



OKLAHOMA
State Department
of Health

We thank you for your time spent taking this survey.
Your response has been recorded.

ALZHEIMER'S DEMENTIA AND OTHER FORMS OF DEMENTIA SPECIAL CARE DISCLOSURE FORM

Disclosure forms are required for any nursing facility, residential care facility, assisted living facility, adult day care center, continuum of care facility, or special care facility that publicly advertises, intentionally markets, or otherwise engages in promotional campaigns for the purpose of communicating that said facility offers care or treatment methods within the facility that distinguish it as being especially applicable to or suitable to persons with Alzheimer's dementia or other forms of dementia. [63:1-879.2c].

Facility Instructions:

1. This form is to be submitted when:

- A facility begins to meet the statutory definition for "Special Care Facility."
- There are any changes since the last disclosure form submission.

2. The disclosure form shall be:

- Posted to the Department's website.
- Posted to the facility's website.
- Provided to the Oklahoma State Department of Health each time it is required.
- Provided to the State Long-Term Care Ombudsman by the Oklahoma State Department of Health.
- Provided to any representative of a person with Alzheimer's dementia or other form of dementia who is considering placement in a special care unit.

3. 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.

Facility Name

Bartlesville Assisted Living

License Number

AL 7405

Telephone Number

918-876-3700

Email Address

tami@mlcconsult.com

Website URL

bartlesvilleassistedliving.com

Address

4605 SE Price Road

Administrator

Lisa Mitchell

Name of Person Completing the Form

Reggie Herring

Title of Person Completing the Form

Managing Member

Facility Type

Assisted Living

Dedicated memory care facility?

No

Yes

Total Number of Licensed Beds

65

Number of Designated Alzheimer's/Dementia Beds

16

Total Licensed Capacity for Adult Day Care (leave blank if does not apply to your facility)

Bartlesville

Maximum Number of Participants for Alzheimer Adult Day Care (leave blank if does not apply to your facility)

N/A

Check the appropriate selection

- Initial License
- Change of Information**

Describe the Alzheimer's disease special care unit, program, or facility's overall philosophy and mission as it relates to the needs of the residents with Alzheimer's dementia or other forms of dementia.

We recognize the variety of interests, abilities, and needs of the elderly. We also believe in the social model for services and programming which emphasizes involvement in activities of life at whatever level is possible or desired. All services will focus on assistance with our role being to "do with and not for". By emphasizing assistance, we will support independence and promote dignity for the residents at this community. Activity and service intensity will be determined by the interest, abilities and functional limitations of the identified residents needs. An individualized assistance/service plan will be developed for each resident using a team approach with resident, family and staff participation.

What is involved in the pre-admission process? Select all that apply.

- Visit to facility**
- Resident assessment**
- Medical records assessment**
- Written application
- Family interview**
- Other (explain)

What is the process for new residents? Select all that apply.

- Doctors' orders**
- Residency agreement**
- History and physical**
- Deposit/payment**
- Other (explain)

Is there a trial period for new residents?

- No
- Yes**

How long is the trial period?

residency agreements are all month to month with an initial 30 day trial period

The need for the following services could cause permanent discharge from specialized care. Select all that apply.

Medical care requiring 24 hour nursing care

Assistance in transferring to and from wheelchair

Behavior management for verbal aggression

Sitters

Bowel incontinence care

Bladder incontinence care

Intravenous

Medication injections

Feeding by staff

Oxygen administration

Special diets

Other (explain)

any behavior that poses a danger to the resident or other residents would initiate a discharge.

Who would make this discharge decision?

Facility Administrator

Other (explain)

Combination of Administrator, Regional Director, DON and owners.

How much notice is given for a discharge?

30 days unless it is determined to be an emergency discharge for the safety of the resident.

Do families have input into discharge decisions?

Yes

No

What would cause temporary transfer from specialized care? Select all that apply.

Medication condition requiring 24 hours nursing care

Unacceptable physical or verbal behavior

Significant change in medical condition

Other (explain)

if resident behavior poses a threat to safety of themselves or others.

Do you assist families in coordinating discharge plans?

No

Yes

What is the policy for how assessment of change in condition is determined and how does it relate to the care plan?

Upon a significant change in condition, a new assessment is performed by the nurse to determine if the level of care has increased or decreased. If the assessment results in a change in the level which is being provided then the staff will contact the POA and discuss what changes will be implemented. There will be a 10 day notice of any monetary rental changes unless it is a readmission from a hospital or nursing home, which will then be effective immediately. Care Plans are adjusted to reflect these changes following the assessments.

What is the frequency of assessment and change to care plan? Select all that apply.

- Monthly
- Quarterly
- Annually**
- As Needed**
- Other (explain)**

Assessments are performed upon admission, Annually or upon any significant change.

Who is involved in the care plan process? Select all that apply.

- Administrator**
- Nursing assistants**
- Activity director**
- Family members**
- Resident**
- Licensed nurses**
- Social worker
- Dietary**
- Physician**
- Other (explain)**

POA and/or Guardians if applicable

Do you have a family council?

- Yes
- No**

Select any of the following options that are allowed in the facility:

- Approved sitters**
- Additional services agreement**
- Hospice**
- Home health**

Is the selected service affiliated with your facility?

No ▾

What are the qualifications in terms of education and experience of the person in charge or Alzheimer's disease or related disorders care?

The Regional Director has over 20 years of experience working with Dementia and related disorders in the LTC setting. The Administrator also has over 15 years of working in the LTC setting with those living with Dementia. The owner has over 25 years of providing care for residents living with Dementia and provided training to staff members of various companies throughout Oklahoma.

