OKLAHOMA State Department of Health

Submit form

**Oklahoma State Department of Health**
**Health Facilities 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: Sommerset Neighborhood

License Number: AL 1402 1402 Telephone Number: 405-691-9221

Address: 1601 S.W. 119th Street Oklahoma City OK 73170

Administrator: Jessica Guillory Date Disclosure Form Completed: 10 / 14 / 2021

Completed By: Jessica Guillory Title: Executive Dir/Administra

Number of Alzheimer Related Beds: 20

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: pre admission assessment

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 | base rate |
| Intravenous (IV) therapy | No | |
| Bladder incontinence care | Yes | base rate |
| Bowel incontinence care | Yes | base rate |
| Medication injections | Yes | cost of medication only |
| Feeding residents | Yes | base rate |
| Oxygen administration | Yes | cost of oxygen and supplies only |
| Behavior management for verbal aggression | Yes | base rate |
| Behavior management for physical aggression | No | |
| Meals (3 per day) | Yes | base rate |
| Special diet | Yes | base rate |
| Housekeeping (5 days per week) | Yes | base rate |
| Activities program | Yes | base rate |
| Select menus | Yes | alternates offered base rate |
| Incontinence products | Yes | cost of products |
| Incontinence care | Yes | base rate |
| Home Health Services | Yes | resident responsible if charges |

| | | |
|---|---|---|
| Temporary use of wheelchair/walker | Yes | base rate |
| Injections | Yes | cost of medication and supplies |
| Minor nursing services provided by facility staff | Yes | base rate |
| Transportation (specify) | Yes | see policy. Base rate |
| Barber/beauty shop | Yes | see fee schedule |

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 refund of unused days after suite vacated completely of all possessions

C. What is the admission process for new residents?

■ Doctors' orders ■ Residency agreement ■ History and physical ■ Deposit/payment

■ Other comprehensive assessment

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.

Alzheimer's support group. Orientation provided by admissions director

## II. DISCHARGE/TRANSFER

A. How much notice is given? 30 days unless emergent as per state rules & regulations

B. What would cause temporary transfer from specialized care?

■ Medical condition requiring 24 hours nursing care ■ Unacceptable physical or verbal behavior
■ Drug stabilization ■ Other: threat to indiviual or others

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: unmanageble verbal aggression

D. Who would make this discharge decision?

■ Facility manager ■ Other: in consultation with nursing team & resident or representitive

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 admission

C. What types of programs are scheduled?

■ Music program ☐ Arts program ■ Crafts ■ Exercise ☐ Cooking
■ Other: various games & entertainment

How often is each program held, and where does it take place? most programs occur on the specialized 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: consult physician, solicit help from resident's family, distraction, admission to in-patient behavioral settings when appropriate

G. What techniques do you use to address wandering?

■ Outdoor access ■ Electro-magnetic locking system ■ Wander Guard (or similar system)
■ Other: outdoor access with supervision only. Allowing wandering if no harm to resident or others

H. What restraint alternatives do you use?

Sommerset Neighborhood uses no physical restraints. If a resident requires physical or chemical restraint they would be discharged.

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: internal transfer to higher level of care upon availability

## 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: 4 hours ☒ Review of resident service plan: 4 hours
☒ On the job training with another employee: 8-16 hours
☐ Other: _____

Who gives the training and what are their qualifications?

Wellness Director LPN

B. How much on-going training is provided and how often?
(Example: 30 minutes monthly): 2 hours per month

Who gives the training and what are their qualifications?

Wellness Director LPN, Administrator , various presenters such as dieticians, therapist, etc.

## 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: _____ hours
☒ Other: Volunteers are all provided by Home Health and Hospice providers. Various credentials & do not require on job train

B. In what type of activities are volunteers engaged?

☒ Activities ☐ Meals ☒ Religious services ☒ Entertainment ☒ Visitation
☒ Other: crafts, food events, special events, nail care

C. List volunteer groups involved with the family:

Various hospice & home health volunteers ; _____ ;

_____ ; _____ ;

_____ ; _____ ;

## 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: stimulation stations

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?

LPN unit director with over 20 years experience

B. What is the daytime staffing ratio of direct care staff? 1:10 does not include supervisors and directors who are all available to assist residents

What is the daytime staffing ratio of Direct Staffing to Residents in Special Care Unit? 2:20 additional staff available from adjoining units

C. What is the daytime staffing ratio of licensed staff? 1:20

D. What is the nighttime staffing ratio of direct care staff? 1:20 additional staff available from adjoining units

What is the nighttime Ratio of Direct Staffing to Residents in the Special Care Unit? 1:20 additional staff available from adjoining units

E. What is the nighttime staffing ratio of licensed staff? 0 RN & LPN on call and available to come to community

**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.

At Sommerset Neighborhood residents will live in a home like setting. We strive every day to provide assistance with activities of daily living from a foundation of compassion, dignity, and respect for each individual, and an understanding of dementia.