

## Q1. 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 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

Tealridge Assisted Living & Memory Care

### Q3. License Number

AL5535-5535

### Q4. Telephone Number

45 604-5433

### Q5. Email Address

grace@tealridge.com

Q6. Website URL

Tealridge.com

Q7. Address

2200 NE 140th St Edmond OK 73013

Q8. Administrator

Grace S Grajeda

Q9. Name of Person Completing the Form

Grace S Grajeda

Q10. Title of Person Completing the Form

Executive Director

Q11. Facility Type

Assisted Living & Memory Care

Q12. Dedicated memory care facility?

No

Yes

Q13. Total Number of Licensed Beds

80

Q14. Number of Designated Alzheimer's/Dementia Beds

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

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

Q17. Check the appropriate selection

- Initial License
- 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.

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q21. Is there a trial period for new residents?

*This question was not displayed to the respondent.*

Q22. How long is the trial period?

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q24. Who would make this discharge decision?

*This question was not displayed to the respondent.*

Q25. How much notice is given for a discharge?

*This question was not displayed to the respondent.*

Q26. Do families have input into discharge decisions?

*This question was not displayed to the respondent.*

Q27. What would cause temporary transfer from specialized care? Select all that apply.

*This question was not displayed to the respondent.*

Q28. Do you assist families in coordinating discharge plans?

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q32. Do you have a family council?

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q34. Is the selected service affiliated with your facility?

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q36. Specify the ratio of direct care staff to residents for the specialized care unit for the following:

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q38. List the name of any other trainings.

*This question was not displayed to the respondent.*

Q39. Who provides the training?

*This question was not displayed to the respondent.*

Q40. List the trainer's qualifications:

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q42. Is there a secured outdoor area?

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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?

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q46. Are residents taken off the premises for activities?

*This question was not displayed to the respondent.*

Q47. What techniques are used for redirection?

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q51. Do you have an orientation program for families?

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q52. Do families have input into discharge decisions?

*This question was not displayed to the respondent.*

Q53. How is your fee schedule based?

*This question was not displayed to the respondent.*

Q54. Please attach a fee schedule.

*This question was not displayed to the respondent.*

Q55. 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.

*This question was not displayed to the respondent.*

Q56. Do you charge for different levels of care?

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q57. If yes, list name and date of accreditation.

*This question was not displayed to the respondent.*