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Below is a summary of your responses

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### **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, L.C.

License Number

AL2103-2103

Telephone Number

918-787-2011

Email Address

Roxanne@mlcconsult.com

Website URL

www.grandwoodassistedliving.com

Address

2001 Sunrise Blvd

Administrator

Roxanne Fanning

Name of Person Completing the Form

Reggie Herring

Title of Person Completing the Form

Member/Owner

Facility Type

Dedicated memory care facility?

- No
- Yes

Total Number of Licensed Beds

110

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 services and programming which emphasizes involvement in activities of life at whatever level is possible or desired. All services will focus on assistance. Our role is not the "do for" but to "assist with" each resident's identified needs. 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 resident's needs. An individualized assistance/services 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?

There is a 30 day evaluation period for which the resident is able to determine if this facility is a good fit for them and the facility may determine if the resident is a good fit as well. Agreements for residency are month to month, but do require a 30 day notice if resident decides to terminate stay.

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)

Other (explain)

A need for 24 hour skilled care or if resident is a danger to himself/herself or others it may create a discharge need.

Who would make this discharge decision?

- Facility Administrator  
 Other (explain)

Discharges are decided upon by a combination of Administrator, Regional Director and owners.

How much notice is given for a discharge?

30 day notice is required to be given unless it is an emergency termination of residency, which is then a 10 day notice.

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 poses a danger to themselves or others or requires 24 hour skilled care.

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?

if there is a significant change in condition of the resident a new level of care is put into place and the new level is disclosed to resident and resident's representative. A notice of this change is provided to the resident's representative from the home office. A new level of care is effective immediately if resident is re-admitting at a new level and a 10 day notice is provided if resident level is changed while in-house.

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

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

upon a significant change or hospitalization

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)

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 of Alzheimer's disease or related disorders care?

Administrator has over 20 years experience working with Dementia in the LTC setting, Director has over 20 years of experience in the field of Hospice and senior care with those living with dementia. Owner is a physical therapist who has been certified in the Positive Approach to Care as well as having over 25 years of providing care and therapy to those living with dementia.

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	1:9	1:9	1:9
Registered Nurse, RN	1:9	1:9	1:9
Certified Nursing Assistant, CNA	2:9	2:9	2:9
Activity Director/Staff	1:9	1:9	0
Certified Medical Assistant, CMA	1:9	1:9	1:9
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	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.

Living in the World of Dementia presented by owner, Reggie Herring. Various applicable Teepa Snow videos throughout the year and upon hire.

Who provides the training?

Reggie Herring, owner and Certified PAC trainer

List the trainer's qualifications:

Reggie Herring, Physical Therapist, Certified PAC trainer through the Teepa Snow program, over 25 years of senior living experience.

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

Is there a secured outdoor area?

- No
- Yes

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



Residents are attended by a staff member and it is used only during safe weather conditions.

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 provides daily activities that are focused on sensory stimulation and geared toward Dementia residents. These activities are scheduled on the activity calendar three times per day and also include outings to various community events and group activities such as bible study and music activities.

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 versus subtraction, verbal redirection, redirection using activity interests, calming activities such as back rub or shoulder rub, connection with staff members.

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

Movies, reading to residents, music, snacks, laundry folding, sensory stimulation such as busy blankets and beads, looking at family pictures.

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

Outdoor System

**Electro-magnetic locking system**

Wander Guard (or similar system)

**Other (explain)**

Archetecurally, the unit is designed in a manner which is effective to allow walking throughout with open space. Key pads are used for security to ensure safety.

Do you have an orientation program for families?

No

**Yes**

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

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

GW Respite rate sheet 11.2022.pdf

**78.1 KB**

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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input 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="1 time per week base rate"/>				
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"/>
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 offers two separate levels of care, both of which are described on the rate sheet attached to this disclosure. The

levels are determined based off of a point system. If the resident goes above the highest points allowable on the rate sheet it is a cost of \$25 per every point over that level 2 max amount. This amount is capped at \$650 (no more than 83 points).

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

No

Yes

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