

Response Summary:

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.

Q2. Facility Name

Shawnee Memory Care

Q3. License Number

AL_6304

Q4. Telephone Number

405.275.1199

Q5. Email Address

tellis@shawneememorycare.com

Q6. Website URL

Shawneememorycare.com

Q7. Address

1723 N Airport Drive

Q8. Administrator

Teri Ellis

Q9. Name of Person Completing the Form

Teri Ellis

Q10. Title of Person Completing the Form

Executive Director

Q11. Facility Type

Memory Care

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Q12. Dedicated memory care facility?

- Yes

Q13. Total Number of Licensed Beds

60

Q14. Number of Designated Alzheimer's/Dementia Beds

60

Q15. Total Licensed Capacity for Adult Day Care (leave blank if does not apply to your facility)

N/A

Q16. Maximum Number of Participants for Alzheimer Adult Day Care (leave blank if does not apply to your facility)

NA

Q17. Check the appropriate selection

- Initial License

Q18. 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.

Guided by goodness, loyalty, faith, and fun.

As a result of their need to compensate for broken connections, people living with Dementia view the world through a very different lens than we do. A lack of appreciation of this may cause caregivers to repeatedly misidentify needs and respond inadequately to those needs.

People living with Dementia are making an important journey from cognition through emotion, into spirit. Those who lose a strong connection with a world dominated by memories, facts, and logic reorganize their thoughts and express themselves from a perspective dominated by emotions, feeling, and symbolism.

We teach our care teams and our families how to connect and communicate on an emotional and spiritual level with those living with dementia. Our holistic approaches include empathetic communication tools and investigation to determine the meanings behind certain behaviors or unmet needs- in order to support each individual to be the best they can be.

Q19. What is involved in the pre-admission process? Select all that apply.

- Visit to facility
- Resident assessment
- Medical records assessment
- Family interview

Q20. What is the process for new residents? Select all that apply.

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

Q21. Is there a trial period for new residents?

- No

Q23. The need for the following services could cause permanent discharge from specialized care. Select all that apply.

- Medical care requiring 24 hour nursing care
- Intravenous

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

up to 30 days varies depending in the need.

Q26. Do families have input into discharge decisions?

- Yes

Q27. 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

Q28. Do you assist families in coordinating discharge plans?

- Yes

Q29. What is the policy for how assessment of change in condition is determined and how does it relate to the care plan?

Change of Condition (COC)- Short Term and Significant Policy & Procedure

Purpose: To identify potential short-term and significant change of condition in a resident to ensure interventions are put into place for best health, cognitive, behavioral and/or functional outcomes for the resident.

Policy: 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 to resolve temporary health, cognitive, behavioral and/or functional issues. This policy will ensure this community updates resident's Growth & 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.

What is a change of condition (COC)?
An acute change of condition is a sudden clinically important deviation from a resident's baseline in physical, cognitive, behavioral, or functional domains. Without intervention, the deviation could lead to clinically significant complications up to and including death.

Short-term COC – these are expected to resolve with minimal intervention such as antibiotics, basic wound care, other various medications

Procedure:

