

## 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

Village on the Park Oklahoma City

#### Q3. License Number

AL1412-1412

#### Q4. Telephone Number

405-692-8700

#### Q5. Email Address

kproctor@cardinalbay.org

#### Q6. Website URL

cardinalbay.org

#### Q7. Address

1515 Kingsridge Dr., Oklahoma City, OK 73170

#### Q8. Administrator

Karen Proctor

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

Karen Proctor

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

Administrator/Executive Director

#### Q11. Facility Type

Assisted Living/Memory Care/Independent Living

**Q12. Dedicated memory care facility?**

- Yes

**Q13. Total Number of Licensed Beds**

64

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

21

**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**

- 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.**

We pride ourselves on providing compassionate and well-informed care for those living with Alzheimer's disease, dementia and other forms of memory loss. As knowledgeable professionals who share a relationship-centered philosophy, we pride ourselves on getting to know each resident, in order to customize the best-possible care plan.

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

- Visit to facility
- Resident assessment
- Medical records assessment

**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
- Medication injections
- Other (explain):  
More than a 2 person assist with transfers

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

- Other (explain):  
RN/Director of Resident Care

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

30 days

**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?**

Assessments done every 6 months or upon change of condition. Care plan will reflect changes of condition

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

- As Needed
- Other (explain):  
every 6 months

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

- Resident
- Licensed nurses
- Physician

**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 of Alzheimer's disease or related disorders care?**

Experience in dementia care with additional continuing education

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

<b><i>Licensed Practical Nurse, LPN</i></b>	N/A
<b><i>Registered Nurse, RN</i></b>	1/21
<b><i>Certified Nursing Assistant, CNA</i></b>	2/21
<b><i>Activity Director/Staff</i></b>	1/21
<b><i>Certified Medical Assistant, CMA</i></b>	1/21
<b><i>Other (specify)</i></b>	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>	N/A
<i>Registered Nurse, RN</i>	1/21
<i>Certified Nursing Assistant, CNA</i>	2/21
<i>Activity Director/Staff</i>	1/21
<i>Certified Medical Assistant, CMA</i>	1/21
<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>	N/A
<i>Registered Nurse, RN</i>	N/A
<i>Certified Nursing Assistant, CNA</i>	2/21
<i>Activity Director/Staff</i>	N/A
<i>Certified Medical Assistant, CMA</i>	1/21
<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>	N/A
<b><i>Physical, cognitive, and behavioral manifestations</i></b>	N/A
<b><i>Creating an appropriate and safe environment</i></b>	N/A
<b><i>Techniques for dealing with behavioral management</i></b>	N/A
<b><i>Techniques for communicating</i></b>	N/A
<b><i>Using activities to improve quality of life</i></b>	N/A
<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>	N/A
<b><i>Managing stress and avoiding burnout</i></b>	N/A
<b><i>Techniques for dealing with problem behaviors</i></b>	N/A
<b><i>Other (specify below)</i></b>	N/A

**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>	8
<i>Physical, cognitive, and behavioral manifestations</i>	2
<i>Creating an appropriate and safe environment</i>	2
<i>Techniques for dealing with behavioral management</i>	2
<i>Techniques for communicating</i>	2
<i>Using activities to improve quality of life</i>	2
<i>Assisting with personal care and daily living</i>	2
<i>Nutrition and eating/feeding issues</i>	2
<i>Techniques for supporting family members</i>	2
<i>Managing stress and avoiding burnout</i>	2
<i>Techniques for dealing with problem behaviors</i>	2
<i>Other (specify below)</i>	N/A

**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>	8
<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.**

N/A

**Q39. Who provides the training?**

RN or other designee

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

RN or other designee

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

- Emergency pull cords
- Opening windows restricted
- Locked doors on exit

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

- Wandering paths
- Rummaging areas

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

- Yes

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

Open with supervision, secured area

**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?**

Individual games, group activities, music activities, dexterity activities, crafts, art

**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.)**

- Weekends
- Holidays

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

- Yes

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

Gentle verbal cues

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

Puzzles, art, snacks

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

- Other (explain):  
secured doors with alarms when opened without codes

**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?**

- 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?**

<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>	No
<b><i>Feeding Residents</i></b>	Yes
<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>	No
<b><i>Special Diet</i></b>	Yes
<b><i>Housekeeping (number of days per week)</i></b> 1	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>	No
<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?**

<i>Assistance in transferring to and from a Wheelchair</i>	Base Rate
<i>Bladder Incontinence Care</i>	Base Rate
<i>Bowel Incontinence Care</i>	Base Rate
<i>Feeding Residents</i>	Additional Cost
<i>Oxygen Administration</i>	Base Rate
<i>Behavior Management for Verbal Aggression</i>	Base Rate
<i>Special Diet</i>	Base Rate
<i>Housekeeping (number of days per week) 1</i>	Base Rate
<i>Activities Program</i>	Base Rate
<i>Select Menus</i>	Base Rate
<i>Incontinence Care</i>	Base Rate
<i>Home Health Services</i>	Base Rate
<i>Temporary Use of Wheelchair/Walker</i>	Base Rate
<i>Minor Nursing Services Provided by Facility Staff</i>	Base Rate

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

- Yes

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

Memory Care Plus-2 person assist, total care of dressing, bathing, feeding, incontinence

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

- No

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## **Embedded Data:**

N/A