



Health Resources
Development Service
Oklahoma State
Department of Health



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: Spanish Cove Retirement Village Assisted Living

License Number: ALC-901-901 Telephone Number: 405-354-1956

Address: 11 Palm Ave. Yukon, OK 73099

Administrator: Cheryl O'Neill Date Disclosure Form Completed: 02/17/2020

Completed By: Debbie Wesley RN Title: CCO

Number of Alzheimer Related Beds: 14

Maximum Number of participants for Alzheimer Adult Day Care: N/A

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?

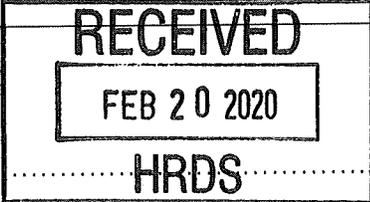
- Visit to facility Home assessment Medical records assessment
 Written Application Family interview Other: _____

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	Included
Intravenous (IV) therapy	N	
Bladder incontinence care	Y	Included, supplies are extra
Bowel incontinence care	Y	Included, supplies are extra
Medication injections	Y	Included, supplies are extra
Feeding residents	N	
Oxygen administration	Y	Included, supplies are extra
Behavior management for verbal aggression	N	
Behavior management for physical aggression	N	
Meals (<u>3</u> per day)	Y	Included
Special diet	Y	Included
Housekeeping (<u>5</u> days per week)	Y	Included
Activities program	Y	Included
Select menus	Y	Included
Incontinence products	Y	Not provided, available for purchase
Incontinence care	Y	Included, supplies are extra
Home Health Services	Y	Home Health of resident's choice at their cost.

Temporary use of wheelchair/walker	Y	Included
Injections	Y	Supplies are extra
Minor nursing services provided by facility staff	Y	Included
Transportation (specify)	Y	To and From Dr. Appts only.
Barber/beauty shop	Y	At resident 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
 B. If yes, is it refundable? Yes No
 If yes, when? _____

C. Do you have a refund policy if the resident does not remain for the entire prepaid period? Yes No
 If yes, explain Resident is billed for service monthly and retroactively refunded from discharge date.

D. 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? _____

E. Do you have an orientation program for families? Yes No
 If yes, describe the family support programs and state how each is offered.

Staff orient resident and family to unit and go over unit procedures. A social worker is available for consultation when needed.

II. DISCHARGE/TRANSFER

A. How much notice is given? 10 day notice, unless medically necessary.

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: Residents physician, multidisciplinary 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
 Licensed nurses Social worker Dietary Physician Resident

B. How often is the resident service plan assessed?

- Monthly Quarterly Annually As needed
 Other: Service plan is assessed q 6 months and when there is a significant change in residents care needs.

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? Each is once a week in common space of unit.

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: _____

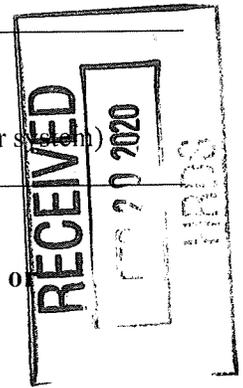
G. What techniques do you use to address wandering?

- Outdoor access Electro-magnetic locking system Wander Guard (or similar system)

Other: _____

H. What restraint alternatives do you use?

Redirection, Beds that are lower to ground. Fall mats beside bed. Encourage family or volunteers to visit during high risk times. Staff consistency and routines. Validation therapy. Reduced noise levels and lighting. Calm voices and music.



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 agreement 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: 6 hours Review of resident service plan: 1 hours

On the job training with another employee: 8-12 hours

] Other: _____

Who gives the training and what are their qualifications?

Orientation- LPN Charge Nurse

B. How much on-going training is provided and how often? **All staff are provided at minimum, two hours of training monthly, one of the two hours relates to Alzheimer's/Dementia**
(Example: 30 minutes monthly): **2 hour monthly**

C. Who gives the training and what are their qualifications?

Training via guest Speaker, Relias On-Line training or group in-service topic related to Alzheimer's presented by DON.

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: _____ 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: Kitchen and Activity Space

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?

Director of Memory Care has acquired certification in Memory Care. We also have two LPN's who will supervise staff in Unit with certification in Memory Care. All have experience in working in AL or LTC for over 10 years each.

B. What is the daytime staffing ratio of direct care staff Two CMA or CNA's

What is the daytime staffing ratio of Direct Staffing to Residents in Special Care Unit? 1 staff to 5 res.

C. What is the daytime staffing ratio of licensed staff? One Licensed Nurse

D. What is the nighttime staffing ratio of direct care staff? One CMA and one CNA

What is the nighttime Ratio of Direct Staffing to Residents in the Special Care Unit? 1 staff to 5 residents

E. What is the nighttime staffing ratio of licensed staff? One Licensed Nurse

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 Exhibit A



Exhibit A:

ASSISTED LIVING MEMORY CARE UNIT

Mission

Our community mission statement reads, *“To insure a variety of quality life care services for persons 62 and over that promotes an enjoyable, independent and secure lifestyle”.*

Our belief is that everyone, including those managing Alzheimer’s or dementia deserve a **quality life, full of joy, security and independence**. Our memory care is designed to promote these four attributes.

Vision

Our community vision statement reads, *“To be a caring, innovative and respected life care retirement community recognized as outstanding by the industry, residents, employees and the public. To be the standard by which other retirement communities are measured.”*

Our Memory Care Unit carries on this vision by **providing person centered care, highly trained staff and a commitment to quality care** that focuses on Alzheimer’s and dementia. Person centered care promotes improved quality of life, decreased agitation, improved sleep patterns and maintenance of self-esteem.

