

## 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

Green Country Village Assisted Living

#### Q3. License Number

AL7403-7403

#### Q4. Telephone Number

918-335-2086

#### Q5. Email Address

kenimersheryl@greencountryvillage.com

#### Q6. Website URL

www.greencountryvillage.com

#### Q7. Address

1027 Swan Dr.

#### Q8. Administrator

Leta Sheryl Kenimer

#### Q9. Name of Person Completing the Form

Sheryl Kenimer

#### Q10. Title of Person Completing the Form

Administrator/Executive Director

#### Q11. Facility Type

Assisted Living

**Q12. Dedicated memory care facility?**

- Yes

**Q13. Total Number of Licensed Beds**

65

**Q14. Number of Designated Alzheimer's/Dementia Beds**

24

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

0

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

0

**Q17. Check the appropriate selection**

- Change of Information

**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.**

**LAKEVIEW MEMORY CARE PROGRAM BENEFITS**

LakeView's program is based on an understanding of each person's care needs. For many people, the LakeView program is far superior to receiving care at home by family members. Here's why:

- Our LakeView staff is specially trained to care for persons with memory problems.
- At LakeView, we focus not on the abilities a resident has lost, but on the abilities and interests that remain. We create an environment of support and encouragement.
- The LakeView program enables residents to maintain the highest possible degree of independence, self-reliance, and self-motivation. We offer discreet and unobtrusive oversight, there is no forced compliance.
- LakeView provides an extensive array of one-on-one and small group activities that help residents feel connected, engaged, and entertained.
- We keep abreast of emerging treatments for Alzheimer's disease and other forms of dementia, and look for opportunities for residents to benefit from new therapies.
- We engage in the practice of Validation Therapy, in which we do not deny resident's allusive thoughts; rather, we constructively explore the underlying memories or fears that cause them. Once exposed, we can help residents address them in a positive manner.
- LakeView is secure which helps ensure the ongoing safety of each and every resident.
- Family members are relieved when they see visible improvement in the level of happiness and contentment residents show after moving to LakeView.
- LakeView offers support to family members. We encourage communication between staff and resident's families. Families are welcome at anytime, night or day.
- In many cases, LakeView is the better option in caring for the resident's psycho social and health care needs.
- Our principal purpose is to create resident contentment and happiness. They deserve it.

**STATEMENT OF PHILOSOPHY:**

It is the philosophy of Green Country Village to acknowledge that each individual, whatever his or her physical and/or mental condition, has the capacity for continued growth; for an enrichment of living experiences; and for personal satisfaction.

It is our practice to provide a support system to allow the individual to live as independently as possible, which means to direct his or her own life, and use one's abilities to their maximum.

We support the rights of the individual to express him or herself, to assist each individual to maintain a sense of dignity and freedom and to make a continuing contribution to one's surroundings.

It is the goal of Green Country Village to assist the elderly in realizing that their lives can be filled with quality experiences.

**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
- Behavior management for verbal aggression
- Intravenous
- Feeding by staff
- Special diets
- Other (explain):  
Behavior management for verbal and/or physical aggression.  
Danger to self or others.  
Two person assist.

**Q24. Who would make this discharge decision?**

- Other (explain):  
Director and/or RN Consultant in coordination with the Administrator.

**Q25. How much notice is given for a discharge?**

Minimum of 10 days unless emergency circumstances.

**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
- Other (explain):  
Danger to self or others.  
Drug Stabilization.

**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?**

If there is a significant change in condition the Director and/or RN Consultant are notified. RN Consultant completes the assessment and updates the care plan as required.

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

- Annually
- As Needed

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

- Nursing assistants
- Family members
- Resident
- Licensed nurses
- Other (explain):  
Director and RN Consultant

**Q32. Do you have a family council?**

- No

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

- Approved sitters
- Additional services agreement
- 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 or Alzheimer's disease or related disorders care?**

LPN Director with 24 years experience overseeing memory care and has extensive training regarding Alzheimer's disease or related disorders.

