

**Alzheimer's Assisted Living
Disclosure Statement**

Instructions to the Facility

1. Complete the Disclosure Statement according to the care and services that your facility provides. You may not amend the statement, but you may attach an addendum to expand on your answers.
2. Provide copies of this Disclosure Statement to anyone who requests information on Alzheimer's or related dementia care in your facility.

Facility Name Serenity Oaks Assisted Living & Memory Care and SOALMC, LLC	Facility ID No.	Telephone No. 210-455-1919
Address 6684 RANDOLPH BLVD SAN ANTONIO, TEXAS 78233		
Manager		Date Disclosure Statement Completed
Completed By: Zoila M Tapia (Mari)	Title EXECUTIVE DIRECTOR	
Completed By:	Title	
Completed By:	Title	
The Items checked apply to this facility:		
<input checked="" type="checkbox"/> Free-standing Alzheimer's/dementia facility	<input type="checkbox"/> Has a specialized unit for residents with Alzheimer's/dementia	<input type="checkbox"/> Has a specialized secured unit for residents with Alzheimer's/dementia

What is the purpose of this disclosure statement?

The Disclosure Statement lets the facility describe the services it provides and how these services target the special needs of residents with dementia. Although the information categories are standardized, the information reported is facility-specific. This format gives families and other interested persons consistent categories of information from which they can compare facilities and services. This Disclosure Statement 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. Rather, this Statement is additional information with which families can make more informed decisions about care.

Do all assisted living facilities (ALFs) provide a Disclosure Statement?

Regulations require that the Disclosure Statement is provided by all assisted living facilities that advertise, market, or otherwise promote that they provide specialized services to residents with Alzheimer's disease or related disorders.

In This Document:

1. All questions relate to the specialized dementia care that the individual facility provides.
2. The use of the word "resident" refers to residents with Alzheimer's disease or related disorders.

To obtain information about assisted living facilities in Texas or to register complaints, contact:

Texas Health and Human Services Commission at 1-800-458-9858

I. Pre-admission Process

A. Indicate services which are not offered by your facility:

- | | |
|--|--|
| <input type="checkbox"/> Assistance in transferring to and from a wheelchair | <input type="checkbox"/> Intravenous (IV) therapy |
| <input type="checkbox"/> Bladder incontinence care | <input type="checkbox"/> Oxygen administration |
| <input type="checkbox"/> Bowel incontinence care | <input type="checkbox"/> Special diets |
| <input type="checkbox"/> Medication injections | <input type="checkbox"/> Behavior management for verbal aggression |
| <input type="checkbox"/> Feeding residents | <input type="checkbox"/> Behavior management for physical aggression |
| <input type="checkbox"/> Other: _____ | |

B. What is involved in the pre-admission process?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Visit to facility | <input checked="" type="checkbox"/> Home assessment |
| <input type="checkbox"/> Application | <input checked="" type="checkbox"/> Family interview |
| <input checked="" type="checkbox"/> Medical records assessment | |
| <input type="checkbox"/> Other: _____ | |

C. What services and/or amenities are included in the base rate:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Meals (<u> 3 </u> per day.) | <input checked="" type="checkbox"/> Special diet |
| <input checked="" type="checkbox"/> Housekeeping (<u> 5 </u> days per week.) | <input checked="" type="checkbox"/> Personal laundry |
| <input checked="" type="checkbox"/> Activities program | <input type="checkbox"/> Select menus |
| <input checked="" type="checkbox"/> Incontinence care | <input checked="" type="checkbox"/> Licensed nurse (<u> 24 </u> hours per day.) |
| <input checked="" type="checkbox"/> Temporary use of wheelchair/walker | <input checked="" type="checkbox"/> Injections |
| <input type="checkbox"/> Barber/beauty shop | |
| <input checked="" type="checkbox"/> Transportation (specify): <u> AS NEEDED AND AS STAFFING PERMITS FOR AN ADDITIONAL FEE </u> | |
| <input checked="" type="checkbox"/> Other: <u> LICENSED NURSE IN FACILITY OR ON CALL 24/7 </u> | |

D. What additional services can be purchased?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Beauty/barber services | <input type="checkbox"/> Minor nursing services provided by facility staff |
| <input type="checkbox"/> Incontinence care | <input checked="" type="checkbox"/> Transportation to doctor visits |
| <input type="checkbox"/> Incontinence products | <input checked="" type="checkbox"/> Companion |
| <input type="checkbox"/> Injections | <input checked="" type="checkbox"/> Home health services |
| <input type="checkbox"/> Other: | |

E. Do you charge more for different levels of care?..... Yes No

II. Admission Process

A. Is there a deposit in addition to rent?..... Yes No
 If yes, is it refundable? Yes No
 If yes, when? N/A

B. Do you have a refund policy if the resident does not remain for the entire prepaid period? Yes No
 If yes, explain? N/A

C. What is the admission process for new residents?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Doctors' orders | <input checked="" type="checkbox"/> Residency agreement | <input checked="" type="checkbox"/> History and physical | <input checked="" type="checkbox"/> Deposit/payment |
| <input checked="" type="checkbox"/> Other: <u> COMPLETED NEW RESIDENT PACKET </u> | | | |

D. Is there a trial period for new residents? Yes No
 If yes, how long? _____

E. Do you have an orientation program for families?..... Yes No

III. Discharge/Transfer

A. What would cause temporary transfer from specialized care?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Medical condition requiring 24 hour nursing care | <input checked="" type="checkbox"/> Unacceptable physical or verbal behavior | <input checked="" type="checkbox"/> Drug stabilization |
|--|--|--|

