



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 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 with the application, for renewal, change of ownership, and bed additions that affect the total number of licensed beds in the facility. For these submittals the form is to be mailed with the application to PO Box 268823, Oklahoma City, OK 73126-8823.

Facility Information

Facility Name: Go Ye Village Continuum of Care Facility

License Number: CC1101-1101 Telephone Number: 918-456-4542

Address: 1201 W 4th St., Tahlequah, OK 74464

Administrator: Sheryl McComas Date Disclosure Form Completed: 09 / 16 / 2018

Completed By: Sheryl McComas Title: Asst Campus Dir/Health Care Administrator

Number of Alzheimer Related Beds: 32 AL

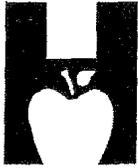
Maximum Number of participants for Alzheimer Adult Day Care: 0

What types of providers must furnish a Disclosure Form?

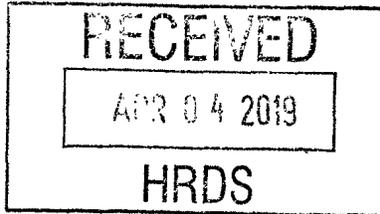
State rules require the Disclosure Form be provided by any nursing or specialized nursing facility, residential care home, assisted living center, continuum of care facility, or adult day care center that advertises, markets or otherwise promotes they provide care or treatment to residents with Alzheimer's 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



Health Resources
Development Service
Oklahoma State
Department of Health



Health Facility Systems
1000 NE 10th Street
Oklahoma City, OK 73117-1207-8823
Phone 405.271.6868
Fax 405.271.7360
E-mail HealthResources@health.ok.gov

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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.

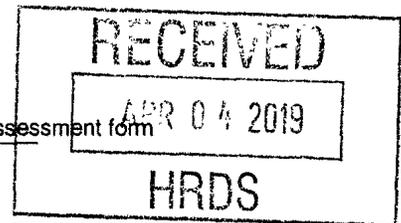
Check the appropriate box below.

- New application. Complete this form in its entirety and submit with your application before entering into an agreement to provide care or treatment as a Specialized Alzheimer Care provider.
- 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.
- Substantial change, in the information previously submitted. This box is applicable to bed changes, changes of ownership, or other changes that would not occur with a renewal application submittal.

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: ODH comprehensive assessment form



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	
Bladder incontinence care	YES	Additional
Bowel incontinence care	YES	Additional
Medication injections	YES	Additional
Feeding residents	YES	Additional
Oxygen administration	YES	INCLUDED
Behavior management for verbal aggression	YES	INCLUDED
Behavior management for physical aggression	YES	INCLUDED
Meals (<u> 3 </u> per day)	YES	INCLUDED
Special diet	YES	INCLUDED
Housekeeping (<u> 7 </u> days per week)	YES	INCLUDED
Activities program	YES	INCLUDED
Select menus	YES	INCLUDED
Incontinence products	YES	Additional
Incontinence care	YES	INCLUDED
Home Health Services	YES	Additional

Temporary use of wheelchair/walker	YES	INCLUDED
Injections	YES	Additional
Minor nursing services provided by facility staff	YES	INCLUDED
Transportation (specify)	YES	Additional COST to out of town physicians INCLUDED to local physicians
Barber/beauty shop	YES	Additional

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 Refund is provided from day of discharge through pre paid days

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? _____

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 thirty (30) day notice will be given except when immediate termination of the Agreement is necessary

A. How much notice is given? due to health needs of the resident or for the safety of the resident 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: An endangerment to the health or safety others

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: Interdisciplinary Team

Temporary use of wheelchair/walker	YES	INCLUDED	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 04 2019 HARDS </div>
Injections	YES	Additional	
Minor nursing services provided by facility staff	YES	INCLUDED	
Transportation (specify)	YES	Additional COST to out of town physicians INCLUDED to local physicians	
Barber/beauty shop	YES	Additional	

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 Behavior management for physical aggression Intravenous (IV) therapy Special diets
 Other: _____

D. Who would make this discharge decision?
 Facility manager Other: Interdisciplinary Team

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

F. Do you assist families in making discharge plans?

RECEIVED
APR 04 2019
HRDS
 Family members
 Physician Resident

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

A. Who is involved in the service plan process?

- Administrator
- Licensed nurses
- Nursing Assistants
- Social worker
- Activity director
- Dietary

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? At least monthly in the Memory Care Center

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?

Methods of redirection

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: 24 hours Review of resident service plan: 8 hours
- On the job training with another employee: 16 hours
- Other: _____

Who gives the training and what are their qualifications?

The RN, Director of Health Services, LPN Director of Nursing and Charge Certified Medication Aides

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

(Example: 30 minutes monthly): 1 hour every 6 months or as needed

Who gives the training and what are their qualifications?

The RN, Director of Health Services, LPN Director of Nursing, Charge Certified Medication Aides, Hospice/Home Health providers and other outside sources.

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: 8 hours On-the-job training: 8 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:

- Go Ye Village Independent Living Volunteer Group ; Hospice and Home Health provider volunteers ;
- Cherokee Nation Volunteers ; _____ ;
- Indian Capital Technology Center Students ; _____ ;

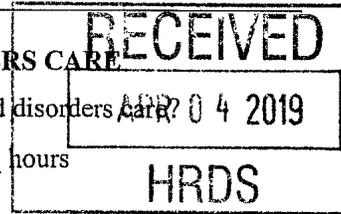
VII. PHYSICAL ENVIRONMENT

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: Complies with current Life Safety Code requirements

B. What special features are provided in your building?

Other: _____



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On-the-job training: 8 hours

Other: _____

B. In what type of activities are volunteers engaged?

Activities

Meals

Religious services

Entertainment

Visitation

Other: _____

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VII. PHYSICAL ENVIRONMENT

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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

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Other: Complies with current Life Safety Code requirements

B. What special features are provided in your building?

Wandering paths

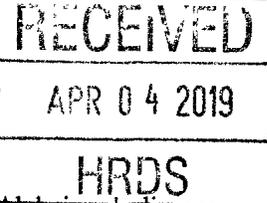
Rummaging areas

Others: Outside Patio Area

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?

RN Director of Health Services

B. What is the daytime staffing ratio of direct care staff? 1 to 6 with increases as needed

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

C. What is the daytime staffing ratio of licensed staff? 1 to 32 with increases as needed

D. What is the nighttime staffing ratio of direct care staff? 1 to 16 with increases as needed

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? 1 to 32 with increases as needed

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.

Residents with Dementia/Alzheimer's disease require specialized care over the progressive course of their disease. We recognize the unique needs of persons with dementia who experiencing memory loss, impairment of functional abilities and other cognitive skills. We acknowledge an increased responsibility to be sensitive to the resident's needs and to respond with a compassionate life-enriching program and safe environment. We will strive to know our residents as individuals, understand their disease process and structure their program through thoughtful care planning. The care plan will be resident oriented, flexible and inclusive of family, and intended to promote individual dignity, optimum health and well-being with maximum function.