




OKLAHOMA  
State Department  
of Health

**Sommerset**

Neighborhood 

Assisted Living & Memory Care

## **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.

Facility Name

Sommerset Neighborhood

License Number

AL 1402

Telephone Number

405-691-9221

Email Address

jguillory@sommersetneighborhood.com

Website URL

sommersetneighborhood.com

Address

1601 SW 119th Street Oklahoma City, OK 73170

Administrator

Jessica Guillory

Name of Person Completing the Form

Jessica Guillory

Title of Person Completing the Form

LPN, Administrator/Executive Director

Facility Type

Assisted Living Facility

Dedicated memory care facility?

☐ No

☒ **Yes**

Total Number of Licensed Beds

126

Number of Designated Alzheimer's/Dementia Beds

20

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.

At Sommerset Neighborhood, residents will live in a home like setting. We strive every day to provide assistance with activities of daily living from a foundation of compassion, dignity, competency, respect and an understanding of dementia for each individual.

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)**

History and Physical and any medical records available.

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)**

Unmanageable physical aggression. Threatening behaviors to self or others.

Who would make this discharge decision?

☐ Facility Administrator

☒ **Other (explain)**

Facility administrator in consultation with nursing team & resident or representative.

How much notice is given for a discharge?

30 days unless emergent as per state rules & regulations

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)

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?

When a change of condition is noted, the staff notify the LPN or RN on duty. If the change in condition is verified, the RN or LPN will conduct a change of condition assessment. If the LPN conducts the assessment, the RN will review the assessment and initiate a change in the resident's care plan, notify the resident or their representative, and the resident's independent health care provider.

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

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

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)**

involved disciplines vary depending on the care plan needs.

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?

The Administrator is an LPN with over 40 years of nursing experience to include acute and long-term care and extensive experience providing care and services to seniors living with various dementias. They unit director is an LPN with over 30 years of nursing experience to include long-term care and extensive experience providing care and services to seniors living with various dementias.



Specify the ratio of direct care staff to residents for the specialized care unit for the following:

	undefined Day/Morning Ratio	undefined Afternoon/Evening Ratio	undefined Night Ratio
Licensed Practical Nurse, LPN	1:20	1:20	0
Registered Nurse, RN	1:20	0	0
Certified Nursing Assistant, CNA	1:20	1:20	1:20
Activity Director/Staff	1:20	0	0
Certified Medical Assistant, CMA	1:20	1:20	0
Other (specify)			
The day and evening shifts have at least 2 persons per 20.			

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			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			1.75
Using activities to improve quality of life		4.5	1.75
Assisting with personal care and daily living			1.5
Nutrition and eating/feeding issues			.75
Techniques for supporting family members		1	1.75
Managing stress and avoiding burnout			1
Techniques for dealing with problem behaviors			2
Other (specify below)		9 hours total	13 total

List the name of any other trainings.

first aide/cpr abuse neglect misappropriation &various other trainings monthly

Who provides the training?

Administrator, Nursing staff, Relias assignments

List the trainer's qualifications:

RNs, LPNs, and recognized Relias authors

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)**

Currently planning to redesign courtyard for outdoor access. Rummage boxes and activity boxes

Is there a secured outdoor area?

- ☐ No
- ☒ **Yes**

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

With staff or family supervision only

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 activities provided by activity assistant, church and hospice volunteers, paid entertainers, arts/crafts, exercise and games.

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?

Staff are trained to use 1:1 techniques, music diversion, walking diversions, individualized activity boxes, walks outside of the unit, food diversions, and involving family members as needed.

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

Staff have individualized activity boxes to include puzzles, fidget toys snacks, wandering as needed, and 1:1 time with resident.

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

☐ Outdoor System

☒ **Electro-magnetic locking system**

☒ **Wander Guard (or similar system)**

☒ **Other (explain)**

Armed doors. Outdoor access is fenced and currently plans for landscaping of the area.

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 checked="" type="radio"/>	<input type="radio"/>	<input 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"/>
<div>7</div>				
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 type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Temporary Use of Wheelchair/Walker	<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
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