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

Grandwood Assisted Living

License Number

AL2103

Telephone Number

918-787-2011

Email Address

tami@mlcconsult.com

Website URL

grandwoodassistedliving.com

Address

3720 East Second street

Administrator

Roxanne Fanning

Name of Person Completing the Form

Regina dee herring

Title of Person Completing the Form

Managing Member

Facility Type

Assisted Living

Dedicated memory care facility?

- (●) **No**
- ( ) Yes

Total Number of Licensed Beds

90

Number of Designated Alzheimer's/Dementia Beds

12

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

N/A

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 interest, abilities, and needs of the elderly. We also believe in the social model for service and programming which emphasizes involvement in activities of life at whtever level is possible or desired. All services will focus on assisstance. Our role is not to do "for" but to do "with" each resident's identified needs. By emphasizing assistance, we will spport independence and promote dignity for the residents at this community. Activity and service intensity will be determined by the interst, abilities and functional limitations of the identified resident's needs. An individualized assistance/service plan will be developed for each resident using a team appraoch with the 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.

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

Is there a trial period for new residents?

- ( ) No
- (•) **Yes**

How long is the trial period?

all residency agreements are based on a month to month contract.

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

- [x] **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
- [x] **Intravenous**
- [ ] Medication injections
- [ ] Feeding by staff
- [ ] Oxygen administration
- [ ] Special diets
- [x] **Other (explain)**

Behavior that poses a threat to the resdient or other residents.

Who would make this discharge decision?

- ( ) Facility Administrator
- (•) **Other (explain)**

Regional Director, Owner, Director of Nursing, and Administrator all play a role inn the discharge decision.

How much notice is given for a discharge?

30 day notice given for involuntary discharges and immediate action for emergency discharges

Do families have input into discharge decisions?

- [x] **Yes**
- [ ] No

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

- [x] **Medication condition requiring 24 hours nursing care**
- [x] **Unacceptable physical or verbal behavior**
- [x] **Significant change in medical condition**
- [x] **Other (explain)**

behavior that poses a threat to the resident or other residents.

Do you assist families in coordinating discharge plans?

- [ ] No
- [x] **Yes**

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

If there is a significant change in the condition of a resident, the nurse will complete a new assessment. The results will be reviewed with the POA and/or resident and if any change is to be implemented in the care and /or rental rate a 10 day notice will be issued. If the resident is a readmission from an outside provider, the change is effective immediately.

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

- [ ] Monthly
- [ ] Quarterly
- [x] **Annually**
- [x] **As Needed**
- [x] **Other (explain)**

Assessments are completed upon admission and annually as well as following a significant change or hospitalization.

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

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

Do you have a family council?

- ( ) Yes
- (•) **No**

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

- [x] **Approved sitters**
- [x] **Additional services agreement**
- [x] **Hospice**
- [x] **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?

Owner has over 25 years of experience in the LTC setting providing therapy and care for the senior popluation with an emphasis on Dementia care. The Administrator has over 20 years of experience providing direct care and administrative support in the LTC senior living environment.

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	1:12	1:12	1:12
Registered Nurse, RN	on call	on call	on call
Certified Nursing Assistant, CNA	1:6	1:6	1:6
Activity Director/Staff	1:12	1:12	1:12
Certified Medical Assistant, CMA	1:12	1:12	1:12
Other (specify)			

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	112	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.

Positive Approach to Care by Teepa Snow

Who provides the training?

Reggie Herring/ Owner and PAC videos

List the trainer's qualifications:

PAC certified with over 25 years experience in working in LTC senior living and Dementia field.

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

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

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

- [x] **Wandering paths**
- [x] **Rummaging areas**
- [x] **Other (explain)**

secure courtyard area with walking path, bathrooms at an angle for visual reference, no closets to eliminate resident confusion

Is there a secured outdoor area?

- ( ) No
- (•) **Yes**

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

Must be accompanied by a staff member

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?

Sensory Stimulation, Music therapy, animal therapy, massage therapy, aroma therapy, fidget blankets, Puzzles, photo albums, physical exercises.

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 cues, validation therapy.

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

MOvies, music, one on one activity, reading, fidget blanket, massage, manicures, walking, exercise, puzzles, laundry folding.

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

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

redirection and ensureing resident is occupied and comfortable.

Do you have an orientation program for families?

- ○ No
- ◉ **Yes**

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

Families are given tour and interview prior to admission. The admission coordinator will ensure all pertinent phone numbers and contacts are provided to the resident and/or family. The activity calendar and menu is also given to them. Grandwood has an open door policy and Administrator and admission coordinator are available at any time necessary.

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.

Grandwood Market Rate Sheet 4.15.25.pdf

0.1 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	○	◉	◉	○
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	○	◉	◉	○
Special Diet	○	◉	◉	○
Housekeeping (number of days per week) as needed	○	◉	◉	○
Activities Program	○	◉	◉	○
Select Menus	○	◉	◉	○
Incontinence Care	○	◉	◉	○
Home Health Services	○	◉	◉	○
Temporary Use of Wheelchair/Walker	○	◉	◉	○

	Is it offered?		If yes, how is price included?	
	No	Yes	Base Rate	Additional Cost
Injections	○	◉	◉	○
Minor Nursing Services Provided by Facility Staff	○	◉	◉	○

Do you charge for different levels of care?

- ○ No
- ◉ **Yes**

If yes, please describe the different levels of care.

Following the initial assessment, if a resident's level of care assessment results in a point value higher than 57 points, there is an "extra care level" added of $500.

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

- ◉ **No**
- ○ Yes