



**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

Epworth Villa Assisted Living

License Number

CC5504

Telephone Number

4057251200

Email Address

Mbrown@epworthvilla.org

Website URL

epworthvilla.org

Address

14901 NORTH PENN AVENUE

Administrator

Michelle Brown

Name of Person Completing the Form

Shane Watkins

Title of Person Completing the Form

Director of Compliance

Facility Type

Assisted Living

Dedicated memory care facility?

No

**Yes**

Total Number of Licensed Beds

217

Number of Designated Alzheimer's/Dementia Beds

40

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)

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.

To develop and provide premier, wellness-based campus and community outreach. Our culture of compassion allows us to provide the highest standard of service in an environment of mutual trust and dignity.

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)

Who would make this discharge decision?

**Facility Administrator**

Other (explain)

How much notice is given for a discharge?

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?

A change in condition assessment is completed when a resident experiences any changes from their baseline. The resident care plan is updated to reflect changes in condition and care that are determined by the change of condition assessment.

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)

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?

Yes ▾

What are the qualifications in terms of education and experience of the person in charge or Alzheimer's disease or related disorders care?

Licensed nurses, LTC AL/RC Administrator, Certified Dementia Care Practitioners.

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	1/40	1/40	1/40
Registered Nurse, RN	0	0	0
Certified Nursing Assistant, CNA	1/10	1/10	1/13
Activity Director/Staff	1/40	1/40	0
Certified Medical Assistant, CMA	1/20	1/40	1/40
Other (specify)	NA	NA	NA
<input type="text"/>			

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	1	1
Physical, cognitive, and behavioral manifestations	1	1	1
Creating an appropriate and safe environment	1	1	1
Techniques for dealing with behavioral management	1	1	1
Techniques for communicating	1	1	1
Using activities to improve quality of life	1	1	1
Assisting with personal care and daily living	1	1	1
Nutrition and eating/feeding issues	1	1	1
Techniques for supporting family members	1	1	1
Managing stress and avoiding burnout	1	1	1
Techniques for dealing with problem behaviors	1	1	1
Other (specify below)			

List the name of any other trainings.

Ongoing training for managing behaviors and providing a stimulating environment

Who provides the training?

Director of Nursing and Healthstream

List the trainer's qualifications:

Licensed Nurse, RC/AL Administrator, Certified Dementia Care Provider

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)**

Life Skills Stations

Is there a secured outdoor area?

- No
- Yes**

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

Residents are allowed to use the area at will unless the outside temperature is greater than 100 degrees or less than 32 degrees.

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?

Daily activities that provide memory support, physical health and Life Skills Stations.

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?

Life Skills Stations, offering food or drinks, one on one activities, reapproaching, toileting, and music.

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

Life Skills Stations and one on one 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)

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.



# EPWORTH VILLA

*A Life Plan Community*

## PRIVATE PAY ASSISTED LIVING AND MEMORY CARE RATES

**Community Fee:** \$3,000 non-refundable community fee per resident at admission

**Included All Levels:** Room/board, basic cable, social/activity programming, laundry/linen change weekly, three meals & snacks daily.

**Functional Measures of Activities of Daily Living and Mobility Include:** eating, grooming, dressing upper body, lower body, toilet, bladder management, bowel management, transfers (bed to chair-toilet-shower), locomotion (ambulatory or wheelchair level), and stairs. Please note that activities assisted by private duty, contracted services, or family/friends are not measured. Only assistance by facility staff is measured for levels of care.

### Level One

Studio	One BDR Apt Single Occupancy	Two BDR Apt Single Occupancy	Two BDR Apt Double Occupancy
\$4,970 AL \$6,620 MC	\$5,345	\$7,365	\$8,270

- Basic medication assistance\* and light treatment management\*\*
- Functional Measure of Activities of Daily Living and Mobility:
  - Complete Independence-completes task independently (no oversight or supervision by facility staff)
  - Modified Independence-completes task with supervision, oversight, cues/guidance, or stand by facility staff

### Level Two

Studio	One BDR Apt Single Occupancy	Two BDR Apt Single Occupancy	Two BDR Apt Double Occupancy
\$5,970 AL \$7,620 MC	\$6,345	\$8,365	\$9,270

- Basic medication assistance\* and light treatment management\*\*
- Functional Measure of Activities of Daily Living and Mobility:
  - Minimal Assistance-completes 75% or more of the task; facility staff are helping with 25% or less of the task
  - Moderate Assistance-completes 50% or more of the task; facility staff are assisting with the other 50%

### Level Three

Studio	One BDR Apt Single Occupancy	Two BDR Apt Single Occupancy	Two BDR Apt Double Occupancy
\$6,970 AL \$8,620 MC	\$7,345	\$9,365	\$10,270

- Basic medication assistance\* and light treatment management\*\*
- Functional Measure of Activities of Daily Living and Mobility:
  - Maximal Assistance-completes 25% or less of the task; facility staff are assisting with 75% of the task
  - Total Assistance-completes no significant part of the task; facility staff are completing the task for the resident

### Additional Notes:

- Levels are assessed on admission, annually and with a change in condition. You will be notified of the assessment change 30 days in advance of any change to billing.
- Memory Care apartments are furnished with hospital bed and a wardrobe.
- Daily Food Allowance \$16/day (billed to resident if exceeded) for use in Bistro, Café or Red Bud
- Additional Housekeeping or linen changes a la carte may be added
- Nonrefundable \$500 pet fee (1 pet permitted in AL (none in MC). Residents must be able to care or have service to care for pet.

\* Basic medication assistance is provided by a medication aid of 10 or fewer medications and/or supplements twice a day. If the medications and/or supplements exceed 10, twice a day, there is an additional monthly fee of \$300.

\*\*Light treatment management by a licensed nurse is once a day or less. Extensive treatment management is defined by treatment exceeding more than once a day and/or a treatment time that exceeds 15 minutes of licensed nursing time. Extensive treatment management is a monthly fee of \$300.

\*\*\*When maximum total assistance is required for >3 activities of daily living, the resident exceeds the state guidance for assisted living level of care, and the next level of care (long term care) is needed or supplementation of additional private duty staff hired by resident/family/representative.

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 type="radio"/>	<input checked="" type="radio"/>
Bowel Incontinence Care	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Medication Injections	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeding Residents	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxygen Administration	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>
Housekeeping (number of days per week)	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="text" value="2/3"/>				
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 type="radio"/>	<input checked="" type="radio"/>
Home Health Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>

Do you charge for different levels of care?

- No
- Yes**

If yes, please describe the different levels of care.

We evaluate the level of assistance for activities of daily living using an internal evaluation tool on admission, annually and with any significant change. The ADL's measured include eating, grooming, dressing upper body, lower body, toilet, bladder management, bowel management, transfers (bed to chair-toilet-shower), locomotion (ambulatory or wheelchair level), and stairs. • Level 3 indicates that the resident is completing 25% or less (maximum to total assistance) with 3 or more of these activities of daily living. • Level 2 indicates the resident is completing 50-75% (minimal or moderate assistance) with 3 or more of these activities of living. • Level 1 indicates the resident is completing all ADL's with no more than cues or standby assistance. The higher level of care is reached when at least 3 activities of daily living are measured at that level.

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

- No**
- Yes