

Response Summary:

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.

Q2. Facility Name

Brookdale Broken Arrow

Q3. License Number

AL-7204

Q4. Telephone Number

918-946-3667

Q5. Email Address

kari.willard@brookdale.com

Q6. Website URL

https://www.brookdale.com/en/communities/brookdale-broken-arrow.html?cid=yext

Q7. Address

4001 S Aspen Ave Broken Arrow, Ok 74011

Q8. Administrator

Kari WIllard

Q9. Name of Person Completing the Form

Kari Willard

Q10. Title of Person Completing the Form

Executive Director

Q11. Facility Type

Assisted Living/ Memory Care

Q12. Dedicated memory care facility?

Yes

Q13. Total Number of Licensed Beds

83

Q14. Number of Designated Alzheimer's/Dementia Beds

36

Q15. Total Licensed Capacity for Adult Day Care (leave blank if does not apply to your facility)

Q16. Maximum Number of Participants for Alzheimer Adult Day Care (leave blank if does not apply to your facility)

N/A

Q17. Check the appropriate selection

Change of Information

Q18. 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.

Brookdale Broken Arrow has an Alzheimer's and Demetia care neighborhood that strives to meet the needs of those that needs these specialized services. We have a recreational programming plan 7 days a week staff who are trained to provide the best quality of care for those that are diagnosed with this disease. Our goal is to make sure that residents age in place as who they are and provide the best quality of life. Missions is: Enriching the lives of those we serve with compassion, respect, excellence and integrity.

Q19. What is involved in the pre-admission process? Select all that apply.

- Visit to facility
- Resident assessment
- Medical records assessment
- · Family interview

Q20. What is the process for new residents? Select all that apply.

- Doctors' orders
- · Residency agreement
- History and physical
- Deposit/payment

Q21. Is there a trial period for new residents?

No

Q23. The need for the following services could cause permanent discharge from specialized care. Select all that apply.

- Medical care requiring 24 hour nursing care
- Behavior management for verbal aggression
- Intravenous
- Other (explain):
 Financial

Q24. Who would make this discharge decision?

Facility Administrator

Q25. How much notice is given for a discharge?

30 days or 7 days depending on the reason

Q26. Do families have input into discharge decisions?

Yes



Q27. 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

Q28. Do you assist families in coordinating discharge plans?

Yes

Q29. What is the policy for how assessment of change in condition is determined and how does it relate to the care plan?

The Health and Wellness Director (HWD), Assisted Living Director, or designee will generate a service plan for each resident, using the evaluation and service plan software system. The service plan should be reviewed and revised as necessary by the community care team under the direction of the Executive Director(ED), or designee, or nurse: a. Periodically thereafter.

b. Following a change in the condition of the resident that results in altered care needs over a period of greater than two weeks.

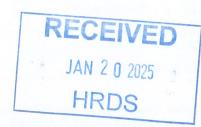
Q30. What is the frequency of assessment and change to care plan? Select all that apply.

- Annually
- As Needed
- Other (explain):
 Upon admission and between

Upon admission and between 14-30 days

Q31. Who is involved in the care plan process? Select all that apply.

- Administrator
- Nursing assistants
- Family members
- Resident
- Licensed nurses



Q32. Do you have a family council?

Yes

Q33. Select any of the following options that are allowed in the facility:

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

Q34. Is the selected service affiliated with your facility?

No

Q35. What are the qualifications in terms of education and experience of the person in charge or Alzheimer's disease or related disorders care?

We have a licensed nurse either an RN or LPN that manages the Alzheimer's and Dementia care neighborhood

Q36#1. Specify the ratio of direct care staff to residents for the specialized care unit for the following: Day/Morning Ratio

•		
Licensed Practical Nurse, LPN	1/36	
Registered Nurse, RN	1/36	
Certified Nursing Assistant, CNA	1/6	
Activity Director/Staff	2/36	LATOSHICOSOS SIGNALINAS INCOMENSANA SIGNALINAS SIGNAS
Certified Medical Assistant, CMA	1/36	
Other (specify)	N/A	

Q36#2. Specify the ratio of direct care staff to residents for the specialized care unit for the following: Afternoon/Evening Ratio

Licensed Practical Nurse, LPN	N/A
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	1/9
Activity Director/Staff	N/A
Certified Medical Assistant, CMA	1/36
Other (specify)	N/A

Q36#3. Specify the ratio of direct care staff to residents for the specialized care unit for the following: - Night Ratio

