Response Summary:

RECEIVEDBy HRDS at 2:16 pm, Jul 02, 2025

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 Oklahoma City Southwest

Q3. License Number

AL5510

Q4. Telephone Number

405-691-0409

Q5. Email Address

ecook4@brookdale.com

Q6. Website URL

https://www.brookdale.com/en/communities/brookdale-oklahoma-city-southwest.html

Q7. Address

10001 South May Ave., Oklahoma City, OK 73159

Q8. Administrator

Emily Cook

Q9. Name of Person Completing the Form

Emily Cook

Q10. Title of Person Completing the Form

Executive Director/Administrator

Q11. Facility Type

Assisted Living

Q12. Dedicated memory care facility?

Yes

Q13. Total Number of Licensed Beds

40

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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)

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

0

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.

Ensuring Daily Moments of Succes thru person centered care and programming. 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):

Behavioral Management for Physical Aggression

Q24. Who would make this discharge decision?

Other (explain):

Joint Decision with input from Health and Wellness Director, Executive Director, District Managment Team, Legal Department, and consult with PCP and Family.

Q25. How much notice is given for a discharge?

30 days unless it is an emergent situation due to safety of person or other residents. Then immediate discharge can be issued.

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?

Decline in overall health, physical or cognitive abilities, or inability to perform ADLs will typically change the care plan to include higher and more assistance.

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

• Other (explain):

14 to 30 days after move in, then every 6 months and/or upon a change of condition.

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

- Administrator
- Nursing assistants
- Activity director
- Family members
- Licensed nurses

Q32. Do you have a family council?

No

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?

Licensed Practical Nurse - Dementia Specific Training

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	2
Registered Nurse, RN	0
Certified Nursing Assistant, CNA	3
Activity Director/Staff	2
Certified Medical Assistant, CMA	1
Other (specify)	N/A

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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	1
Registered Nurse, RN	0
Certified Nursing Assistant, CNA	3
Activity Director/Staff	1
Certified Medical Assistant, CMA	1
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	0
Registered Nurse, RN	0
Certified Nursing Assistant, CNA	1
Activity Director/Staff	0
Certified Medical Assistant, CMA	1
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

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Required hours of training

Alzheimer's dementia, other forms of dementia, stages of disease	1
Physical, cognitive, and behavioral manifestations	1
Creating an appropriate and safe environment	1
Techniques for dealing with behavioral management	1
Techniques for communicating	1
Using activities to improve quality of life	1
Assisting with personal care and daily living	1.5
Nutrition and eating/feeding issues	.75
Techniques for supporting family members	.5
Managing stress and avoiding burnout	.5
Techniques for dealing with problem behaviors	.5
Other (specify below)	N/A

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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

	nequired flours of training
Alzheimer's dementia, other forms of dementia, stages of disease	2
Physical, cognitive, and behavioral manifestations	2
Creating an appropriate and safe environment	1
Techniques for dealing with behavioral management	2
Techniques for communicating	1
Using activities to improve quality of life	8
Assisting with personal care and daily living	1.5
Nutrition and eating/feeding issues	.75
Techniques for supporting family members	1
Managing stress and avoiding burnout	.5
Techniques for dealing with problem behaviors	.5
Other (specify below)	N/A

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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

	g
Alzheimer's dementia, other forms of dementia, stages of disease	1.5
Physical, cognitive, and behavioral manifestations	2
Creating an appropriate and safe environment	1
Techniques for dealing with behavioral management	2
Techniques for communicating	1
Using activities to improve quality of life	1
Assisting with personal care and daily living	1.5
Nutrition and eating/feeding issues	.75
Techniques for supporting family members	.5
Managing stress and avoiding burnout	.5
Techniques for dealing with problem behaviors	.5
Other (specify below)	N/A

Q38. List the name of any other trainings.

Galls Management, Infection Control, Abuse/Neglect/Misappropriation, Anti-harassment, Hand Hygiene, Resident Rights, Hands only CPR/AED/Basic First Aid, Aging and Sexuality, Emergency Preparedness, Personalized and Person-Centered Care, at least one hour spent with each Department Manager, and at least 16 to 24 hours of OJT training

Q39. Who provides the training?

Online Courses, Health and Wellness Director, Executive Director, other Department Managers

Q40. List the trainer's qualifications:

All department managers are involved in the Foundations/Orientation training for all associates. Each manager is trained on the is process by the Executive Director. Health and Wellness Director is an LPN, and the Executive Director is licensed thru the state as well.

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

- Emergency pull cords
- Opening windows restricted
- Family/visitor access to secured areas

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

- Wandering paths
- Rummaging areas
- Other (explain):

Multiple Outdoor Courtyards, Ducks and Chickens to care for, Mag Locked Doors

Q42. Is there a secured outdoor area?

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

Residents are allowed at their leisure to come and go in the outdoor areas during daylight hours unless there are extreme cold or hot temperatures. During those times residents are still allowed but monitored and redirected back inside after a short period of time.

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?

All programming throughout the day is focused on the social, intellectual, emotional, physical, and spiritual aspects of life. We have a total of 8 programs during the day that include physical exercise, mental workouts, reminiscing, music, arts/crafts, cooking, social events, outings.

Q44. How many hours of structured activities are scheduled per day?

6-8 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?

verbal redirection with confirming and positive annotations, involvement in programming/activities, one to one time getting a resident involved in an activity they enjoy, use of our engagement areas that are specific to resident interests

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

Assisting with homemaker type duties, music, visiting with staff, adult coloring

Q49. What techniques are used to address wandering? (Select all that apply.)

- · Electro-magnetic locking system
- Other (explain):

Positive redirection and involvement in programming.

Q51. Do you have an orientation program for families?

Yes

Q51. If yes, describe the family support programs and state how each is offered.

Review of Family Handbook and monthly caregiver support group. We also have our CARE program which is weekly check ins with the new families by each department manager.

Q52. Do families have input into discharge decisions?

Yes

Q53. How is your fee schedule based?

Flat rate

Q54. Please attach a fee schedule.

N/A

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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?

Yes
No
Yes
No
Yes
Yes
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?

	at all additional cost if yes, now is price included:
Assistance in transferring to and from a Wheelchair	Base Rate
Bladder Incontinence Care	Base Rate
Bowel Incontinence Care	Base Rate
Medication Injections	Base Rate
Feeding Residents	Additional Cost
Oxygen Administration	Additional Cost
Behavior Management for Verbal Aggression	Base Rate
Behavior Management for Physical Aggression	Base Rate
Special Diet	Base Rate
Housekeeping (number of days per week)	Base Rate
Activities Program	Base Rate
Select Menus	Base Rate
Incontinence Care	Base Rate
Temporary Use of Wheelchair/Walker	Base Rate
Injections	Base Rate
Minor Nursing Services Provided by Facility Staff	Base Rate

Q56. Do you charge for different levels of care?

No

Q57. Does the facility have a current accreditation or certification in Alzheimer's/dementia care?

• No

Embedded Data:

N/A