



**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

Cedar Ridge Senior Living

License Number

AL7256-7256

Telephone Number

918-252-0590

Email Address

klazear@cedarridgesl.com

Website URL

cedarridgeseniorliving.com

Address

10107 S. Garnett Rd. Broken Arrow, Ok. 74011

Administrator

Kari Lazear

Name of Person Completing the Form

Kari Lazear

Title of Person Completing the Form

Executive Director/Administrator

Facility Type

Assisted Living

Dedicated memory care facility?

No

Yes

Total Number of Licensed Beds

74

Number of Designated Alzheimer's/Dementia Beds

18

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.

At our Timeless Connections Memory Care Program, we wholeheartedly dedicate ourselves to providing unparalleled care and support for individuals navigating the challenges of memory loss, including Alzheimer's disease and related dementia. Our unwavering commitment is to foster an environment of genuine compassion, understanding, and respect, where residents and their families find solace and companionship.

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)**

Home assessment

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

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)**

Behavior management for physical aggression

Who would make this discharge decision?

Facility Administrator

**Other (explain)**

Administrator, Wellness Director, Regional Director of Operations

How much notice is given for a discharge?

30 day

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)**

Drug Stabilization

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?

It is the policy of this community that resident change of condition(s) will be identified in a timely manner to prevent complications and to identify interventions that will help resolve temporary health, cognitive, behavioral and/or functional issues. This policy will ensure this community updates resident's Growth and Wellness Plan in the event interventions do not resolve resident's temporary health, cognitive, behavioral and/or functional issues and these conditions become significant, long-term changes of condition(s)

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

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

care plan is created upon move-in, 14 day, 30 day and at 6 months, unless there is a change of condition

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 or Alzheimer's disease or related disorders care?

RN, LPN, training through their own credentials and certifications, computer based training

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	18:1	18:1	
Registered Nurse, RN			
Certified Nursing Assistant, CNA	9:1	9:1	9:1
Activity Director/Staff	18:1	18:1	
Certified Medical Assistant, CMA	18:1	18:1	18:1
Other (specify)			
Memory Care Coordinator. LPN on call 24/7	18:1	18:1	

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	2	2	2
Physical, cognitive, and behavioral manifestations			
Creating an appropriate and safe environment			
Techniques for dealing with behavioral management			
Techniques for communicating			
Using activities to improve quality of life			
Assisting with personal care and daily living			
Nutrition and eating/feeding issues			
Techniques for supporting family members			
Managing stress and avoiding burnout			
Techniques for dealing with problem behaviors			
Other (specify below)			

List the name of any other trainings.

Trainings are conducted monthly at all staff in-service. Staff receives 24hrs of orientation and 32hrs of on the job training

Who provides the training?

RN, LPN, MCC and outside sources

List the trainer's qualifications:

RN, LPN, MCC training through their own certifications.

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)**

Life Stations

Is there a secured outdoor area?

- No
- Yes**

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

Supervised access, , free daytime access (weather permitting)

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?

daily scheduled activities promoting music, arts, crafts, exercise, cooking spiritual and bus outings

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?

Walking and talking with resident. One on one engagement.

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

music, puzzles, word puzzles, movie, art and 1:1 reminiscing with staff

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

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

Keypad access entry and exit

Do you have an orientation program for families?

- No**
- Yes

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.

Cedar Ridge Pricing Sheet for 25.pdf

**0.2 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 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"/>
<div style="border: 1px solid gray; padding: 2px;">1x weekly and daily tidies</div>				
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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary Use of Wheelchair/Walker	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Injections	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Base Rate	<input type="radio"/> Additional Cost
Minor Nursing Services Provided by Facility Staff	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Base Rate	<input type="radio"/> Additional Cost

Do you charge for different levels of care?

- No
- Yes

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

- No
- Yes