Licensed Practical Nurse, LPN	N/A
Registered Nurse, RN	N/A
Certified Nursing Assistant, CNA	1/12
Activity Director/Staff	N/A
Certified Medical Assistant, CMA	1/36
Other (specify)	N/A

Q37#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

ricquired flours of training	
Alzheimer's dementia, other forms of dementia, stages of disease	4.5
Physical, cognitive, and behavioral manifestations	N/A
Creating an appropriate and safe environment	N/A
Techniques for dealing with behavioral management	N/A
Techniques for communicating	N/A
Using activities to improve quality of life	N/A
Assisting with personal care and daily living	N/A
Nutrition and eating/feeding issues	N/A
Techniques for supporting family members	N/A
Managing stress and avoiding burnout	N/A
Techniques for dealing with problem behaviors	N/A
Other (specify below)	N/A



Q37#2. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - Direct Care Staff

Required hours of training

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Alzheimer's dementia, other forms of dementia, stages of disease	4.5
Physical, cognitive, and behavioral manifestations	N/A
Creating an appropriate and safe environment	N/A
Techniques for dealing with behavioral management	N/A
Techniques for communicating	N/A
Using activities to improve quality of life	N/A
Assisting with personal care and daily living	N/A
Nutrition and eating/feeding issues	N/A
Techniques for supporting family members	N/A
Managing stress and avoiding burnout	N/A
Techniques for dealing with problem behaviors	N/A
Other (specify below)	N/A



Q37#3. Specify what type of training new employees receive before working in Alzheimer's disease or related disorders care. - Activity Director

Required hours of training

nequired flours of training	
Alzheimer's dementia, other forms of dementia, stages of disease	4.5
Physical, cognitive, and behavioral manifestations	N/A
Creating an appropriate and safe environment	N/A
Techniques for dealing with behavioral management	N/A
Techniques for communicating	N/A
Using activities to improve quality of life	N/A
Assisting with personal care and daily living	N/A
Nutrition and eating/feeding issues	N/A
Techniques for supporting family members	N/A
Managing stress and avoiding burnout	N/A
Techniques for dealing with problem behaviors	N/A
Other (specify below)	N/A

Q38. List the name of any other trainings.

Monthly inservices related to Alz and dementia care

Q39. Who provides the training?

Clinician, ED or Program Coordinator

Q40. List the trainer's qualifications:

Administrators license. RN license, LPN license

Q41. What safety features are provided in your building? Select all that apply.

- Emergency pull cords
- Opening windows restricted
- Locked doors on exit

Q42. What special features are provided in your building? Select all that apply.

- Rummaging areas
- Other (explain):
 - Life Skills areas.

Q42. Is there a secured outdoor area?

Yes

Q42. If yes, what is your policy on the use of outdoor space?

the outdoor space can be used as long as there is not inclement weather.

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Q43. 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 have planned recreational activities 7 days a week that include, music, crafts, exercise, spiritual and person centered activities.

- Q44. How many hours of structured activities are scheduled per day?
 - 4-6 hours
- Q45. Are the structured activities offered at the following times? (Select all that apply.)
 - Evenings
 - Weekends
 - Holidays
- Q46. Are residents taken off the premises for activities?
 - Yes
- Q47. What techniques are used for redirection?

We use a person centered approach to redirect.

Q48. What activities are offered during overnight hours for those that need them?

Snacks and puzzles, we use a person centered approach.

- Q49. What techniques are used to address wandering? (Select all that apply.)
 - Outdoor System
 - Electro-magnetic locking system
- Q51. Do you have an orientation program for families?
 - No
- Q52. Do families have input into discharge decisions?
 - No
- Q53. How is your fee schedule based?
 - Levels of care

Q54. Please attach a fee schedule.

[Click here]



Q55#1. 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?

Assistance in transferring to and from a Wheelchair	Yes
Intravenous (IV) Therapy	No
Bladder Incontinence Care	Yes
Behavior Management for Verbal Aggression	No
Behavior Management for Physical Aggression	No
Special Diet	Yes
Housekeeping (number of days per week) 7	Yes
Activities Program	No
Select Menus	No
Incontinence Care	Yes
Home Health Services	Yes
Temporary Use of Wheelchair/Walker	Yes
Injections	Yes
Minor Nursing Services Provided by Facility Staff	Yes

Q55#2. 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. - If yes, how is price included?

