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

Download PDF

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

Iris Memory Care of Edmond

License Number

AL5547

Telephone Number

405.330.2222

Email Address

jonna.warrick@irisseniorliving.com

Website URL

www.IrisEdmond.com

Address

2424 NW 178th Street, Edmond, OK 73012

Administrator

Ashley Mendiaz

Name of Person Completing the Form

Jonna Warrick

Title of Person Completing the Form

Regional Director of Operations

Facility Type

Memory Care Assisted Living

Dedicated memory care facility?

- ○ No
- ◉ **Yes**

Total Number of Licensed Beds

40

Number of Designated Alzheimer's/Dementia Beds

40

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.

We believe that our residents, who experience progressive illness with cognitive impairment, have a right to experience life with opportunity for growth and fulfillment.

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

- ☑ **Visit to facility**
- ☐ Resident assessment
- ☑ **Medical records assessment**

- [ ] Written application
- [x] **Family interview**
- [x] **Other (explain)**

Level of Care Assessment

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
- [ ] Behavior management for verbal aggression
- [ ] Sitters
- [ ] Bowel incontinence care
- [ ] Bladder incontinence care
- [x] **Intravenous**
- [x] **Medication injections**
- [ ] Feeding by staff
- [ ] Oxygen administration
- [ ] Special diets
- [x] **Other (explain)**

Behavior management for physical or verbal aggression if attempts to manage are not successful.

Who would make this discharge decision?

- ( ) Facility Administrator
- (●) **Other (explain)**

Facility Administrator & Management Company

How much notice is given for a discharge?

30 Day

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**
- [x] **Other (explain)**

Drug Stabilization

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?

A major change in the resident's status that is not self limiting, affects more than one area of the resident's health status, and requires interdisciplinary review and/or revision of the care plan.

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

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

Change of Condition

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

- [x] **Administrator**
- [ ] Nursing assistants
- [ ] Activity director
- [x] **Family members**
- [ ] Resident
- [x] **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:

- [x] **Approved sitters**
- [x] **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 LPN with training and/or experience in dementia care.

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	1/40	1/40	
Registered Nurse, RN			
Certified Nursing Assistant, CNA			

	Day/Morning Ratio	Afternoon/Evening Ratio	Night Ratio
Certified Nursing Assistant, CNA	1/10	1/12	1/15
Activity Director/Staff	1/40	1/40	
Certified Medical Assistant, CMA	1/40	1/40	1/40
Other (specify)			

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	1	1	1
Physical, cognitive, and behavioral manifestations			
Creating an appropriate and safe environment			
Techniques for dealing with behavioral management	.5	.5	.5
Techniques for communicating			
Using activities to improve quality of life			
Assisting with personal care and daily living			
Nutrition and eating/feeding issues			
Techniques for supporting family members			
Managing stress and avoiding burnout			
Techniques for dealing with problem behaviors	.5	.5	.5
Other (specify below)			

List the name of any other trainings.

Within the first 30 days, all staff complete training in Alzheimer's dementia, other forms of dementia, and stages of the disease (1 hour). It includes information on physical, cognitive, and behavioral manifestations. They also complete training on creating an appropriate and safe environment and techniques for dealing with behavioral management. Included in our 12 month in-service schedule are topics such as communication, supporting families, managing stress and burnout, using activities to improve quality of life, nutrition, feeding issues, and assisting with personal care and daily living.

Who provides the training?

We utilize the Relias online training program for orientation trainings and ongoing in-services.

List the trainer's qualifications:

Courses through Relias meet the NAB requirements for CEU's as well as the BON and are written by nurses or other credentialed educators.

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

- [ ] Emergency pull cords
- [x] **Opening windows restricted**
- [x] **Wander Guard or similar system**
- [x] **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
- [x] **Other (explain)**

NFPA Life Safety Code 2012 - Chapter 18, 2009 International Fire Code, TypeV-A, V (III) Type I - 1-Hour Rated.

Is there a secured outdoor area?

- ( ) No
- (•) **Yes**

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

Supervised Access

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?

We utilize daily exercise programming, regular outings, arts and crafts, sensory games, cooking, reminiscence, sing alongs, pet therapy, aromatherapy, and trivia games. We vary activities based on the skills and abilities of the particular resident, and adjust activities as the disease progresses and begins to limit abilities.

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?

For redirection, we teach staff to not attempt to orient the resident to the current situation, but rather to meet them where they are. We also teach "therapeutic fibs" in which the staff attempt to calm the resident by redirecting them to something else by creatively answering the resident's question. We also teach about unmet needs and the importance of engagement.

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

Overnight, if activities are needed they include music, movies/tv shows, board games, card games, and other simple table top games care staff can utilize. Snacks are always available to offer at night as well.

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

- [x] **Yes**

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

Family/Resident Handbook as well as support group. Support group is scheduled at will of Community.

Do families have input into discharge decisions?

- [ ] No
- [x] **Yes**

How is your fee schedule based?

- [x] **Flat rate**
- [ ] Levels of care

Please attach a fee schedule.

Edmond Rate Sheet 12.4.23.pdf

67.7 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	○	◉	◉	○

	Is it offered?		If yes, how is price included?	
Feeding Residents				
Oxygen Administration	No	Yes	Base Rate	Additional Cost
Behavior Management for Verbal Aggression				
Behavior Management for Physical Aggression				
Special Diet				
Housekeeping (number of days per week)				
1				
Activities Program				
Select Menus				
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**

If yes, please describe the different levels of care.

1. Additional charge for 2-person assist. 2. Additional charge for special diets on a case-by-case basis. 3. Home Health only provided by unaffiliated 3rd parties. Medical Injections and Injections are on a case-by-case basis at the discretion of the community. Sliding scale insulin is not allowed at Community.

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

- ◉ **No**
- ○ Yes