



We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your responses

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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.

Facility Name

License Number

AL5530

Telephone Number

405-455-3900

Email Address

shaye@arborhouseliving.com

Website URL

www.arborhouseliving.com

Address

9240 E. Reno Ave, Midwest City, OK 73130

Administrator

Andrea Pickett

Name of Person Completing the Form

Shaye Donica

Title of Person Completing the Form

COO

Facility Type

Assisted Living

Dedicated memory care facility?

- No
 Yes

Total Number of Licensed Beds

65

Number of Designated Alzheimer's/Dementia Beds

14

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

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

0

Check the appropriate selection

- Initial License
 Change of Information

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.

Arbor House believes in treating all residents with respect and dignity. We will help our residents with memory loss who are not ready for a nursing home, but need more care than in a traditional Assisted Living.

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

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

Family interview

Other (explain)

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

Doctors' orders

Residency agreement

History and physical

Deposit/payment

Other (explain)

Is there a trial period for new residents?

No

Yes

How long is the trial period?

30 Days

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

Medical care requiring 24 hour nursing care

Assistance in transferring to and from wheelchair

Behavior management for verbal aggression

Sitters

Bowel incontinence care

Bladder incontinence care

Intravenous

Medication injections

Feeding by staff

Oxygen administration

Special diets

Other (explain)

Who would make this discharge decision?

Facility Administrator

Other (explain)

Other (explain)

How much notice is given for a discharge?

30 Days unless the Resident is an immediate threat to themselves or others.

Do families have input into discharge decisions?

Yes

No

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)

Do you assist families in coordinating discharge plans?

No

Yes

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

When a resident has a change of condition in their physical or emotional needs, an assessment is completed. The care plan/service plan is updated to match the assessment.

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

Monthly

Quarterly

Annually

As Needed

Other (explain)

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

who is involved in the care plan process? select all that apply.

- Administrator**
- Nursing assistants
- Activity director
- Family members**
- Resident**
- Licensed nurses**
- Social worker
- Dietary
- Physician
- Other (explain)

Do you have a family council?

- Yes
- No

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

- Approved sitters**
- Additional services agreement
- Hospice**
- Home health**

Is the selected service affiliated with your facility?

No ▼

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

A minimum of 2 years working with Elderly and a minimum of 2 years of management experience.

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

	Day/Morning Ratio	Afternoon/Evening Ratio	Night Ratio
Licensed Practical Nurse, LPN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Nurse, RN	<input type="text"/>	<input type="text"/>	<input type="text"/>

Certified Nursing Assistant, CNA	Day/Morning Ratio	Afternoon/Evening Ratio	Night Ratio
Activity Director/Staff			
Certified Medical Assistant, CMA	1	1	1
Other (specify)			
LPN - M-F and on-call; RN is on-call			

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

	All Staff Required hours of training	Activity Director Required hours of training	Direct Care Staff Required hours of training
Alzheimer's dementia, other forms of dementia, stages of disease	2	2	2
Physical, cognitive, and behavioral manifestations	1	1	1
Creating an appropriate and safe environment	1	1	1
Techniques for dealing with behavioral management	2	2	2
Techniques for communicating	2	2	2
Using activities to improve quality of life	2	2	2
Assisting with personal care and daily living	2	2	2
Nutrition and eating/feeding issues	1	1	1
Techniques for supporting family members	1	1	1
Managing stress and avoiding burnout	1	1	1
Techniques for dealing with problem behaviors	1	1	1
Other (specify below)			

List the name of any other trainings.

Who provides the training?

List the trainer's qualifications:

Minimum of 2 years working with Elderly Residents.

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

- Emergency pull cords
- Opening windows restricted**
- Wander Guard or similar system
- 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**

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

- Wandering paths**
- Rummaging areas**
- Other (explain)

Is there a secured outdoor area?

- No
- Yes**

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

Residents are free to roam in the secure courtyard weather permitting.

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?

Hourly: Music, Arts & Crafts, Reading, Games and Exercise

How many hours of structured activities are scheduled per day?

- 1-2 hours
- 2-4 hours
- 4-6 hours**

6-8 hours

8+ hours

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

Evenings

Weekends

Holidays

Are residents taken off the premises for activities?

No

Yes

What techniques are used for redirection?

Substitution and not Elimination

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

Music and Games

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

Outdoor System

Electro-magnetic locking system

Wander Guard (or similar system)

Other (explain)

Do you have an orientation program for families?

No

Yes

Do families have input into discharge decisions?

No

Yes

How is your fee schedule based?

- Flat rate
- Levels of care

Please attach a fee schedule.

MWC - 2023 rates.pdf

0.3 MB
application/pdf

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?		If yes, how is price included?	
	No	Yes	Base Rate	Additional Cost
Assistance in transferring to and from a Wheelchair	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Intravenous (IV) Therapy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bowel Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Medication Injections	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeding Residents	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Oxygen Administration	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Behavior Management for Verbal Aggression	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Behavior Management for Physical Aggression	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Diet	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Housekeeping (number of days per week)	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="text" value="3"/>				
Activities Program	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Select Menus	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

	Is it offered?		If yes, how is price included?	
	No	Yes	Base Rate	Additional Cost
Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Home Health Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Temporary Use of Wheelchair/Walker	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Injections	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Minor Nursing Services Provided by Facility Staff	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Do you charge for different levels of care?

- No
- Yes

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

- No
- Yes