

**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 Disclosure Statement to anyone who requests information on Alzheimer's or related dementia care in your facility.

Facility Name The Cottage of Spring Branch	License No. ALF # 102872	Telephone No. 713-461-1500
Address 1842 Hollister Street, Houston, Texas, 77080		
Manager Mary DeOllos, LVN	Date Disclosure Statement Completed 9/17/07	
Completed By: Skip Comsia	Title Managing Agent	
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 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.

Recommended Resource Materials:

The materials listed below are recommended for additional information. Please note that there may be a charge for some materials.

1. *Guidelines for Dignity*, published by the Alzheimer's Association (1-800-272-3900).
2. *Family Guide for Alzheimer Care in Residential Settings*, published by the Alzheimer's Association.
3. *Key Elements of Dementia Care*, published by the Alzheimer's Association.
4. *Guidebook for Care*, published by the Alzheimer Society of Canada (1-416-488-8772).
5. *Guidelines for Care*, published by the Alzheimer Society of Canada.

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 on personal care facilities in Texas or to register complaints, contact:
Texas Department of Aging and Disability Services 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 checked="" type="checkbox"/> Intravenous (IV) therapy |
| <input type="checkbox"/> Bladder incontinence care | <input checked="" 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 checked="" type="checkbox"/> Medical records assessment |
| <input checked="" type="checkbox"/> Application | <input checked="" type="checkbox"/> Family interview | <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>7</u> days per week.) | <input checked="" type="checkbox"/> Personal laundry |
| <input checked="" type="checkbox"/> Activities program | <input type="checkbox"/> Select menus |
| <input type="checkbox"/> Incontinence care | <input checked="" type="checkbox"/> Licensed nurse (<u>12</u> hours per day.) |
| <input type="checkbox"/> Temporary use of wheelchair/walker | <input type="checkbox"/> Injections |
| <input type="checkbox"/> Barber/beauty shop | |
| <input type="checkbox"/> Transportation (specify): _____ | |
| <input type="checkbox"/> Other: <u>Special diets as defined in the rental agreement.</u> | |

D. What additional services can be purchased?

- | | |
|--|---|
| <input checked="" type="checkbox"/> Beauty/barber services | <input checked="" type="checkbox"/> Minor nursing services provided by facility staff |
| <input checked="" type="checkbox"/> Incontinence care | <input type="checkbox"/> Transportation to doctor visits |
| <input type="checkbox"/> Incontinence products | <input checked="" type="checkbox"/> Companion |
| <input checked="" type="checkbox"/> Injections | <input 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? Upon 30 days notice and no damage to the building beyond fair wear and tear.

B. Do you have a refund policy if the resident does not remain for the entire prepaid period? Yes No

If yes, explain: Rent prepaid beyond the 30 day notice is refunded.

C. What is the admission process for new residents?

- | | | | |
|--|---|--|---|
| <input checked="" 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>Resident assessments</u> | | | |

D. Is there a trial period for new residents? Yes No

If yes, how long: 30 days

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

III. Discharge/Transfer

- A. What would cause temporary transfer from specialized care?
 Medical condition requiring 24 hour nursing care **Unacceptable physical or verbal behavior** **Drug stabilization**
- B. The need for the following services could cause permanent discharge from specialized care:
 Medical care requiring 24 hour nursing care **Sitters** **Medication Injections**
 Assistance in transferring to and from wheelchair **Bowel incontinence care** **Feeding by staff**
 Behavior management for verbal aggression **Bladder incontinence care** **Oxygen administration**
 Behavior management for physical aggression **Intravenous (IV) therapy** **Special diets**
 Other: _____
- C. Who would make this discharge decision?
 Facility manager **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: _____
- 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?

- I. Who assists/administers medications?
 RN **LVN** **Medication aide** **Attendant**
 Other: _____

V. Change in Condition Issues

What special provisions do you allow for aging in place?

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

VI. Staff Training on Dementia Care

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

- Orientation: 16 hours Review of resident service plan On the job training with another employee: 36 hours
 Other: Required training for nurse delegation items

B. How much on-going training is provided and how often? (Example: 30 minutes monthly): 1 hour monthly

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

Training Director, LVN with 5 years in Assisted Living and Alzheimer's care.

D. What type of training do volunteers receive?

- Orientation: 12 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:

VII. Physical Environment

A. What safety features are provided in your building?

- Emergency pull cords Opening windows restricted Wander Guard or similar system
 Magnetic locks Sprinkler system Built according to NFPA Life Safety Code, Chapter 12, Health Care
 Locked doors on emergency exits Fire alarm system Built according to NFPA Life Safety Code, Chapter 21, Board and Care
 Other: _____

B. What special features are provided in your building?

- Wandering paths Rummaging areas
 Other: _____

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

- Supervised access Free daytime access (weather permitting)

VIII. Staffing

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

Manager has 20+ years as LVN's

B. What is the daytime staffing ratio of direct care staff? 10 staff:32 residents

C. What is the daytime staffing ratio of licensed staff? 1:32/5 days, 2:32/2 days

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