



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 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

Woodland Gardens Assisted Living

License Number

AL3801

Telephone Number

580-752-4445

Email Address

amanda@woodlandgardensal.com

Website URL

www.woodlandgardensal.com

Address

915 N Broadway

Administrator

Leigh Standerfer

Name of Person Completing the Form

Leigh Standerfer

Title of Person Completing the Form

Administrator

Facility Type

Dedicated memory care facility?

- No
- Yes

Total Number of Licensed Beds

40

Number of Designated Alzheimer's/Dementia Beds

0

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.

We are not licensed to accept Alzheimer's/dementia residents.

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

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

- 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

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)

Along with RN

How much notice is given for a discharge?

30 days unless determined to be an emergency

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?

Evaluation with facility RN along with assessment from Resident PCP

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

- Monthly
 Quarterly
 Annually
 As Needed
 Other (explain)

Private Pay is annually or significant change. ADvantage Medicaid is annually, 6 months and/or significant change.

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**

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

NA

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	1:17	1:17	1:17
Certified Nursing Assistant, CNA	2:17	2:17	2:17
Activity Director/Staff	1	1	
Certified Medical Assistant, CMA	2:17	2:17	2:17
Other (specify)			
<div style="border: 1px solid gray; height: 20px;"></div>			

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

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	24	24	24
Physical, cognitive, and behavioral manifestations	24	24	24
Creating an appropriate and safe environment	24	24	24
Techniques for dealing with behavioral management	24	24	24
Techniques for communicating	24	24	24
Using activities to improve quality of life	24	24	24
Assisting with personal care and daily living	24	24	24
Nutrition and eating/feeding issues	24	24	24
Techniques for supporting family members	24	24	24
Managing stress and avoiding burnout	24	24	24
Techniques for dealing with problem behaviors	24	24	24
Other (specify below)			

List the name of any other trainings.

Who provides the training?

List the trainer's qualifications:

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)

NA

Is there a secured outdoor area?

No

Yes

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

Can come and outside as Resident' please

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?

NA

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?

Verbal cues

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

Social interaction, visiting with staff if needed.

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

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

Verbal cues, really don't have wandering in our facility.

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.



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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel Incontinence Care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Injections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeding Residents	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxygen Administration	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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="Daily"/>				
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"/>
Incontinence Care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health Services	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input 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

If yes, please describe the different levels of care.

3 levels of care depending on need. Levels are attached is fee schedule

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

- No
- Yes