



ALZHEIMER'S DISEASE OR RELATED DISORDERS SPECIAL CARE DISCLOSURE FORM

Authority: Alzheimer's Disease Special Care Disclosure Act (63 O.S. Section 1-879.2a) and Alzheimer's Disease Special Care Disclosure Rules (OAC 310:673). All questions relate to the specialized Alzheimer's disease or related disorders care the individual facility provides. The use of the word "resident" refers to residents with Alzheimer's disease or related disorders.

Facility Instructions

1. Complete this Disclosure Form according to the care and services your facility provides. You may **not** amend the form, but you may attach an addendum to expand on your answers.
2. Provide copies of the Disclosure Form to anyone who requests information on the care for Alzheimer's or related disorders in your facility.
3. If the facility is a Continuum of Care Center (CCRC), indicate the service at Facility type. For instance, if the Alzheimer's beds are in the Assisted Living Center (ALC) portion/service of a CCRC, list as ALC, not CCRC, so that service can be identified with the bed type. If a CCRC has Alzheimer beds, in the ALC, and the nursing facility (NF), a disclosure form is to be submitted for each facility type.
4. The form is to be submitted if you make any changes from prior disclosures in services, at license renewal, and with bed additions that affect the total number of licensed beds in the facility. The form is to be mailed to PO Box 268823, Oklahoma City, OK 73126-8823.

Facility Information

Facility Name: Green Country Village Assisted Living

License Number: AL7403-7403 Telephone Number: 918-335-2086

Address: 1027 Swan Drive Bartlesville, OK 74006

Administrator: Heather Billingsley Date Disclosure Form Completed: 11 / 3 / 2021

Completed By: Heather Billingsley Title: Administrator

Number of Alzheimer Related Beds: 28

Maximum Number of participants for Alzheimer Adult Day Care: N/A

What types of providers must furnish a Disclosure Form?

State rules require the Disclosure Form be provided by any nursing or specialized nursing facility, residential care home, assisted living center, continuum of care facility, or adult day care center that advertises, markets or otherwise promotes they provide care or treatment to residents with Alzheimer's disease or related disorders in a special unit or under a special program.

What is the purpose of the Disclosure Form?

This Disclosure Form gives families and other interested persons the facility description of the services it provides and how these services target the special needs of residents with Alzheimer's disease or related disorders. Although the information categories are standardized, the information reported is facility-specific. This format gives families and other interested persons consistent categories of information, so they can compare facilities and services. The

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. This form contains additional information, which families can use to make more informed decisions about care.

Check the appropriate box below.

- ☐ New form. First time submission.
- ☐ No change since previous submission. Check this box and submit this form and your prior form. If a change in form versions, it may require a new form submission.
- ☒ Limited change since previous submission. Submit a new form.
- ☐ Substantial change, submit a new form.

PRE-ADMISSION PROCESS

A. What is involved in the pre-admission process?

- ☒ Visit to facility ☒ Home assessment ☒ Medical records assessment
☐ Written Application ☒ Family interview ☐ Other: _____

B. Services (see following chart)

Service	Is it offered? Yes/No	If yes, is it included in the base rate or purchased for an additional cost?
Assistance in transferring to and from a wheelchair	Yes	Included
Intravenous (IV) therapy	No	N/A
Bladder incontinence care	Yes	Included
Bowel incontinence care	Yes	Included
Medication injections	Yes	Purchased
Feeding residents	No	N/A
Oxygen administration	Yes	Purchased
Behavior management for verbal aggression	Yes	Included
Behavior management for physical aggression	Yes	Included
Meals (<u> 3 </u> per day)	Yes	Included
Special diet	Yes	Included - Limited
Housekeeping (<u> 6 </u> days per week)	Yes	Included
Activities program	Yes	Included
Select menus	Yes	Included - Limited
Incontinence products	Yes	Purchased
Incontinence care	Yes	Included
Home Health Services	Yes	Purchased

Temporary use of wheelchair/walker	Yes	Included - If available
Injections	Yes	Purchased
Minor nursing services provided by facility staff	Yes	Included
Transportation (specify)	Yes	Dr. appt. w/ family escort or Activities
Barber/beauty shop	Yes	Purchased

C. Do you charge more for different levels of care? ☐ Yes ☒ No
 If yes, describe the different levels of care. _____

I. ADMISSION PROCESS

A. Is there a deposit in addition to rent? ☒ Yes ☐ No
 If yes, is it refundable? ☐ Yes ☒ No
 If yes, when? _____

B. Do you have a refund policy if the resident does not remain for the entire prepaid period? ☒ Yes ☐ No
 If yes, explain If resident no longer meets criteria, no notice required. Once room is vacated rent stops.

