



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

Jasmine Estates of Edmond

License Number

AL5598

Telephone Number

405-341-1450

Email Address

mark.palazzo@je-holdings.com

Website URL

www.jasmineestatesedmond.com

Address

1004 S. Bryant Ave, Edmond, OK 73034

Administrator

Savannah Patt

Name of Person Completing the Form

Mark Palazzo

Title of Person Completing the Form

Asset Manager

Facility Type

Dedicated memory care facility?

- No
- Yes

Total Number of Licensed Beds

50

Number of Designated Alzheimer's/Dementia Beds

50

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.

"Our Mission: Provide a faith-based, holistic approach to memory care that offers a safe and loving home where residents live with the dignity they deserve, and families walk with a partner they trust."

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)**

Facility Manager, wellness director, residents families

How much notice is given for a discharge?

30 days or notice given based on being unable to meet resident needs based on state 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?

Upon observation and documentation of a change in condition, an assessment would be performed by the wellness director and the results reviewed with community administrator and resident's responsible party. The care plan would then be adjusted based on the results of the assessment.

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

Monthly

Quarterly

Annually

As Needed

Other (explain)

Pre-admission, 14 days after admission Upon significant change in condition

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 of Alzheimer's disease or related disorders care?

RN / LPN, Resident Care Coordinator (RCC), Direct of Training and Culture (ACMA, CMA,CNA,MAT)

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 | 1/50 | 1/50 | 1/50 |
| Registered Nurse, RN | 1/50 | 1/50 | 1/50 |
| Certified Nursing Assistant, CNA | 1/8 | 1/8 | 1/8 |

| | | | |
|----------------------------------|-------------------|-------------------------|-------------|
| Activity Director/Staff | 1/50 | 1/50 | 1/50 |
| | Day/Morning Ratio | Afternoon/Evening Ratio | Night Ratio |
| Certified Medical Assistant, CMA | 1/25 | 1/25 | 1/50 |
| Other (specify) | | | |
| | | | |

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 | 4 | | |
| Physical, cognitive, and behavioral manifestations | 4 | | |
| Creating an appropriate and safe environment | 1 | | |
| Techniques for dealing with behavioral management | 1 | | |
| Techniques for communicating | 1 | | |
| Using activities to improve quality of life | | 4 | |
| Assisting with personal care and daily living | 1 | | |
| Nutrition and eating/feeding issues | 2 | | |
| Techniques for supporting family members | 1 | | |
| Managing stress and avoiding burnout | 1 | | |
| Techniques for dealing with problem behaviors | 1 | | |
| Other (specify below) | 2 | | |

List the name of any other trainings.

2 hours monthly of on-going training

Who provides the training?

Director of Training and Culture

List the trainer's qualifications:

CNA

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?

Supervised access and 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?

Religious services and activities, music programs, arts and crafts, exercise, cooking classes, mental acquity games, pet therapy and other activities as developed. There is a monthly activity calendar with activities scheduled daily, 7 days per week.

How many hours of structured activities are scheduled per day?

- 1-2 hours
- 2-4 hours
- 4-6 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?

1:1 engagement, engagement with activities, change of environment

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

1:1 engagement

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**

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

Upon initial admission Monthly support groups As needed on an individual basis

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"/> |
| <input type="text" value="5"/> | | | | |
| Activities Program | <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 |
| 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 type="radio"/> | <input checked="" type="radio"/> |
| Temporary Use of Wheelchair/Walker | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| Injections | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Minor Nursing Services Provided by Facility Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Do you charge for different levels of care?

- No
- Yes

If yes, please describe the different levels of care.

3 levels of care based on overall daily time increments related to 1:1 resident care

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

- No
- Yes