



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

Legend at Rivendell

License Number

AL1410

Telephone Number

405-691-2300

Email Address

osdoh@legendseniorliving.com

Website URL

legendseniorliving.com

Address

13200 South May Ave Oklahoma City, OK 73170

Administrator

Amanda Sikich

Name of Person Completing the Form

Amanda Sikich

Title of Person Completing the Form

Campus Residence Director

Facility Type

Assisted Living

Dedicated memory care facility?

☐ No

☒ **Yes**

Total Number of Licensed Beds

151

Number of Designated Alzheimer's/Dementia Beds

75

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.

Rivendell MEMORY CARE GUIDELINES We will make every effort to allow residents as many choices as possible. We will respect and treat them with dignity and courtesy. We will learn as much as we can about what they like to do and what their interests are. We will work around their normal routines of sleep and wake patterns. If a resident has always preferred to wake up early, then we will help them get ready for the day when they wake up. If they prefer to sleep later, they can. Remember, this is their home. Sometimes we may like to sleep later too. However, we do not want them to miss meal times and the activities that they enjoy. Breakfast will be served between 7:00 a.m. and 9:00 a.m. A dietary associate will be in the Memory Care during this time period to serve the resident. They may choose to come to the dining room in their robe and go back to their rooms after breakfast for their morning care. A system for making sure that all residents' care plans have been followed, will be overseen by the RN and checked daily. Staff will assist with all aspects of ADL's. Some people may only need reminders and prep work, such as laying their toothbrush and toothpaste out and then making sure they have brushed their teeth. Other people may need more assistance. The staff will know what each resident needs and the frequency. A care plan will be provided for every resident. If a resident refuses personal care or becomes agitated, the RN is to be notified. If a pattern of refusal of care develops, the family will be notified for assistance. The patio doors will be kept unlocked during nice weather so that residents can enjoy walking outside as they wish. Staff should keep a close eye on residents when they are outside. If the weather is very hot or very cold, the patio door should be locked. All residents will be taken to the restroom just prior to going to bed. We will ensure that the adult protective undergarments are on residents requiring them before going to bed. The supervisory care staff is to notify the RN of any change in a residents condition, of any falls, and if a PRN narcotic needs to be given. The RN is to make regular rounds in the Memory Care Center, noting resident's needs and ensuring quality care. The Housekeeping department will clean the resident's room and bathroom, thoroughly, weekly. Trash will be emptied daily, linens will be changed as needed, and rooms will be checked daily and cleaned as needed. If the housekeeping department has left for the day, the nursing staff will be responsible for taking care of any soiled linens or laundry. The nursing staff will leave a note for the housekeeping department, indicating whose laundry they have left. The housekeeping department will work around the residents' schedule and will not disrupt their sleep routines. The community restroom will be cleaned and disinfected twice a day. Activities will focus on success-oriented activities. Residents will be encouraged to participated, but will also have a choice. We will provide a compassionate, secure environment with supportive assistance. We will promote emotional and physical well-being, dignity, and quality of life.

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

- ☒ **Visit to facility**
- ☒ **Resident assessment**
- ☒ **Medical records assessment**
- ☐ Written application
- ☒ **Family interview**
- ☒ **Other (explain)**

Doctor Referral

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

- ☒ **Doctors' orders**
- ☒ **Residency agreement**
- ☐ History and physical
- ☒ **Deposit/payment**
- ☒ **Other (explain)**

Assessment

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)**

Facility Manager & Family Physician

How much notice is given for a discharge?

30 days

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)**

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?

Change of condition is defined as resident requiring a service or intervention that is chronic or post hospitalization. A change in condition will prompt staff to perform a health care needs assessment and will update the care plan

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

- ☐ Monthly
- ☒ **Quarterly**
- ☐ Annually
- ☐ As Needed
- ☒ **Other (explain)**

After any significant change and return from hospitalizations.

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**

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?

Nasso dementia care training and annual learning management system trainings as required

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	1:75	1:75	1:75
Registered Nurse, RN	1:75	1:75	1:75
Certified Nursing Assistant, CNA	1:12	1:12	1:16
Activity Director/Staff	1:38		
Certified Medical Assistant, CMA	1:25	1:25	1:25
Other (specify)			

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

	All Staff	Activity Director	Direct Care Staff
	Required hours of training	Required hours of training	Required hours of training
Alzheimer’s dementia, other forms of dementia, stages of disease			
Physical, cognitive, and behavioral manifestations			
Creating an appropriate and safe environment			
Techniques for dealing with behavioral management			
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			
Other (specify below)			

List the name of any other trainings.

New Hire Alzheimer’s Training via Relias Learning: • Alzheimer’s Disease and Related Disorders: Behavior Management • Alzheimer’s Disease and Related Disorders: An Overview • Alzheimer’s Disease and Related Disorders: Communication • Alzheimer’s Disease and Related Disorders: Physical Environment New Hires are also trained on Alzheimer’s Disease via Individual Development Guide during their orientation process. Example IDG attached. Annual Alzheimer’s Training via Relias Learning • Dementia Care: Challenging Behaviors • Dementia Care: Performing ADLs • Care of Residents with Dementia in AL. Oklahoma RDs are also required to complete Annual Training. The dementia/Alzheimer’s Disease courses are: • Alzheimer’s Disease and Related Disorders: An Overview • Alzheimer’s Disease and Related Disorders: Behavior and ADL Management • Alzheimer’s Disease and Related Disorders: The Environment • Alzheimer’s Disease and Related Disorders: Psychosocial Care Dementia Care: Challenging Behaviors

Who provides the training?

The administrator, nursing staff, and electronic learning management system

List the trainer's qualifications:

Nursing license, Relias training platform

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)

Is there a secured outdoor area?

- ☐ No
- ☒ **Yes**

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

Free daytime access (weather permitting)

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?

Music program, arts program, crafts, exercise, cooking, pet therapy, entertainment, and outings

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?

Resident specific interests, resident prescribed therapies, and on-demand activities

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

Resident specific interests and on-demand activities

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

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

Activities, redirection

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.

Residency%20Agreement%20-%20Rivendell.pdf

0.5 MB

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	☐	☒	☐	☒
Feeding Residents 	☐	☒	☐	☐
Oxygen Administration	☐	☒	☐	☒
Behavior Management for Verbal Aggression	☐	☒	☐	☒
Behavior Management for Physical Aggression	☐	☒	☐	☒
Special Diet	☐	☒	☐	☒
Housekeeping (number of days per week)	☐	☒	☒	☐
7				
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**

If yes, please describe the different levels of care.

See attached Resident Agreement

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

- ☒ **No**
- ☐ Yes