C. What is the admission process for new residents?

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

☐ Other _____

Is there a trial period for new residents? ☐ Yes ☒ No

If yes, how long? _____

D. Do you have an orientation program for families? ☒ Yes ☐ No

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

Handouts, Handbook, On-going communication

II. DISCHARGE/TRANSFER

A. How much notice is given? Minimum 10 days

B. What would cause temporary transfer from specialized care?

☒ Medical condition requiring 24 hours nursing care ☒ Unacceptable physical or verbal behavior

☒ Drug stabilization ☒ Other: Danger to self or others

C. The need for the following services could cause permanent discharge from specialized care:

☒ Medical care requiring 24-hour nursing care ☐ Sitters ☐ Medication injections
☐ Assistance in transferring to and from wheelchair ☐ Bowel incontinence care ☒ Feeding by staff
☒ Behavior management for verbal aggression ☐ Bladder incontinence care ☐ Oxygen administration
☒ Behavior management for physical aggression ☒ Intravenous (IV) therapy ☒ Special diets
☒ Other: 2 person assist

D. Who would make this discharge decision?

☐ Facility manager ☒ Other: Administrator and/or RN

E. Do families have input into these discharge decisions?..... ☒ Yes ☐ No

F. Do you assist families in making discharge plans? ☒ Yes ☐ No

III. PLANNING AND IMPLEMENTATION OF CARE (check all that apply)

A. Who is involved in the service plan process?

☒ Administrator ☒ Nursing Assistants ☐ Activity director ☒ Family members ☒ Resident
☒ Licensed nurses ☐ Social worker ☐ Dietary ☐ Physician

B. How often is the resident service plan assessed?

☐ Monthly ☐ Quarterly ☒ Annually ☒ As needed
☒ Other: Within 14 days of admission date

C. What types of programs are scheduled?

☒ Music program ☒ Arts program ☒ Crafts ☒ Exercise ☒ Cooking
☒ Other: Games, Outings

How often is each program held, and where does it take place? Weekly in the community if interested. Outings vary.

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

☐ 1-2 hours ☐ 2-4 hours ☒ 4-6 hours ☐ 6-8 hours ☐ 8 + hours

E. Are residents taken off the premises for activities?..... ☒ Yes ☐ No

F. What specific techniques do you use to address physical and verbal aggressiveness?

☒ Redirection ☐ Isolation
☒ Other: Validation, Distraction, One on one visits

G. What techniques do you use to address wandering?

☒ Outdoor access ☒ Electro-magnetic locking system ☐ Wander Guard (or similar system)
☐ Other:

H. What restraint alternatives do you use?

N/A

I. Who assists/administers medications?

☒ RN ☒ LPN ☒ Medication aide ☐ Attendant
☐ Other:

IV. CHANGE IN CONDITION ISSUES

What special provisions do you allow for aging in place?

☒ Sitters ☒ Additional services agreements ☒ Hospice ☒ Home health

If so, is it affiliated with your facility?..... ☐ Yes ☒ No

☐ Other: _____

V. STAFF TRAINING ON ALZHEIMER'S DISEASE OR RELATED DISORDERS CARE

A. What training do new employees get before working in Alzheimer's disease or related disorders care?

- ☒ Orientation: 4+ hours ☒ Review of resident service plan: varies hours
☒ On the job training with another employee: 24+ hours
☒ Other: Video series on Alzheimer's Disease, On-going CEU's, In-services

Who gives the training and what are their qualifications?

LPN, Administrator, Outside agencies for in-services, Online training, CMA & CNA for on the job training.

B. How much on-going training is provided and how often?

(Example: 30 minutes monthly): 30 minutes-2 hours monthly and as needed

Who gives the training and what are their qualifications?

LPN, Administrator, Activity Director, RN, Executive Director, Guests Speakers/Presentors

VI. VOLUNTEERS

Do you use volunteers in your facility?..... ☒ Yes ☐ No

If yes, please complete A, B, and C below.

A. What type of training do volunteers receive?

- ☒ Orientation: Varies hours ☐ On-the-job training: _____ hours
☐ Other: _____

B. In what type of activities are volunteers engaged?

- ☒ Activities ☐ Meals ☒ Religious services ☒ Entertainment ☒ Visitation
☐ Other: _____

C. List volunteer groups involved with the family:

Churches ; _____ ;

_____ ; _____ ;
_____ ; _____ ;

VII. PHYSICAL ENVIRONMENT

A. What safety features are provided in your building?

- ☒ Emergency pull cords ☐ Opening windows restricted ☐ Wander Guard or similar system
☒ Magnetic locks ☒ Sprinkler system ☒ Fire alarm system
☒ Locked doors on emergency exits
☒ Built according to NFPA Life Safety Code, Chapter 12 Health Care
☒ Built according to NFPA Life Safety Code, Chapter 21, Board and Care
☒ Other: Lifeline pendants, Security cameras

B. What special features are provided in your building?

☒ Wandering paths

☒ Rummaging areas

☒ Others: Memory Boxes

C. What is your policy on the use of outdoor space?

☒ Supervised access

☐ Free daytime access (weather permitting)

VIII. STAFFING

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

LPN, Administrator, RN

B. What is the daytime staffing ratio of direct care staff? Resident Need Specific

What is the daytime staffing ratio of Direct Staffing to Residents in Special Care Unit? Need Specific

C. What is the daytime staffing ratio of licensed staff? Resident Need Specific

D. What is the nighttime staffing ratio of direct care staff? Resident Need Specific

What is the nighttime Ratio of Direct Staffing to Residents in the Special Care Unit? Need Specific

E. What is the nighttime staffing ratio of licensed staff? Resident Need Specific

NOTE: Please attach additional comments on staffing policy, if desired.

IX. Describe the Alzheimer's disease special care unit's overall philosophy and mission as it relates to the needs of the residents with Alzheimer's disease or related disorders.

See Attachment #1 & #2



LAKEVIEW ASSISTED LIVING

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.