OKLAHOMA
State Department
of Health

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

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.

Facility Name

The Grove at Midtown

License Number

AL7216-7216

Telephone Number

918-743-2700

Email Address

jbraun@grovemidtown.com

Website URL

www.grovemidtown.com

Address

5211 S. Lewis Ave. Tulsa OK, 74105

Administrator

Jennifer Braun

Name of Person Completing the Form

Jennifer Braun

Title of Person Completing the Form

Executive Director/Administrator

Facility Type

Assisted Living and Memory Care

Dedicated memory care facility?

- ○ No
- ◉ **Yes**

Total Number of Licensed Beds

120

Number of Designated Alzheimer's/Dementia Beds

45

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

0

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.

Our exclusive daily lifestyle experience harmonizes the body, mind, and spirit of our residents with a community of family and friends to serve them.

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**
- [ ] Other (explain)

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

- [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

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
- [x] **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)

How much notice is given for a discharge?

30-Day Written Notice

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?

Assessments are completed annually and if a resident had a change of condition. Our assessments when entered into ECP the information transfers to the care plan.

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

- [ ] Monthly
- [ ] Quarterly
- [x] **Annually**
- [ ] As Needed
- [x] **Other (explain)**

Change of condition

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

- [x] **Administrator**
- [x] **Nursing assistants**
- [x] **Activity director**
- [x] **Family members**
- [x] **Resident**
- [x] **Licensed nurses**
- [ ] Social worker
- [x] **Dietary**
- [x] **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?

Nursing license in the state of Oklahoma and training in Alzheimer's disease with 5 or more years 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	1	1	0
Registered Nurse, RN			
Certified Nursing Assistant, CNA	3	2	2
Activity Director/Staff	1	1	0
Certified Medical Assistant, CMA	0	0	0
Other (specify)			
Certified Medication Aide	1	1	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	Activity Director Required hours of training	Direct Care Staff Required hours of training
Alzheimer's dementia, other forms of dementia, stages of disease	16	16	24
Physical, cognitive, and behavioral manifestations	16	16	24
Creating an appropriate and safe environment	16	16	24
Techniques for dealing with behavioral management	16	16	24
Techniques for communicating	16	16	24
Using activities to improve quality of life	16	16	24
Assisting with personal care and daily living	16	16	24
Nutrition and eating/feeding issues	16	16	24
Techniques for supporting family members	16	16	24
Managing stress and avoiding burnout	16	16	24
Techniques for dealing with problem behaviors	16	16	24
Other (specify below)	16	16	24

List the name of any other trainings.

Teepa Snow training is available to check out for our community through the Oklahoma Senior Living Association to utilize for training.

Who provides the training?

Resident Care Director or Administrator

List the trainer's qualifications:

License LPN and Licensed Administrator

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

- [x] **Emergency pull cords**
- [x] **Opening windows restricted**
- [ ] Wander Guard or similar system
- [x] **Locked doors on exit**
- [x] **Monitoring/security**
- [x] **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**

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

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

Life Stations

Is there a secured outdoor area?

- ( ) No
- (•) **Yes**

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

Staff present when residents are enjoying the outdoor space unless the responsible party is present with their resident. resident.

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?

Daily Lilac Lane 1 and Lilac Lane 2 our memory care.

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?

The team members offer a variety of ways to redirect the residents if needed. A couple was to redirect the resident is using music headphones or offering work boards to the residents.

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

Activities overnight offered would be music headphones, clothes sorting or folding, and we have life stations for the residents to engage in during the night.

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

- ☐ Outdoor System
- ☑ **Electro-magnetic locking system**
- ☐ Wander Guard (or similar system)
- ☑ **Other (explain)**

Redirection

Do you have an orientation program for families?

- ○ No
- ◉ **Yes**

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

The Grove provides a packet for the families to explain how the community functions and what leadership team member to ask for when something is needed by that department.

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.

Drop files or click here to upload

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)	○	◉	◉	○
Activities Program	○	◉	◉	○
Select Menus	○	◉	◉	○
Incontinence Care	○	◉	◉	○
Home Health Services	○	◉	◉	○
Temporary Use of Wheelchair/Walker	○	◉	◉	○

	Is it offered?		If yes, how is price included?	
	No	Yes	Base Rate	Additional Cost
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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