



Health Resources
Development Service
Oklahoma State
Department of Health

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HRDS

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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.

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

Facility Name: Homestead of Weatherford

License Number: AL 2003 Telephone Number: 580-774-2955

Address: 3601 E Main St Weatherford, Ok 73096

Administrator: Ashley LaGrange Date Disclosure Form Completed: 06 / 02 / 2022

Completed By: Ashley LaGrange Title: Executive Director

Number of Alzheimer Related Beds: 9

Maximum Number of participants for Alzheimer Adult Day Care: 0

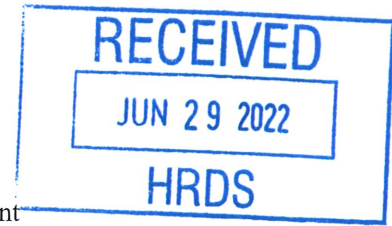
What is the purpose of the Disclosure Form?

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.

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.

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	Included
Intravenous (IV) therapy	No	N/A
Bladder incontinence care	Yes	Included
Bowel incontinence care	Yes	Included
Medication injections	Yes	Provided by Third Party, Outside Source
Feeding residents	Yes	Included hand over hand assistance
Oxygen administration	Yes	Included
Behavior management for verbal aggression	Yes	Will work with Outside source, Geri Pysch for behavioral management assistance
Behavior management for physical aggression	Yes	Will work with Outside source, Geri Pysch for behavioral management assistance
Meals (<u>3</u> per day)	Yes	Included
Special diet	Yes	Included
Housekeeping (<u>1</u> days per week)	Yes	Included
Activities program	Yes	Included
Select menus	Yes	Included
Incontinence products	Yes	Additional Cost
Incontinence care	Yes	Included
Home Health Services	Yes	Provided by a Third Party, Outside Source
Temporary use of wheelchair/walker	Yes	Included
Injections	Yes	Provided by a Third Party, Outside Source
Minor nursing services provided by facility staff	Yes	Included
Transportation (specify)	Yes	Included (within a 50 mile radius)
Barber/beauty shop	Yes	Additional Cost

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? Only if move in does not occur within 30 days of deposit

B. Do you have a refund policy if the resident does not remain for the entire prepaid period? ☒ Yes ☐ No
If yes, explain Refund amount will be 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? Respite Care Options offered- based on individualized needs

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 by resident or community, 5 day, 10 day or immediate may be given by community

B. What would cause temporary transfer from specialized care?

☒ Medical condition requiring 24 hours nursing care ☒ Unacceptable physical or verbal behavior
☒ Drug stabilization ☒ Other: Change in condition for needs that are unable to be met by community.

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

<input checked="" type="checkbox"/> Medical care requiring 24-hour nursing care	<input checked="" type="checkbox"/> Sitters	<input type="checkbox"/> Medication injections
<input type="checkbox"/> Assistance in transferring to and from wheelchair	<input type="checkbox"/> Bowel incontinence care	<input checked="" type="checkbox"/> Feeding by staff
<input type="checkbox"/> Behavior management for verbal aggression	<input type="checkbox"/> Bladder incontinence care	<input type="checkbox"/> Oxygen administration
<input checked="" type="checkbox"/> Behavior management for physical aggression	<input checked="" type="checkbox"/> Intravenous (IV) therapy	<input type="checkbox"/> Special diets
<input type="checkbox"/> Other: _____		

D. Who would make this discharge decision?

☒ Facility manager ☒ Other: Resident Care Coordinator, Regional Nurse and Regional Director of Operations

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: Every 6 months and change in condition.

C. What types of programs are scheduled?

- ☒ Music program ☒ Arts program ☒ Crafts ☒ Exercise ☒ Cooking
☒ Other: Spiritual Needs

How often is each program held, and where does it take place? Music twice a week, Arts and crafts 3-5 times a week, Exercise daily, Cooking 4 time a month, bible study and church at least 2 times a week.

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: One on One, Change in scenery, meaningful activities, family involvement, Physician involvement

G. What techniques do you use to address wandering?

- ☒ Outdoor access ☒ Electro-magnetic locking system ☐ Wander Guard (or similar system)
☒ Other: Meaningful activities, family and physician involvement

H. What restraint alternatives do you use?

Decrease stimulation, Sensory interventions, redirection



I. Who assists/administers medications?

- ☒ RN ☒ LPN ☒ Medication aid ☐ 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: 8 hours ☒ Review of resident service plan: 8 hours

☒ On the job training with another employee: 120 hours

☐ Other: _____

Who gives the training and what are their qualifications?

LPN, ED, Business Office Manager, Maintenance, Dietary Manager, Resident Programming Director, Outside sources licensed
in Dementia training

B. How much on-going training is provided and how often?

(Example: 30 minutes monthly): 2 Hours/Month

Who gives the training and what are their qualifications?

LPN, ED, Home Health, Hospice, Business Office Manager, Outside sources that specialize in specific required training topics

VI. VOLUNTEERS

A. What type of training do volunteers receive?

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

☒ Other: Education and training geared towards specific volunteer task as needed, tour of community, Dementia Education PRN

B. In what type of activities are volunteers engaged?

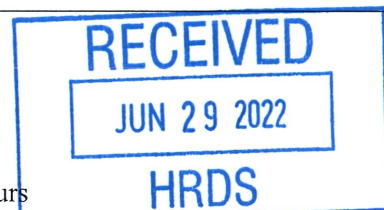
☒ Activities ☐ Meals ☒ Religious services ☒ Entertainment ☒ Visitation

☐ Other: _____

C. List volunteer groups involved with the family:

Local Church Personell and Groups ; Home Health Agency ;

Hospice Marketers ; Music Therapy ;



_____;

VII. PHYSICAL ENVIRONMENT

A. What safety features are provided in your building?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Emergency pull cords | <input checked="" type="checkbox"/> Opening windows restricted | <input checked="" type="checkbox"/> Wander Guard or similar system |
| <input checked="" type="checkbox"/> Magnetic locks | <input checked="" type="checkbox"/> Sprinkler system | <input checked="" type="checkbox"/> Fire alarm system |
| <input checked="" type="checkbox"/> Locked doors on emergency exits | | |
| <input type="checkbox"/> Built according to NFPA Life Safety Code, Chapter 12 Health Care | | |
| <input type="checkbox"/> Built according to NFPA Life Safety Code, Chapter 21, Board and Care | | |
| <input type="checkbox"/> 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?

Dementia and Alzheimer's training during orientation of new staff, continuous education on Dementia and Alzheimer's throughout the year. LPN provides most of this training to the staff.

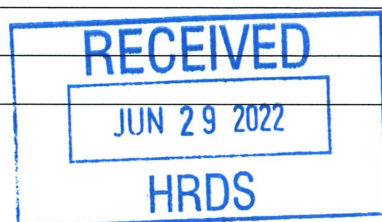
B. What is the daytime staffing ratio of direct care staff? 2:9

C. What is the daytime staffing ratio of licensed staff? 2:9

D. What is the nighttime staffing ratio of direct care staff? 2:9

E. What is the nighttime staffing ratio of licensed staff? 2:9

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.

To provide individualized care to our residents within a safe social environment through meaningful activities while promoting independence