

**ALZHEIMER'S DISEASE OR RELATED DISORDERS SPECIAL CARE
DISCLOSURE FORM**

INSTRUCTIONS TO THE FACILITY

1. Complete the Disclosure form according to the care and services that your facility provides. You may not amend the form, but you may attach an addendum to expand on your answers.
2. Provide copies of Disclosure Form to anyone who requests information on Alzheimer's or related disorders care in your facility.

FACILITY NAME: _____.

License No. _____ Telephone No. _____.

Address: _____.

Administrator: _____ Date Disclosure Form Completed _____.

Completed By: _____ Title: _____.

What is the purpose of this disclosure form?

The Disclosure Form lets the facility describe 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 from which they can compare facilities and services. This 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 is additional information with which families can make more informed decisions about care.

What types of providers must furnish a Disclosure Form:

Rules require that the Disclosure Form is provided by any nursing or specialized nursing facility, residential care home, assisted living center, continuum of care facility or adult day care center facilities that advertises, markets, or otherwise promotes that they provide care or treatment to residents with Alzheimer's disease or related disorders in a special unit or under a special program.

In this Document:

1. All questions relate to the specialized Alzheimer's Disease or related disorders care that the individual facility provides.
2. The use of the word "resident" refers to residents with Alzheimer's disease or related disorders.

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		

B. Cont'd.

Service	Is it offered? Yes/No	If yes, is it included in the base rate, or purchased for an additional cost?
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
- Drug stabilization
- Unacceptable physical or verbal behavior
- Other: _____.

C. The need for the following services could cause permanent discharge from specialized care:

- Medical care requiring 24 hour nursing care
- Assistance in transferring to and from wheelchair
- Behavior management for verbal aggression
- Behavior management for physical aggression
- Sitters
- Bowel incontinence care
- Bladder incontinence care
- Intravenous (IV) therapy
- Medication injections
- Feeding by staff
- Oxygen administration
- 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? How often is each program held, and where does it take place?

- Music program
- Arts program
- Crafts
- Exercise
- Cooking
- Other: _____.

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 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: _____ hours Review of resident service plan
- 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?

_____.

_____.

VII. A. What type of training do volunteers receive?

- Orientation: _____ hours On the job training

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:

_____ ; _____ ; _____ ;

_____ ; _____ ; _____ .

VIII. 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

Built according to NFPA Life Safety Code, Chapter 12 Health Care

Locked doors on emergency exits

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)

IX. 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 night time staffing ratio of direct care staff?..... _____.

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

NOTE: Please attach additional comments on staffing policy, if desired.

- X. 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.

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SUBCHAPTER 21
Specialized Facilities or Units for Residents with
Alzheimer's Disease or Related Dementias

310:675-21-1. Purpose

The purpose of this Subchapter is to establish minimum standards for licensure of specialized units or specialized facilities caring for residents with Alzheimer's Disease or related dementias. Modifications of Subchapters 1 through 13 of this Chapter are required to meet the extreme range of needs along with the changing treatment approach for these residents. The major emphasis of this Subchapter is to provide safety, security, and a structured environment, while providing a flexible life-style for residents with Alzheimer's Disease or related dementias. Subchapters 1 through 13 apply to these specialized facilities unless this Subchapter specifically modifies, expands or deletes those provisions.

310:675-21-2. Definitions

Words and terms, when used in this Subchapter, shall have the following meanings:

"Alzheimer's Disease" means an organic brain disorder that causes loss of memory or serious mental deterioration and not caused by a psychiatric disease.

"Dementia" means the loss of intellectual function of sufficient severity to interfere with a person's daily functioning.

"Specialized facility" means a licensed nursing facility or a distinct part thereof that limits its admissions to residents who are diagnosed as having probable Alzheimer's Disease or a related dementia.

"Specialized unit" means a separated unit of a nursing facility that limits its admissions to residents who are diagnosed as having probable Alzheimer's Disease or a related dementia.

"Qualified Alzheimer/Dementia Professional (QADP)" means a staff person who is directly responsible for supervising all aspects of care and programming of the unit, facility staff and residents. The person serving as the QADP must meet at least one of the following qualifications:

(1) a baccalaureate in a human service or a related field and one year experience in a facility that deals with the treatment and care of residents with Alzheimer's Disease or related dementias.

(2) an associate degree in gerontology and one year experience in a facility that deals with the treatment and care of residents with Alzheimer's Disease or related dementias.

(3) a registered nurse with one year experience in a facility that deals with the treatment and care of residents with Alzheimer's Disease or related dementias.

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(4) a certificate in gerontology approved by the Department and one year experience in a facility that deals with the treatment and care of residents with Alzheimer's Disease or related dementias.

