



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: Bellarose

License Number: 7240 Telephone Number: (918) 355-0151

Address: 18001 E. 51st Street, Tulsa, Oklahoma 74134

Administrator: Jennifer Rose Date Disclosure Form Completed: 3 / 16 / 2020

Completed By: Jennifer Rose Title: Regional Director of Operations

Number of Alzheimer Related Beds: 23

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	Included in level of care
Intravenous (IV) therapy	No	
Bladder incontinence care	Yes	Included in level of care
Bowel incontinence care	Yes	Included in level of care
Medication injections	No	Included in level of care
Feeding residents	Yes	Included in level of care
Oxygen administration	Yes	Included in level of care
Behavior management for verbal aggression	Yes	Included but depending on severity
Behavior management for physical aggression	Yes	Included but depending on severity
Meals (<u>3</u> per day)	Yes	Included in base rate
Special diet	Yes	Included in base rate
Housekeeping (<u>1</u> days per week)	Yes	Included in base rate
Activities program	Yes	Included in base rate
Select menus	Yes	Included in base rate
Incontinence products	Yes	Can be purchased from facility
Incontinence care	Yes	Included in level of care
Home Health Services	Yes	Family arranges

Temporary use of wheelchair/walker	Yes	Included in level of care
Injections	Yes	Through home health
Minor nursing services provided by facility staff	Yes	Intermittent
Transportation (specify)	Yes	Included in base rate
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. 4 levels based on point system

I. ADMISSION PROCESS

A. Is there a deposit in addition to rent? Yes No
 If yes, is it refundable? Yes No
 If yes, when? Prior to move-in

B. Do you have a refund policy if the resident does not remain for the entire prepaid period? Yes No
 If yes, explain _____

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.

Monthly family support group, programming education and safety measures

II. DISCHARGE/TRANSFER

A. How much notice is given? 30 days' notice

B. What would cause temporary transfer from specialized care?

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

Drug stabilization Other: The care needs exceed services available, physician orders chemical or physical restraints, resident poses a threat to self or others or is unable to meet needs for privacy or dignity.

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: Verbal or physical aggression depending on severity

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? 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: Upon move-in, change of condition and annually

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: Individualized programming

G. What techniques do you use to address wandering?

- Outdoor access Electro-magnetic locking system Wander Guard (or similar system)
 Other: Individualized programming

H. What restraint alternatives do you use?

None

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: 16 hours
- Review of resident service plan: 1 hours
- On the job training with another employee: 16 hours
- Other: Service review daily on electronic health record

Who gives the training and what are their qualifications?

Memory Care Director and nurse perform training. All have been trained in Memory Care, dementia, and Alzheimer's.

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

(Example: 30 minutes monthly): 12 hours annually in addition to all associate in-service training.

Who gives the training and what are their qualifications?

Memory Care Director, facility nurse and home health/hospice agencies

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: 1 hours
- On-the-job training: 1 hours
- Other: All volunteers undergo a background check

B. In what type of activities are volunteers engaged?

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

C. List volunteer groups involved with the family:

Support Groups ; _____ ; _____ ;
Entertainment ; _____ ; _____ ;
Music ; _____ ; _____ ;

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: ADL Kitchens

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?

Memory Care Director and facility nurse are trained in Memory Care, dementia and Alzheimer's care.

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

What is the daytime staffing ratio of Direct Staffing to Residents in Special Care Unit? 4

C. What is the daytime staffing ratio of licensed staff? 1 to 23

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

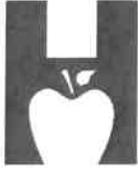
What is the nighttime Ratio of Direct Staffing to Residents in the Special Care Unit? 2

E. What is the nighttime staffing ratio of licensed staff? 0

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.

The Pathway's Memory Care Program is a focused approach to programming which provides the best possible lifestyle, care and environment for our memory care residents. By understanding their unique needs, we are able to support residents as they progress through the many stages of dementia. Pathways is based on dignity, maximizing choices and focusing on the individual.



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Facility Information

Facility Name: The Veraden

License Number: 5545 Telephone Number: (405) 356-1230

Address: 2709 E. Danforth Road Edmond, OK 73034

Administrator: Jennifer Rose Date Disclosure Form Completed: 3 / 16 / 2020

Completed By: Jennifer Rose Title: Regional Director of Operations

Number of Alzheimer Related Beds: 23

Maximum Number of participants for Alzheimer Adult Day Care: 0

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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 in level of care
Intravenous (IV) therapy	No	
Bladder incontinence care	Yes	Included in level of care
Bowel incontinence care	Yes	Included in level of care
Medication injections	No	Third party home health
Feeding residents	Yes	Included in level of care
Oxygen administration	Yes	Third party home health
Behavior management for verbal aggression	Yes	Included but depending on severity
Behavior management for physical aggression	Yes	Included but depending on severity
Meals (3 ___ per day)	Yes	Included in base rate
Special diet	Yes	Included in level of care
Housekeeping (1 ___ days per week)	Yes	Included in base rate
Activities program	Yes	Included in base rate
Select menus	Yes	Included in base rate
Incontinence products	Yes	Can be purchased from facility
Incontinence care	Yes	Included in level of care
Home Health Services	Yes	Family arranges

Temporary use of wheelchair/walker	Yes	Included in level of care
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I. ADMISSION PROCESS

A. Is there a deposit in addition to rent? Yes No
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 If yes, when? Prior to move-in

B. Do you have a refund policy if the resident does not remain for the entire prepaid period? Yes No
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C. What is the admission process for new residents?

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- Review of resident service plan: 1 hours
- On the job training with another employee: 16 hours
- Other: Service review daily on electronic health record

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