



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

Oklahoma Memory Care Institute

License Number

NH7209

Telephone Number

918-203-0606

Email Address

michael.rife@oklahomamemory.com

Website URL

<https://www.oklahomamemory.com/>

Address

3333 E 28th Street, Tulsa, OK 74114

Administrator

Michael Rife

Name of Person Completing the Form

Jennifer Humphries

Title of Person Completing the Form

Director of Administration

Facility Type

Dedicated memory care facility?

- No
- Yes

Total Number of Licensed Beds

56

Number of Designated Alzheimer's/Dementia Beds

56

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

N/A

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

0-n/a

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.

Mission Statement: Memory Care Oklahoma Memory Care Institute Nursing Center offers loving care and support for individuals in varying stages of Alzheimer's disease and related dementias. We are dedicated to providing exceptional service that allows our residents to live full and fulfilled lives each and every day. We take a person-first focus that is centered on each resident's individual needs and the dignity and respect, they deserve. Our team members are committed to creating a quality environment that is always inviting and comfortable. We take care to thoroughly understand the unique challenges of our memory loss residents and to meet those challenges with kindness and compassion. Philosophy * Provide a structured setting by offering patient focused care in a environment that allows a full range of unrestricted movement within a safe area. * Offer daily activities, both formal and informal, provide an opportunity for each resident to actively engage and thrive in the highest quality of daily life possible. * Acknowledge and redirect our residents. Our trained staff acknowledges our residents' realities, redirect them and modify their environment and our expectations. * Value each individual by allowing residents to build personal relationships and experience life in a positive environment that honors and respects them and their families. * Our focus of care is developed based on the abilities of individual residents, not on their

respects them and their families. Our focus of care is developed based on the abilities of individual residents, not on their inabilities. We build on the uniqueness of each person.

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)

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)**

Behavior management for physical aggression

Who would make this discharge decision?

- Facility Administrator
 Other (explain)

interdisciplinary team

How much notice is given for a discharge?

30 day notice unless safety concern to self or others

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)

intravenous therapy

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 conditions are assessed; appropriate notifications are made, and care plans updated accordingly

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

- Monthly
 Quarterly
 Annually

- As Needed
- Other (explain)

With 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)

interdisciplinary team

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?

Licensed or registered nurses

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	2	2	2

Registered Nurse, RN	Day/Morning Ratio	Afternoon/Evening Ratio	Night Ratio
Certified Nursing Assistant, CNA	4	4	3
Activity Director/Staff	1	1	0
Certified Medical Assistant, CMA	2	2	0
Other (specify)			
Staffing ratios	1:6	1:8	1:15

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	0	0	10
Physical, cognitive, and behavioral manifestations	0	0	0
Creating an appropriate and safe environment	0	0	0
Techniques for dealing with behavioral management	0	0	0
Techniques for communicating	0	0	0
Using activities to improve quality of life	0	0	00
Assisting with personal care and daily living	0	0	0
Nutrition and eating/feeding issues	0	0	0
Techniques for supporting family members	0	0	0
Managing stress and avoiding burnout	0	0	0
Techniques for dealing with problem behaviors	0	0	0
Other (specify below)	0	0	0

List the name of any other trainings.

Orientation, on the job training and continued in service trainings

Who provides the training?

Director of Clinical Services, Executive Director, and outside vendors

List the trainer's qualifications:

Director of Clinical Services, RN; Executive Director-Nursing Home Administrator's license, outside vendors (i.e., College of OU, ECHO program, Oklahoma Dementia Care Network, the Oklahoma State Ombudsman, or other vendors with certifications for dementia

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)**

Sensory room; full range of unrestricted movement within a safe area. "Pet Shop" with animatronic pets to be adopted and a baby nurse with animatronic dolls for residents.

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?

Activities are offered 7 days a week; physical activities: gentle and simple stretches/movement-based activities, fitness fundamental. Social activities: pet therapy groups, human touch, cooking classes, music, bingo, manicures. Expressive activities: Active music listening, coloring, crafts and art making.

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?

Understand the emotion behind the behavior, validate their feelings. Give them a new focal point or change in scenery and communicate a benefit to redirect.

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

Sensory room, coloring activities, crossword puzzles, watching a movie or listening to music.

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

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.

Drop files or click here to upload

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

	Is it offered?		If yes, how is price included?	
	No	Yes	Base Rate	Additional Cost
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 type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Home Health Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary Use of Wheelchair/Walker	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Injections	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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

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

- No
- Yes