OKLAHOMA
State Department
of Health

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

Arbor House of Mustang

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License Number

AL0903

Telephone Number

405-376-2872

Email Address

shaye@arborhouseliving.com

Website URL

www.arborhouseliving.com

Address

850 N. Clearspring Rd

Administrator

Cristy Davis

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

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Total Number of Licensed Beds

65

Number of Designated Alzheimer's/Dementia Beds

18

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 dignity and respect. We help those with memory loss who aren't ready for a nursing home but need more care than in a traditional assisted living environment.

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

- [x] **Visit to facility**
- [x] **Resident assessment**
- [x] **Medical records assessment**
- [ ] Written application
- [x] **Family interview**

- [x] Family interview
- [ ] Other (explain)

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

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- [x] **Doctors' orders**
- [x] **Residency agreement**
- [x] **History and physical**
- [x] **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.

- [x] **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
- [x] **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?

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30 Days unless they are an immediate threat to themself or others

Do families have input into discharge decisions?

- (●) **Yes**
- ( ) No

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

- [x] **Medication condition requiring 24 hours nursing care**
- [x] **Unacceptable physical or verbal behavior**
- [x] **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 significant change in their physical or mental capabilities, an assessment is completed. The care plan/service plan reflects the changes from the assessment.

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

- [ ] Monthly
- [ ] Quarterly
- [x] **Annually**
- [x] **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.

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

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Do you have a family council?

- ( ) Yes
- (•) **No**

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

- [x] **Approved sitters**
- [ ] Additional services agreement
- [x] **Hospice**
- [x] **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?

Minimum of 2 years working with the elderly and 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			
Registered Nurse, RN			

	Day/Morning Ratio	Afternoon/Evening Ratio	Night Ratio
Certified Nursing Assistant, CNA	2	2	1
Activity Director/Staff			
Certified Medical Assistant, CMA	1	1	1
Other (specify)			
Nurse is M-F and 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)			

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List the name of any other trainings.

Who provides the training?

Administrator and Director of Nursing

List the trainer's qualifications:

Minimum of 2 years working with elderly

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

- [ ] Emergency pull cords
- [x] **Opening windows restricted**
- [ ] Wander Guard or similar system
- [x] **Locked doors on exit**
- [x] **Monitoring/security**
- [ ] Cameras
- [x] **Family/visitor access to secured areas**
- [x] **Built according to NFPA Life Safety Code, Chapter 12 Health**
- [x] **Built according to NFPA Life Safety Code, Chapter 21, Board and Care**

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

- [x] **Wandering paths**
- [x] **Rummaging areas**
- [ ] Other (explain)

Is there a secured outdoor area?

- ( ) No
- (•) **Yes**

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

Free daytime access, 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, Exercise, Games, Arts and Crafts

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.)

- [x] **Evenings**
- [x] **Weekends**
- [x] **Holidays**

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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
- [x] **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

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Please attach a fee schedule.

Mustang - 2023 rates.pdf

43.7 KB

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	( )	(●)	(●)	( )
Intravenous (IV) Therapy	(●)	( )	( )	( )
Bladder Incontinence Care	( )	(●)	(●)	( )
Bowel Incontinence Care	( )	(●)	(●)	( )
Medication Injections	( )	(●)	(●)	( )
Feeding Residents	( )	(●)	(●)	( )
Oxygen Administration	( )	(●)	(●)	( )
Behavior Management for Verbal Aggression	( )	(●)	(●)	( )
Behavior Management for Physical Aggression	(●)	( )	( )	( )
Special Diet	( )	(●)	(●)	( )
Housekeeping (number of days per week) 3	( )	(●)	(●)	( )
Activities Program	( )	(●)	(●)	( )
Select Menus	( )	(●)	(●)	( )

	Is it offered?		If yes, how is price included?	
	No	Yes	Base Rate	Additional Cost
Incontinence Care	○	◉	◉	○
Home Health Services	○	◉	○	◉
Temporary Use of Wheelchair/Walker	○	◉	◉	○
Injections	○	◉	◉	○
Minor Nursing Services Provided by Facility Staff	○	◉	◉	○

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

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