheimer's disease special care as defined in 63-1-879.2b(1)?
✓ Yes ___ No

If "yes", the Alzheimer's disease or related Disorders Special Care Disclosure statement (ODH Form 613) is submitted. 63 O.S. 1-879.2a and OAC 310:663-21-5(b)(3)(c)(1) (http://hfs.health.ok.gov)

☑ Disclose the number of residents who reside in the assisted living center which are not capable of responding to emergency situations with physical assistance from staff or are not capable of self-preservation. If the facility has none or will not admit residents who are not capable of responding to emergency situations without physical assistance from staff, indicate "0".
0 Residents. OAC 310:663-21-5(c)(1)

☑ Has the information listed on the Owner Information changed? ___ Yes ✓ No

If "yes", provide changes to owner information on the attached owner information page or the ODH 953-B and/or 953-C, to detail all changes. 63 O.S. 1-890.4(c)(1) and OAC 310:663-21-5(c)

☑ Have changes occur which affect the information submitted from the previous application for license or in the information originally reported in the license? __ Yes ✓ No

If you answered "yes" to above, provide the material which has been changed and indicate change(s) from previous submitted.

The End