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

<i>Licensed Practical Nurse, LPN</i>	1-3/24
<i>Registered Nurse, RN</i>	Consultant
<i>Certified Nursing Assistant, CNA</i>	3-4/24
<i>Activity Director/Staff</i>	1/24
<i>Certified Medical Assistant, CMA</i>	0-1/24
<i>Other (specify)</i>	N/A

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

<i>Licensed Practical Nurse, LPN</i>	1/24
<i>Registered Nurse, RN</i>	Consultant
<i>Certified Nursing Assistant, CNA</i>	2-3/24
<i>Activity Director/Staff</i>	1/24
<i>Certified Medical Assistant, CMA</i>	0-1/24
<i>Other (specify)</i>	N/A

**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>	0-1/24
<i>Registered Nurse, RN</i>	Consultant
<i>Certified Nursing Assistant, CNA</i>	2-3/24
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	0-1/24
<i>Other (specify)</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**

<b><i>Alzheimer's dementia, other forms of dementia, stages of disease</i></b>	1-4
<b><i>Physical, cognitive, and behavioral manifestations</i></b>	Included
<b><i>Creating an appropriate and safe environment</i></b>	Included
<b><i>Techniques for dealing with behavioral management</i></b>	Included
<b><i>Techniques for communicating</i></b>	Included
<b><i>Using activities to improve quality of life</i></b>	Included
<b><i>Assisting with personal care and daily living</i></b>	N/A
<b><i>Nutrition and eating/feeding issues</i></b>	N/A
<b><i>Techniques for supporting family members</i></b>	Included
<b><i>Managing stress and avoiding burnout</i></b>	Included
<b><i>Techniques for dealing with problem behaviors</i></b>	Included
<b><i>Other (specify below)</i></b>	Varies

**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>	6+
<i>Physical, cognitive, and behavioral manifestations</i>	Included
<i>Creating an appropriate and safe environment</i>	Included
<i>Techniques for dealing with behavioral management</i>	Included
<i>Techniques for communicating</i>	Included
<i>Using activities to improve quality of life</i>	Included
<i>Assisting with personal care and daily living</i>	Included
<i>Nutrition and eating/feeding issues</i>	Included
<i>Techniques for supporting family members</i>	Included
<i>Managing stress and avoiding burnout</i>	Included
<i>Techniques for dealing with problem behaviors</i>	Included
<i>Other (specify below)</i>	Varies

**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>	16
<i>Physical, cognitive, and behavioral manifestations</i>	Included
<i>Creating an appropriate and safe environment</i>	Included
<i>Techniques for dealing with behavioral management</i>	Included
<i>Techniques for communicating</i>	Included
<i>Using activities to improve quality of life</i>	Included
<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>	Included
<i>Managing stress and avoiding burnout</i>	Included
<i>Techniques for dealing with problem behaviors</i>	Included
<i>Other (specify below)</i>	Varies

**Q38. List the name of any other trainings.**

Video series on Alzheimer's disease, Ongoing CEU's, Conferences

**Q39. Who provides the training?**

LPN, Administrator, RN Consultant, Guest Speakers

**Q40. List the trainer's qualifications:**

LPN, RN, Varies with subjects

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

- Emergency pull cords
- 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

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

- Wandering paths
- Rummaging areas
- Other (explain):  
Memory Boxes

**Q42. Is there a secured outdoor area?**

- Yes

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

With Supervised Access.

**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?**

4-6 staff led structured activities and resident 1:1's on weekdays and nursing staff led on weekends.

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

- 4-6 hours

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

N/A

**Q46. Are residents taken off the premises for activities?**

- Yes

**Q47. What techniques are used for redirection?**

Validation, Distraction, 1:1 Visits

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

Nursing staff leads/participates in a variety of activities that relate to residents interests.

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

- Outdoor System
- Electro-magnetic locking system

**Q51. Do you have an orientation program for families?**

- No

**Q52. Do families have input into discharge decisions?**

- Yes

**Q53. How is your fee schedule based?**

- Flat rate

**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?**

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

<b><i>Assistance in transferring to and from a Wheelchair</i></b>	Base Rate
<b><i>Bladder Incontinence Care</i></b>	Base Rate
<b><i>Bowel Incontinence Care</i></b>	Base Rate
<b><i>Medication Injections</i></b>	Base Rate
<b><i>Oxygen Administration</i></b>	Base Rate
<b><i>Behavior Management for Verbal Aggression</i></b>	Base Rate
<b><i>Behavior Management for Physical Aggression</i></b>	Base Rate
<b><i>Housekeeping (number of days per week) Weekly and as needed</i></b>	Base Rate
<b><i>Activities Program</i></b>	Base Rate
<b><i>Select Menus</i></b>	Base Rate
<b><i>Incontinence Care</i></b>	Base Rate
<b><i>Home Health Services</i></b>	Additional Cost
<b><i>Temporary Use of Wheelchair/Walker</i></b>	Base Rate
<b><i>Injections</i></b>	Base Rate
<b><i>Minor Nursing Services Provided by Facility Staff</i></b>	Base Rate

**Q56. Do you charge for different levels of care?**

- No

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

- No

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**Embedded Data:**

N/A