1. Identify the short-term COC and the intervention.
2. Alert charting should be in place.
3. If alert charting goes longer than 7 days r/t licensed nurse and/or Wellness Director assessment, licensed nurse and/or Wellness Director must chart on this COC a minimum of every 7 days. It is acceptable for the licensed nurse and/or Wellness Director to chart and indicate resident will continue on alert for _____ reason.
4. When the alert is completed, licensed nurse, Wellness Director or designee will make a chart note concluding alert charting, rationale for concluding alert charting, and indicate if the intervention was effective. Charting should include that COC weekly monitoring will continue.
- Significant COC – these are not expected to resolve with minimal intervention. May require home health, skilled nursing, PCP intervention, long term medication use, hospice services, diet changes
1. Significant COC is identified.
2. Licensed Nurse and/or Wellness Director will make a chart note identifying the COC and the interventions. This is to be completed within 48 hours.
3. Any corresponding sub-assessments will be completed.
4. PCP and family (if applicable) are notified of concern and intervention.
5. Care plan is updated, and TSP/ISP is in place to communicate the concern as well as the intervention(s) to team members.
6. Weekly chart notes are completed to identify any progress and to evaluate and note if the interventions are effective.
7. Charting continues for all significant COC's weekly until the COC has resolved based on the resident returning to their previous baseline or resident has reached a new baseline.
8. When COC and charting is no longer necessary because resident has reached a new baseline or returned to previous baseline, licensed nurse, Wellness Director or designee must determine if interventions are to remain in place and this should be included in the licensed nurse and/or Wellness Director's chart note. If the interventions are no longer necessary, the Growth & Wellness Plan must be modified to reflect this, and TSP/ISP needs to be in place to communicate to team members.

Q30. What is the frequency of assessment and change to care plan? Select all that apply.

- Annually
- As Needed

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Q31. Who is involved in the care plan process? Select all that apply.

- Administrator
- Family members
- Licensed nurses
- Dietary
- Physician

Q32. Do you have a family council?

- No

Q33. Select any of the following options that are allowed in the facility:

- Approved sitters
- Hospice
- Home health

Q34. Is the selected service affiliated with your facility?

- No

Q35. What are the qualifications in terms of education and experience of the person in charge of Alzheimer's disease or related disorders care?

- Licensed Administrator
- RN and LPN
- Certified Nurse Aide and Medication Technician
- Trained Life enrichment Coordinator

**Q36#1. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Day/Morning Ratio**

Licensed Practical Nurse, LPN	N/A
Registered Nurse, RN	1
Certified Nursing Assistant, CNA	4
Activity Director/Staff	1
Certified Medical Assistant, CMA	1
Other (specify) Weekends	1 lpn 4 CNA 1CMA

**Q36#2. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Afternoon/Evening Ratio**

Licensed Practical Nurse, LPN	1
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	4
Activity Director/Staff	1
Certified Medical Assistant, CMA	1
Other (specify) Weekends	1 LPN 4 CNA 1 CMA

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**Q36#3. Specify the ratio of direct care staff to residents for the specialized care unit for the following: -
Night Ratio**

<i>Licensed Practical Nurse, LPN</i>	N/A
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	1
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	1
<i>Other (specify Weekends)</i>	N/A

Q37#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

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<i>Creating an appropriate and safe environment</i>	1
<i>Techniques for dealing with behavioral management</i>	1
<i>Techniques for communicating</i>	1
<i>Using activities to improve quality of life</i>	1
<i>Assisting with personal care and daily living</i>	N/A
<i>Nutrition and eating/feeding issues</i>	N/A
<i>Techniques for supporting family members</i>	N/A
<i>Managing stress and avoiding burnout</i>	N/A
<i>Techniques for dealing with problem behaviors</i>	N/A
<i>Other (specify below)</i>	N/A

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Q37#2. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - Direct Care Staff

Required hours of training

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<i>Creating an appropriate and safe environment</i>	1
<i>Techniques for dealing with behavioral management</i>	1
<i>Techniques for communicating</i>	1
<i>Using activities to improve quality of life</i>	1
<i>Assisting with personal care and daily living</i>	1
<i>Nutrition and eating/feeding issues</i>	1
<i>Techniques for supporting family members</i>	N/A
<i>Managing stress and avoiding burnout</i>	N/A
<i>Techniques for dealing with problem behaviors</i>	1
<i>Other (specify below)</i>	N/A

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Q37#3. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - Activity Director

