



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

Saint Simeon's Episcopal Home

License Number

CC7205

Telephone Number

918-425-3583

Email Address

aterrel@saintsimeons.org

Website URL

[https://saintsimeons.org/?utm\\_source=gmb&utm\\_medium=organic&utm\\_campaign=google-my-business](https://saintsimeons.org/?utm_source=gmb&utm_medium=organic&utm_campaign=google-my-business)

Address

3701 N. Martin Luther King Jr Blvd, Tulsa, OK, 74106

Administrator

Amanda Terrel

Name of Person Completing the Form

Amanda Terrel

Title of Person Completing the Form

Administrator

Facility Type

Dedicated memory care facility?

- No  
 Yes

Total Number of Licensed Beds

106

Number of Designated Alzheimer's/Dementia Beds

54

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.

Our mission is to be the preferred senior care community for men and women of all faiths and denominations who wish to live their later years in an environment with dignity, individuality, and the highest attainable level of independence. Our person-centered care provides family members with the comfort of knowing their loved one is well cared for, so they can relax and enjoy time spent with their loved one with Alzheimer's or related dementia.

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)**

We are able to provide all services listed above.

Who would make this discharge decision?

Facility Administrator

**Other (explain)**

The interdisciplinary team and the family.

How much notice is given for a discharge?

30 days

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?

The interdisciplinary team will thoroughly evaluate new or changing behavioral symptoms in order to identify underlying causes and address any modifiable factors that may have contributed to the resident's change in condition. The care plan will incorporate findings from the comprehensive assessment. The resident and family or representative will be involved in the development and implementation of the care plan. Resident and family involvement or attempts to include the resident and family in care planning, and treatment, will be documented.

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?

No

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

Saint Simeon's has a strong investment in Alzheimer's disease and related disorders. All employees at Saint Simeon's, from the CEO to the frontline staff, and every department in between are trained in dementia care. Training begins upon hire and continues throughout the year guided by world renowned, Teepa Snow methodology.

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 Day/Morning Ratio	2 Afternoon/Evening Ratio	1 Night Ratio
Registered Nurse, RN	1	0	0
Certified Nursing Assistant, CNA	5	4	3
Activity Director/Staff	3	1	0
Certified Medical Assistant, CMA	2	2	0
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	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.

Who provides the training?

List the trainer's qualifications:

LPN/Dementia Training

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?

Resident is attended by a caregiver or family member.

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?

Therapeutic activities are offered specific for specialized dementia individuals daily. These include multiple group and individual activities.

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?

Each redirection care plan is individualized to the resident's needs.

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

Activities offered overnight are individualized to the resident needs. We are able to provide a variety of services and are always willing to try new things.

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

The admission team meets with the family and provides orientation. There is a monthly Alzheimer's support group on campus.

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 type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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)	Is it offered?		If yes, how is price included?	
7	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