



Health Resources
Development Service
Oklahoma State
Department of Health

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HRDS

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: BELFAIR OF SHAWNEE

License Number: AL6304 Telephone Number: 405-275-1199

Address: 1723 N. AIRPORT DRIVE SHAWNEE, OKLA. 74804

Administrator: GENIA MANION Date Disclosure Form Completed: 02 / 17 / 2020

Completed By: Genia Manion Title: Executive Director

Number of Alzheimer Related Beds: 66

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 application. Complete this form 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. Check this box and submit this form and your prior form. A change in forms may require a new form submission.

Limited change since previous application. 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
- Written Application
- Home assessment
- Family interview
- Medical records assessment
- Other: Review of REFERRAL with team

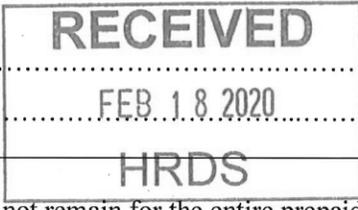
B. Services (see following chart)

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	This service is in level of care fee
Intravenous (IV) therapy	NO	
Bladder incontinence care	Yes	This service is in level of care fee
Bowel incontinence care	Yes	This service is in level of care fee
Medication injections	Yes	This service is in level of care fee
Feeding residents	Yes	This service is in level of care fee
Oxygen administration	Yes	This service is in level of care fee
Behavior management for verbal aggression	Yes	This service is in level of care fee
Behavior management for physical aggression	Yes	This service is in level of care fee
Meals (<u>3</u> per day)	Yes	IN BASE RATE
Special diet	Yes	This service is in level of care fee
Housekeeping (<u>7</u> days per week)	Yes	This service is in level of care fee
Activities program	Yes	IN BASE RATE
Select menus	Yes	IN BASE RATE
Incontinence products	Yes	EXTRA COSTS OF PRODUCT
Incontinence care	Yes	This service is in level of care fee
Home Health Services	Yes	This is CONTRACT 3RD PARTY SERVICE

Temporary use of wheelchair/walker	Yes	This service is in level of care fee
Injections	Yes	This service is in level of care fee
Minor nursing services provided by facility staff	Yes	This service is in level of care fee
Transportation (specify)	Yes	base rate - STAFF ASSIST CHARGES - EXCEPT CHARGE OUT OF AREA PRIVATE
Barber/beauty shop	Yes	EXTRA COSTS Added per BEAUTICIAN

C. Do you charge more for different levels of care? Yes No
 If yes, describe the different levels of care. BASIC - LEVEL 1 - LEVEL 2 - LEVEL 3 (highest)

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 Depends ON REASON FOR MOVE & DATE APARTMENT VACATED - PRO RATED Applied

C. What is the admission process for new residents?

Doctors' orders Residency agreement History and physical Deposit/payment
 Other: APARTMENT MAKE READY - CARE OF SERVICES REVIEWED WITH STAFF

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.
CALLS, VISITS (AS NEEDED PER FAMILY MEETING) WEEKLY FAMILY FUNCTIONS & ALZHEIMERS SUPPORT GROUPS - ASSESSMENT MADE WITH FIRST VISIT -

II. DISCHARGE/TRANSFER

A. How much notice is given? 30 AT LEAST ALSO COMMUNICATION WITH FAMILY/POA

B. What would cause temporary transfer from specialized care?

Medical condition requiring 24 hours nursing care Unacceptable physical or verbal behavior
 Drug stabilization Other: TRIAL home visits

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: Feeding Tube OR VENTILATOR support

D. Who would make this discharge decision?

Facility manager Other: DOCTOR AND FAMILY/POA COMMUNICATION POSSIBLE OMBUDSMAN

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
- Social worker
- Activity director
- Dietary
- Family members
- Physician
- Resident

B. How often is the resident service plan assessed?

- Monthly
- Quarterly
- Annually
- As needed
- Other: with significant changes

C. What types of programs are scheduled?

- Music program
- Arts program
- Crafts
- Exercise
- Cooking
- Other: RELAXATIONS techniques - hand massage - evening activity focus on SON DOWNERS

How often is each program held, and where does it take place? VARIOUS times + days
Activities offered weekends AND evenings

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 to OPEN AREAS common Lobby, Act. Room, etc
- Other: _____

G. What techniques do you use to address wandering?

- Outdoor access ^{w/ staff}
- Electro-magnetic locking system
- Wander Guard (or similar system)
- Other: Activities focused At high PEAK WANDERING times

H. What restraint alternatives do you use?

- MOTION MOVEMENT PADS tied to NURSE CALL systems
- LOWER Beds CHAIR CUSHIONS PHYSICAL therapy
- INCREASE Activities per Resident Needs

I. Who assists/administers medications?

- RN
- LPN
- Medication aide
- Attendant
- Other: Some 3rd party CONTRACTORS - hospice home health

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: CONTINUAL MONITORING AS TO REASON FOR FALLS - CAMERA REVIEWS

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: 2 hours

On the job training with another employee: 32 hours

Other: ALWAYS ADDITIONAL TRAINING AT INSERVICE - education sheets AVAILABLE DVD - ETC. SEVERAL INSERVICE ALZ. SPECIFIC EACH QUARTER

Who gives the training and what are their qualifications?

LTC Admin experience 30 years - Ombudsman - Hospice - Alzheimers Assoc - R.N.'s - Medical providers with Alzheimer's Disease specific

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

(Example: 30 minutes monthly): VARIES - CONTINUES DAILY WITH huddle meetings

Who gives the training and what are their qualifications? Reg INSERVICE AT least 2 times monthly

SAME AS ABOVE ON V. A. SECTION

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: 2 hours On-the-job training: VARIES hours

Other: DVD'S - BOOKS ASSIGNED READING, etc.

B. In what type of activities are volunteers engaged?

Activities Meals Religious services Entertainment Visitation

Other: OUTINGS - Lots of music programs - Yoga

C. List volunteer groups involved with the family:

VARIES church groups ; Hospice ;

School groups ; Home Health ;

SENIOR Focus Center ; ;

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: Position detectors IN BATHROOMS, SENSOR PADS LINKED TO WALKIE TALKIE OVER HEAD TYPE COMMUNICATION SYSTEMS

B. What special features are provided in your building?

Wandering paths

Rummaging areas

Others: STORM shelter - 2 SPAS
MULTIPLE PRIVATE COMMUNITY SPACES
PLAYER PIANO RESTURANT style
DINING PROGRAM

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?

30 years licensed Long Term Care Administrator continually
learning more about Alzheimer's Disease & dementia - classes - internet, etc.

B. What is the daytime staffing ratio of direct care staff VARIES based ON activity AND Resident Needs

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

C. What is the daytime staffing ratio of licensed staff? AS ABOVE

D. What is the nighttime staffing ratio of direct care staff? AS ABOVE

What is the nighttime Ratio of Direct Staffing to Residents in the Special Care Unit? AS ABOVE

E. What is the nighttime staffing ratio of licensed staff? AS ABOVE

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.

see attached

