



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: _____

License Number: _____ Telephone Number: _____

Address: _____

Administrator: _____ Date Disclosure Form Completed: ____/____/____

Completed By: _____ Title: _____

Number of Alzheimer Related Beds: _____

Maximum Number of participants for Alzheimer Adult Day Care: _____

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		
Intravenous (IV) therapy		
Bladder incontinence care		
Bowel incontinence care		
Medication injections		
Feeding residents		
Oxygen administration		
Behavior management for verbal aggression		
Behavior management for physical aggression		
Meals (____ per day)		
Special diet		
Housekeeping (____ days per week)		
Activities program		
Select menus		
Incontinence products		
Incontinence care		
Home Health Services		
Temporary use of wheelchair/walker		
Injections		
Minor nursing services provided by facility staff		
Transportation (specify)		
Barber/beauty shop		

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 _____

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. How much notice is given?

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: _____

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: _____

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? _____

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?

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: _____ hours Review of resident service plan: _____ hours

On the job training with another employee: _____ hours

Other: _____

Who gives the training and what are their qualifications?

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

(Example: 30 minutes monthly): _____

Who gives the training and what are their qualifications?

VI. VOLUNTEERS

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: _____

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?

B. What is the daytime staffing ratio of direct care staff _____

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

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

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

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.