Specify the ratio of direct care staff to residents for the specialized care unit for the following:

	Day/Morning Ratio	Afternoon/Evening Ratio	Night Ratio
Licensed Practical Nurse, LPN	1:16	1:16	1:16
Registered Nurse, RN	1:16	1:16	on call
Certified Nursing Assistant, CNA	1:6	1:6	1:6
Activity Director/Staff	1	1	0
Certified Medical Assistant, CMA	1:16	1:16	1:16
Other (specify)			
<input type="text"/>			

Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care.

	All Staff Required hours of training	Activity Director Required hours of training	Direct Care Staff Required hours of training
Alzheimer's dementia, other forms of dementia, stages of disease	12	12	12
Physical, cognitive, and behavioral manifestations	1	1	1
Creating an appropriate and safe environment	1	1	1
Techniques for dealing with behavioral management	1	1	1
Techniques for communicating	1	1	1
Using activities to improve quality of life	1	1	1
Assisting with personal care and daily living	1	1	1
Nutrition and eating/feeding issues	1	1	1
Techniques for supporting family members	1	1	1
Managing stress and avoiding burnout	1	1	1
Techniques for dealing with problem behaviors	1	1	1
Other (specify below)	1	1	1

List the name of any other trainings.

PAC training inservices provided by Reggie Herring utilizing Teepa Snow's techniques and videos as well as throughout the year and upon hiring.

Who provides the training?

Regional Director, Administrator, Owner, third party vendors who are qualified, HR provided materials

List the trainer's qualifications:

Positive Approach to Care certification/Reggie Herring, Managing Member

What safety features are provided in your building? Select all that apply.

- Emergency pull cords**
- Opening windows restricted
- Wander Guard or similar system
- Locked doors on exit**
- Monitoring/security**
- Cameras**
- Family/visitor access to secured areas**
- Built according to NFPA Life Safety Code, Chapter 12 Health**
- Built according to NFPA Life Safety Code, Chapter 21, Board and Care**

What special features are provided in your building? Select all that apply.

- Wandering paths**
- Rummaging areas**
- Other (explain)**

secured courtyard, mall design so that a visual may be maintained by staff at all times, corner bathrooms for visual cueing of residents toileting, open closets to eliminate confusion of doors, frosted doors to discourage exit seeking.

Is there a secured outdoor area?

- No
- Yes**

If yes, what is your policy on the use of outdoor space?

Residents may utilize this area at anytime they wish with a staff member accompanying them if weather allows.

What types and frequencies of therapeutic activities are offered specific for specialized dementia individuals to address cognitive function and engage residents with varying stages of dementia?

The memory care Director schedules 2-3 activities per day to include crafts, birthday parties, music therapy, service animals, entertainers, movies, games, and physical activities/exercises. One on One activity is provided by the memory care Director as well as the direct care staff members which includes but is not limited to: manicures, massages, photo album reviews, walks, book reading and music. Fidget blankets and other sensory stimulation therapies are also utilized as appropriate for redirection.

How many hours of structured activities are scheduled per day?

- 1-2 hours
- 2-4 hours**
- 4-6 hours
- 6-8 hours
- 8+ hours

Are the structured activities offered at the following times? (Select all that apply.)

- Evenings**
- Weekends**
- Holidays**

Are residents taken off the premises for activities?

- No
- Yes**

What techniques are used for redirection?

Substitution vs subtraction, verbal redirection, redirection using activity interests, calming activities such as massages, applying lotion, going for walks, music, and connections with staff members.

What activities are offered during overnight hours for those that need them?

One on one with overnight staff to include reading, music, puzzles, walking, conversation, manicures, pedicures, looking at photo albums, movies, busy blankets.

What techniques are used to address wandering? (Select all that apply.)

- Outdoor System
- Electro-magnetic locking system**
- Wander Guard (or similar system)
- Other (explain)**

Key pad entrance and exit for safety and security of residents. Secure courtyard. camera system throughout unit.

Do you have an orientation program for families?

- No
- Yes**

If yes, describe the family support programs and state how each is offered.

Tour is given upon the pre-admission of a resident. The admission coordinator provides a tour of the unit and meets with the family members to discuss the care and services to be provided in the unit. All questions and concerns are addressed at this meeting and the Administrator and Admissions Coordinator are available at all times to address any additional questions throughout the residency. The Activity Director provides a welcome basket with all pertinent information and contacts for the resident and family upon admission. A mentor is assigned to each new resident to provide the follow up and ensure a smooth transition is accomplished throughout this admission process.

Do families have input into discharge decisions?

- No
- Yes**

How is your fee schedule based?

- Flat rate
- Levels of care**

Please attach a fee schedule.

Market Rate Sheet 07.01.25.pdf

0.3 MB

application/pdf

Select all memory care services that apply. When answer is yes, provide whether the price is included in the base rate or at an additional cost.

	Is it offered?		If yes, how is price included?	
	No	Yes	Base Rate	Additional Cost
Assistance in transferring to and from a Wheelchair	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Intravenous (IV) Therapy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bowel Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Medication Injections	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeding Residents	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Oxygen Administration	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Behavior Management for Verbal Aggression	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Behavior Management for Physical Aggression	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Special Diet	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Housekeeping (number of days per week)	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="text" value="as needed"/>				
Activities Program	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Select Menus	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Home Health Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Temporary Use of Wheelchair/Walker	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Is it offered?		If yes, how is price included?	
	No	Yes	Base Rate	Additional Cost
Injections	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Minor Nursing Services Provided by Facility Staff	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Do you charge for different levels of care?

- No
- Yes**

If yes, please describe the different levels of care.

Memory Care is a base rate for customized services and has an "additional care" rate of \$500 monthly if the resident's assessment results in a point value of over 57 points.

Does the facility have a current accreditation or certification in Alzheimer's/dementia care?

- No**
- Yes