"Unit" means a designated facility or distinct part of a facility whose residents demonstrate a dementia disorder that causes major behavioral changes in cognitive or intellectual abilities and the adaptive behaviors that rely on these skills for their performances. Reference in this Subchapter to "unit" includes entire facilities providing specialized services.

310:675-21-3. Licensure

(a) No facility or distinct part unit may hold itself out to the public as a specialized unit without first obtaining a specialized facility license as specified herein.

(b) Each facility or distinct part of a facility desiring licensure as a specialized facility or unit under this Subchapter shall make application following the procedure set out in Subchapter 3. The application for license of a distinct part of a facility shall also include a drawing of the entire facility which indicates the specialized unit.

(c) Facilities operating an Alzheimer's Disease or related dementia unit(s) on the date of adoption of this Subchapter shall have 180 days from the effective date of this Subchapter to come into compliance. An application for license under this Subchapter shall be filed within 90 days and a license issued within 180 days of the effective date of this Subchapter.

(d) Facilities not operating a specialized unit(s) on the date of enactment of this Subchapter shall not operate as a specialized facility nor advertise without first applying for and receiving a specialized license.

(e) Conversion of a currently licensed nursing facility to a specialized unit or facility under this Subchapter shall not require a Certificate of Need under Chapter 630 of this Title.

310:675-21-4. Administration

(a) All resident rights specified in State law shall apply to these specialized units. The rights of residents shall be protected when providing security and safety to residents who need those services.

(b) Personnel records shall include, in addition to the records required by Section 7-18.2 of this Chapter, documentation of the additional training required by this Subchapter.

(c) The unit shall have a Qualified Alzheimer's/Dementia Professional (QADP), other than the administrator, who directly supervises the unit for at least twenty hours per week.

(d) The QADP shall attend sixteen clock hours of instruction a year, approved by the Department, that is related to the care and

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treatment of residents with Alzheimer's Disease or related dementias.

(e) The unit shall have at least one person who devotes at least twenty hours a week in the provision and direct supervision of activities in the unit. This person may be the activities director for the facility or a person working for the activities director.

(f) The unit shall develop and implement policies and procedures for admission and discharge criteria and shall use these policies in assessing the needs of the residents.

(g) The resident advisory council, required by the Act, may meet in conjunction with the family support group required by Section 21-4(g).

310:675-21-5. Resident care services

(a) Each person admitted to a specialized unit shall have a diagnosis of probable Alzheimer's Disease or a related dementia made by a licensed physician.

(b) Residents of specialized units shall be provided all the services specified in Subchapter 9 of this Chapter in addition to other services specified in the following Subsections.

(c) Direct care services shall include development, implementation and review of the comprehensive assessment required in Section 9-5.1.

(d) Safety and protection services shall aid in preventing the residents from harming themselves or leaving designated indoor or outdoor areas without supervision by staff members or another responsible person or individual. Hazardous objects or appliances shall be minimized. Specialized units shall be segregated from non-specialized parts of a facility with appropriate security devices and/or measures.

(e) Resident rights services shall include adoption and maintenance of facility policies that aid in preventing abuse of the rights and property of all residents. Resident rights services shall recognize that security measures to prevent wandering may infringe on the resident's individual rights and shall make appropriate accommodations.

(f) Activities services shall meet the requirements of Section 9-10.1 and the following additional requirements.

(1) The facility shall develop written policies and procedures for meeting the residents' activity needs. The policy and procedures shall indicate how the activity program is managed and implemented, including sufficient recreational areas, equipment and materials for the program.

(2) Activity and recreational programs shall be provided and utilized to the maximum extent possible for all residents in order to promote physical well being and assist with behavior management. The program shall address the individual resident's needs and be appropriate for the specific impairment and disease stage including the sleep patterns of the residents.

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- (3) Residents of specialized units may participate in facility activities when appropriate for the resident.
- (g) In addition to the social services required in Section 9-11.1 of the Chapter, the unit shall provide a family support group that meets at least monthly to provide education for the families, teach the families to deal with stress, and provide support among, and between, the family members.
- (h) While providing the rehabilitative and restorative services required in Section 9-3.1 of the Chapter, the unit shall insure that services are appropriate to meet the needs of each resident.
- (i) The unit shall provide behavior management that does not rely on physical or chemical restraints and shall train all direct care staff in these methods.