Required hours of training

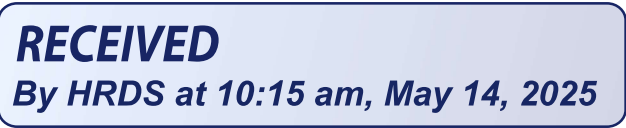
<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	N/A
<i>Physical, cognitive, and behavioral manifestations</i>	N/A
<i>Creating an appropriate and safe environment</i>	N/A
<i>Techniques for dealing with behavioral management</i>	N/A
<i>Techniques for communicating</i>	N/A
<i>Using activities to improve quality of life</i>	N/A
<i>Assisting with personal care and daily living</i>	N/A
<i>Nutrition and eating/feeding issues</i>	N/A
<i>Techniques for supporting family members</i>	N/A
<i>Managing stress and avoiding burnout</i>	N/A
<i>Techniques for dealing with problem behaviors</i>	N/A
<i>Other (specify below)</i>	N/A

Q38. List the name of any other trainings.

Direct Care staff have 16 hrs with another staff member to shadow

Q39. Who provides the training?

Department Managers, Lpn's and Team lead



Q40. List the trainer's qualifications:

RN, LPN, and Administrator, continuing education

Q41. What safety features are provided in your building? Select all that apply.

- Emergency pull cords
- Opening windows restricted
- Locked doors on exit
- Monitoring/security
- Cameras
- Family/visitor access to secured areas

Q42. What special features are provided in your building? Select all that apply.

- Other (explain):
Storm Shelter/Activity room

Q42. Is there a secured outdoor area?

- Yes

Q42. If yes, what is your policy on the use of outdoor space?

Outdoor use is limited to supervision by staff

Q43. 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?

Circle of Friends weekly, Color corner twice weekly, praise and worship twice a week, pet therapy weekly, hand massages weekly, arts and crafts twice weekly, sort and match weekly, Book Club twice weekly music 7 x a month

Q44. How many hours of structured activities are scheduled per day?

- 6-8 hours

Q45. Are the structured activities offered at the following times? (Select all that apply.)

- Evenings
- Weekends

Q46. Are residents taken off the premises for activities?

- No

Q47. What techniques are used for redirection?

Bathroom, Food, Drink, movie, games, one on one

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Q48. What activities are offered during overnight hours for those that need them?

games, movies, puzzles, busy blanket, fidget boards

Q49. What techniques are used to address wandering? (Select all that apply.)

- Electro-magnetic locking system

Q51. Do you have an orientation program for families?

- Yes

Q51. If yes, describe the family support programs and state how each is offered.

Resident Rights Package

Q52. Do families have input into discharge decisions?

- Yes

Q53. How is your fee schedule based?

- Levels of care

Q54. Please attach a fee schedule.

[\[Click here\]](#)

Q55#1. 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?

Assistance in transferring to and from a Wheelchair	Yes
Intravenous (IV) Therapy	No
Bladder Incontinence Care	Yes
Bowel Incontinence Care	Yes
Medication Injections	Yes
Feeding Residents	Yes
Oxygen Administration	Yes
Behavior Management for Verbal Aggression	Yes
Behavior Management for Physical Aggression	Yes
Special Diet	Yes
Housekeeping (number of days per week) 7	Yes
Activities Program	Yes
Select Menus	Yes
Incontinence Care	Yes
Home Health Services	Yes
Temporary Use of Wheelchair/Walker	Yes
Injections	Yes
Minor Nursing Services Provided by Facility Staff	Yes

Q55#2. 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. - If yes, how is price included?

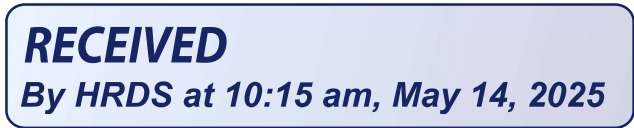
N/A

Q56. Do you charge for different levels of care?

- Yes

Q56. If yes, please describe the different levels of care.

N/A



Q57. Does the facility have a current accreditation or certification in Alzheimer's/dementia care?

- No

Embedded Data:

N/A