



Neighborhood 

Assisted Living & Memory Care

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].

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

Sommerset Neighborhood

Q3. License Number

AL 1402

Q4. Telephone Number

4056590712

Q5. Email Address

jguillory@sommersetneighborhood.com

Q6. Website URL

sommersetneighborhood.com

Q7. Address

1601 SW 119th Street Oklahoma City, OK 73170

Q8. Administrator

Jessica Guillory

Q9. Name of Person Completing the Form

Jessica Guillory

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

126

Q14. Number of Designated Alzheimer's/Dementia Beds

20

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

0

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.

At Sommerset Neighborhood, residents living with dementia will live in a homelike setting. Staff strive every day to provide assistance with activities of daily living from a foundation of compassion, dignity, and respect for each individual, and an understanding of the special needs of those living with dementia.

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):
behavior management for physical aggression, or behaviors that are deemed to be a threat to self or others.

Q24. Who would make this discharge decision?

- Facility Administrator

Q25. How much notice is given for a discharge?

30 days unless medical or deemed a threat to self or others, then immediate.

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?

- No

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

A change in condition assessment is completed with 7-14 days of noted change. This allows time to determine whether the change in condition is expected to be long-term or permanent. The change of condition assessment is usually warranted when there is a change in 2 or more ADLs or a long lasting/permanent change in medical needs/status. This assessment would initiate a care plan review and update.

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

- Annually
- As Needed
- Other (explain):
This is compliant with OSDH regulations for assisted living facilities.

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

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

Q32. Do you have a family council?

- No

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

- Approved sitters
- 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?

Administrator is a licensed nurse with 40 years of experience in acute care, long-term care, geriatric care, and caring for those with dementia. The wellness director is a licensed nurse with experience as an assistant director of nursing in a long-term care facility specializing in dementia care for 17 years, and over 30 years providing/overseeing care provided to those living with dementia.

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	1:20
Registered Nurse, RN	.25
Certified Nursing Assistant, CNA	1:10
Activity Director/Staff	.5
Certified Medical Assistant, CMA	1:20
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**

<i>Licensed Practical Nurse, LPN</i>	.5/20
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1:10
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1:20
<i>Other (specify)</i>	N/A

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

<i>Licensed Practical Nurse, LPN</i>	0
<i>Registered Nurse, RN</i>	0
<i>Certified Nursing Assistant, CNA</i>	1:20
<i>Activity Director/Staff</i>	0
<i>Certified Medical Assistant, CMA</i>	1:20
<i>Other (specify)</i>	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

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

<i>Alzheimer's dementia, other forms of dementia, stages of disease</i>	1
<i>Physical, cognitive, and behavioral manifestations</i>	1
<i>Creating an appropriate and safe environment</i>	1
<i>Techniques for dealing with behavioral management</i>	1
<i>Techniques for communicating</i>	1
<i>Using activities to improve quality of life</i>	1
<i>Assisting with personal care and daily living</i>	1.5
<i>Nutrition and eating/feeding issues</i>	1.75
<i>Techniques for supporting family members</i>	1
<i>Managing stress and avoiding burnout</i>	1
<i>Techniques for dealing with problem behaviors</i>	1.5
<i>Other (specify below)</i>	1

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

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

Q38. List the name of any other trainings.

abuse/neglect/and exploitation in the elder care setting

Q39. Who provides the training?

Administrator, licensed nurses, Relias modules, various guest speakers

Q40. List the trainer's qualifications:

RNs/LPNs, licensed administrators, various qualifications depending on topics, Relias credentialed staff

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

- Opening windows restricted
- Locked doors on exit
- Family/visitor access to secured areas
- Built according to NFPA Life Safety Code, Chapter 21, Board and Care

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

- Wandering paths
- Rummaging areas

Q42. Is there a secured outdoor area?

- Yes

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

residents may go outdoors under supervision of staff or responsible adult guests.

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?

various musical, exercise, crafts, and mental stimulation activities are provided throughout the days around ADL care and meals.

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

- 2-4 hours

Q45. Are the structured activities offered at the following times? (Select all that apply.)

- Weekends
- Holidays

Q46. Are residents taken off the premises for activities?

- No

Q47. What techniques are used for redirection?

One on One distractions, conversations, and/or engagement.

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

staff have an activity bin with various one on one activities with printed directions to provide residents who may need engagement in the night. Examples could be, folding towels/linens, coloring books, puzzles, etc.

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

- Electro-magnetic locking system
- Other (explain):
redirection and engagement

Q51. Do you have an orientation program for families?

- Yes

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

Families receive a general orientation and introduction to staff by the admissions coordinator.

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

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?

<i>Assistance in transferring to and from a Wheelchair</i>	Yes
<i>Intravenous (IV) Therapy</i>	No
<i>Bladder Incontinence Care</i>	Yes
<i>Bowel Incontinence Care</i>	Yes
<i>Medication Injections</i>	Yes
<i>Feeding Residents</i>	Yes
<i>Oxygen Administration</i>	Yes
<i>Behavior Management for Verbal Aggression</i>	No
<i>Behavior Management for Physical Aggression</i>	No
<i>Special Diet</i>	Yes
<i>Housekeeping (number of days per week) 5</i>	Yes
<i>Activities Program</i>	Yes
<i>Select Menus</i>	No
<i>Incontinence Care</i>	Yes
<i>Home Health Services</i>	Yes
<i>Temporary Use of Wheelchair/Walker</i>	Yes
<i>Injections</i>	Yes
<i>Minor Nursing Services Provided by Facility Staff</i>	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?

<i>Assistance in transferring to and from a Wheelchair</i>	Base Rate
<i>Bladder Incontinence Care</i>	Base Rate
<i>Bowel Incontinence Care</i>	Base Rate
<i>Medication Injections</i>	Base Rate
<i>Feeding Residents</i>	Base Rate
<i>Oxygen Administration</i>	Base Rate
<i>Special Diet</i>	Base Rate
<i>Housekeeping (number of days per week) 5</i>	Base Rate
<i>Activities Program</i>	Base Rate
<i>Incontinence Care</i>	Base Rate
<i>Home Health Services</i>	Base Rate
<i>Temporary Use of Wheelchair/Walker</i>	Base Rate
<i>Injections</i>	Base Rate
<i>Minor Nursing Services Provided by Facility Staff</i>	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