310:675-21-6. Staffing

- (a) Subchapter 13 of this Chapter shall apply to specialized units with the addition of the following requirements.
- (b) Specially trained staff shall be maintained and assigned to the specialized unit. An emergency situation may require substitution of staff, however, every effort shall be made to provide residents with familiar staff members in order to minimize resident confusion.
- (c) Each staff person shall have eight hours of orientation before working on the unit without supervision. The orientation shall cover the unit's policies, the types of and treatment for dementias, the stages of Alzheimer's Disease or related dementias, behavior management, and communications.
- (d) Each direct care staff assigned to the unit shall have at least twenty clock hours of specialized training in addition to the eight hours of orientation, approved by the Department, within 120 days of hiring. This training, which for a nurse aide may be a part of the general nurse aide training, shall include at least the following subjects:
- (1) Basic information about the causes, progression and management of residents with Alzheimer's Disease or related dementias.
 - (2) Dysfunctional behavior and catastrophic reaction in the resident with Alzheimer's Disease or related dementias.
 - (3) Safety risks to the resident with Alzheimer's Disease or related dementias.
 - (4) Assistance in the activities of daily living for the resident with Alzheimer's Disease or related dementias.
 - (5) Communication techniques with the residents to avoid catastrophic reactions.
- (e) A social service director, as specified in Section 13-19 of this Chapter, shall:
- (1) Evaluate the resident's initial social history on admission.
 - (2) Utilize community resources.

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- (3) Coordinate monthly family support group meetings.
 - (4) Identify and utilize the existing Alzheimer's network.
 - (5) Participate in the resident's care planning.
- (f) The unit shall provide sufficient staff to implement a full day and evening program. Staffing ratios on the evening and night shifts will depend on the sleep patterns and needs of the residents.
- (g) As a part of the inservice training required by Section 13-5(i), each direct care staff shall have at least two hours per quarter of specialized inservice training. All other staff shall have at least one hour of specialized inservice per quarter which may be a part of the inservice required by Subchapter 13. If there is no specific inservice requirement for a particular category of staff person in Subchapter 13, then that person shall have at least two hours per quarter of specialized inservice training. Such specialized training shall relate specifically to the care and treatment of residents with Alzheimer's Disease or related dementias and shall include stress management.

310:675-21-7. Physical plant

- (a) **New construction.** A unit to be located in a new facility or in an addition to an existing facility or which requires major renovation shall comply with all the requirements of Subchapter 5. In addition, the space designated for dining, lounge and recreation areas shall not be less than 225 square feet (20.9 square meters) with at least 35 square feet (1.3 square meters) per licensed specialized bed. These space requirements shall be met on each unit. The space used for dining may also be used and counted as space for activities.
- (b) **Conversion of existing licensed beds.** Units, ~~to be~~ located in a currently licensed part of a facility, shall meet the requirements of Subchapter 5. In addition, the space designated for dining, lounge and recreation areas shall not be less than 225 square feet (20.9 square meters) with at least 35 square feet (1.3 square meters) per licensed specialized bed. These space requirements shall be met on the unit. The space used for dining may also be used and counted as space for activities.
- (c) **All units or facilities**
- (1) Each unit shall have a monitoring station for staff that provides a writing surface, a chair, adequate lighting, a communication system to the facility's main staff station, and storage for resident records.
 - (2) Corridor control doors, if used for security of the residents, shall be 44 inches in width each leaf, opposed swing, conventional right traffic. A latch or other fastening device on a door shall be provided with a lever, handle, panic bar, or other simple type of releasing device.
 - (3) Locking devices may be used on the control doors provided that the following criteria are met.

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- (A) The building shall have a complete sprinkler system, a complete fire alarm system, including a corridor smoke detection system or smoke detectors located in each resident bedroom, that are connected into the fire alarm system, in accordance with current codes.
- (B) The locking device shall be electronic and shall be released by activation of the fire alarm or sprinkler systems or by a power failure to the facility or by pressing a button located at the main staff station or at the monitoring station.
- (C) Key pad or buttons may be located at the control doors for routine use by staff for service.
- (D) Upon loss of primary power, the control doors, if not in an exit access, may automatically reset on emergency power.
- (E) In the case of a specialized unit that is separated from the remaining portion of the facility by a locked door, the unit shall have extraordinary and acceptable fire safety features and policies protecting the residents.
- (4) Each unit shall have access to a controlled outdoor recreational area that has suitable walls or fencing that do not allow climbing or present a hazard and which includes a protected or shaded area. This area shall have emergency exit(s) in the fencing or walls to allow for evacuation in the case of emergency. Toxic garden plantings shall be prohibited.
- (5) Security measures provided for the safety of residents shall be as unobtrusive as possible.
- (6) Call lights, water pitchers, trash cans or other requirements of this Chapter may be excluded from a resident's room when the interdisciplinary team (IDT) has determined that the requirement presents a hazard to the resident.
- (7) All floors shall be maintained with low gloss products so that there are no shiny floors in the unit.