B. The need for the following services could cause permanent discharge from specialized care:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Medical care requiring 24 hour nursing care | <input type="checkbox"/> Sitters | <input type="checkbox"/> Medication Injections |
| <input type="checkbox"/> Assistance in transferring to and from wheelchair | <input type="checkbox"/> Bowel incontinence care | <input type="checkbox"/> Feeding by staff |
| <input checked="" type="checkbox"/> Behavior management for verbal aggression | <input type="checkbox"/> Bladder incontinence care | <input type="checkbox"/> Oxygen administration |
| <input checked="" type="checkbox"/> Behavior management for physical aggression | <input type="checkbox"/> Intravenous (IV) therapy | <input type="checkbox"/> Special diets |
| <input type="checkbox"/> Other: _____ | | |

C. Who would make this discharge decision?

- | |
|--|
| <input checked="" type="checkbox"/> Facility manager |
| <input type="checkbox"/> Other: _____ |

D. Do families have input into these discharge decisions? Yes No

E. Do you assist families in making discharge plans?..... Yes No

IV. Planning and Implementation of Care (check all that apply)

A. Who is involved in the service plan process?

- Administrator Attendants Activity director Family members
 Licensed Nurses Social Worker Dietary Physician

B. How often is the resident service plan assessed?

- Monthly Quarterly Annually As Needed
 Other: _____

C. What types of programs are scheduled?

- Music program Arts program Crafts Exercise Cooking
 Other: _____

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

- 1–2 Hours 2–4 Hours 4–6 Hours 6–8 Hours 8+ Hours

E. Are residents taken off the premises? Yes No

F. What specific techniques do you use to address physical and verbal aggressiveness?

- PRN medications (as needed) Physician-ordered restraints Redirection Isolation
 Other: RESTRAINTS FOR THE SAFETY OR REDIDENTS OR STAFF

G. What techniques do you use to address wandering?

- Outdoor access Electro-magnetic locking system Wander Guard (or similar system)
 Other: _____

H. What restraint alternatives do you use?

GERIATRIC CHAIR, WRIST RESTRAINTS, WRAPS, LAB BUDDY'S, MITTS, OTHER

I. Who assists/administers medications?

- RN LVN Medication aide Attendant
 Other: _____

V. Aging in Place

Rules

An inappropriately placed resident is a resident who was appropriate when admitted to the ALF, but whose condition has changed. All residents must be appropriate for the ALF licensure type when admitted to the facility. After admission, if the resident's condition changes, the resident may no longer be appropriate for the facility's license. An ALF is not required to keep a resident who is no longer appropriate for the facility's license.

An inappropriately placed resident may be identified by the ALF or by HHSC.

There are two situations which a resident may be determined to be inappropriate:

- Resident experiences a change in condition, needs additional services and meets evacuation criteria.
- Resident experiences a change in condition and does not meet evacuation criteria.

A. What are the ALF's policies and procedures for aging in place?

- Resident experiences a change in condition and meets evacuation criteria. Documentation submitted to HHSC.
 Resident experiences a change in condition and does not meet evacuation criteria. Waiver request submitted to HHSC.
 No documentation submitted to HHSC. Resident is discharged.

An ALF is not required to keep a resident who is no longer appropriate for the facility's license. A facility will determine its ability to accommodate a resident and decide if it will apply for a waiver request on a case by case basis. Rules about inappropriately placed residents may be found in the Licensing Standards for Assisted Living Facilities at 40 Texas Administrative Code Chapter 92 Subchapter 92.41(f). The following link will direct you to the Licensing Standards for Assisted Living Facilities:

<http://hhs.texas.gov/laws-regulations/handbooks>

VI. Change in Condition Issues

What special provisions do you allow aging in place?

- Sitters** **Additional services agreements** **Hospice** **Home health** -If so, is it affiliated with your facility? **Yes** **No**
- Other:** _____

VII. Staff Training on Dementia Care

A. What training do new employees get before working in dementia care?

- Orientation:** 4 **hours** **Review of resident service plan** **On-the-job training with another employee:** 16 **hours**
- Other:** ONGOING TRIAING IS PROVIDED DAILY

B. How much ongoing training is provided and how often? (Example: 30 minutes monthly): DAILY

C. Who gives the training and what are their qualifications?

Zoila (Mari) Tapia, Executive Director
 RN affiliated partnerships/Doctor affiliated partner
 When available RN will do specific delegations

D. What type of training do volunteers receive?

- Orientation:** _____ **hours** **On-the-job training**
- Other:** _____

E. In what type of activities are volunteers engaged?

- Activities** **Meals** **Religious services** **Entertainment** **Visitation**
- Other:** _____

F. List volunteer groups involved with the family?

VIII. Physical Environment

A. What safety features are provided in your building?

- Emergency pull cords** **Sprinkler system**
- Magnetic locks** **Fire alarm system**
- Locked doors on emergency exits** **Wander Guard or similar system**
- Opening windows restricted** **Built according to NFPA Life Safety Code, Chapters 18/19, Health Care**
- Built according to NFPA Life Safety Code, Chapters 32/33, Board and Care**
- Other:** RAMPS

B. What special features are provided in your building?

- Wandering paths** **Rummaging area**
- Other:** _____

C. What is your policy on the use of outdoor space?

- Supervised access** **Free daytime access (weather permitting)**

IX. Staffing

A. What are the qualifications of the person in charge of dementia care?

LICENSED NURSES, CNA'S, HHA'S OR EXPERIENCED CAREGIVERS

B. What is the daytime staffing ratio of direct care staff? 1:4, 1:8 DEP ON LOC

C. What is the daytime staffing ratio of licensed staff? 1:4, 1:8 DEP ON LOC

NOTE: Please attach additional comments on staffing policy, if desired.