



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Office of Health Facility Licensure and Certification

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ALZHEIMERS/DEMENTIA SPECIAL CARE UNIT AND PROGRAM DISCLOSURE

What is the purpose of this disclosure?

The purpose of this disclosure is two-fold. First, it empowers consumers. The disclosure 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 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 disclosure is additional information with which families can make more informed decisions about care.

Second, the process of completing the disclosure assists the facility to develop and define their philosophy, care, and services that specifically target residents with dementia.

Do all Alzheimer/dementia special care units and Alzheimer/dementia special care programs provide a disclosure?

The law requires that the disclosure is provided by all facilities that advertise, market, or otherwise promote that they provide specialized services to residents with Alzheimer's disease or related dementia. This means that a disclosure must be provided all Alzheimer/dementia special care units and Alzheimer/dementia special care programs.

In this document:

1. The term **Alzheimer's/dementia special care units** refers to any licensed facility that provides specialized services, twenty-four (24) hours per day, in a specialized unit in the facility, for residents with Alzheimer/dementia special care unit or program a diagnosis of Alzheimer's disease or related dementia; and that advertises, markets, or otherwise promotes the facility as providing a specialized unit for residents requiring Alzheimer/dementia care services.
2. The term **Alzheimer/dementia special care programs** refers to any licensed facility that provides specialized services, for a specified number of hours, for residents with a diagnosis of Alzheimer's disease or a related dementia; and that advertises, markets, or otherwise promotes the facility as providing specialized Alzheimer/dementia care services.
3. The term **resident** refers to persons with Alzheimer's disease or related dementia.
4. The term **family member** includes a legal representative in accordance with West Virginia law.

To obtain information on Alzheimer/dementia special care units and programs or to register complaints, contact OHFLAC at the above address and telephone number.

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INSTRUCTION FOR COMPLETION OF DISCLOSURE

1. Complete the disclosure according to the care and services that your facility provides.
2. Type responses to the questions/items in the space provided or indicate if attachments are provided.
3. Provide copies of this disclosure to the Department of Health and Human Resources, Office of Health Facility Licensure and Certification (OHFLAC) and to any person seeking placement within an Alzheimer's Special Care Unit or Program, and to any legal representative or relative acting on behalf of a resident or person seeking placement.

FACILITY IDENTIFICATION

Facility Name:	Telephone No.
Address:	
Administrator/Executive Director:	Unit/Program Coordinator:
Completed by (name and title):	Date disclosure completed:
Name of person receiving this disclosure:	Date received:
The facility is currently licensed as:	
The items checked apply to this facility:	
<input type="checkbox"/> Provides Specialized Care for Residents with Dementia <input type="checkbox"/> Has a Specialized Unit for Residents with Dementia <input type="checkbox"/> Has a Specialized Program for Residents with Dementia	
Number of residents to be served by the unit or program:	Number of units or programs:
I. PHILOSOPHY (Philosophy and mission reflecting how special needs of residents with dementia are addressed).	

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II. PRE-ADMISSION PROCESS
1. What are acceptable diagnoses for admission for specialized care? How are the diagnoses verified and by whom?
2. How do you screen applicants and decide who is appropriate for admission?
3. What is the role of the physician?
4. What is the cost of care and what services are included?
5. What is NOT included in the cost of care?
6. How does the payment source affect access to care?
7. What happens when a resident's financial status changes?
8. Is there a waiting list for specialized care?
9. In what ways are families involved in the pre-admission process:
10. Is information on area support groups, community resources and/or dementia literature made available to families?

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III. ADMISSION PROCEDURE
1. What is the admission procedure for new residents?
2. Is there a trial period for new admissions?
3. How do you help new residents settle in?
4. Describe your orientation program for families and availability of family support programs?
5. What is your refund policy if the resident does not remain for the entire prepaid period?

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IV. DISCHARGE/TRANSFER
1. What would cause:
a. A temporary transfer from specialized care?
b. A permanent transfer from specialized care?
c. A discharge from the facility?
2. Who makes these decisions?
3. How are families informed and involved regarding these decisions?
4. How are families informed of the right to appeal a discharge or transfer decision?
5. How do you assist families in making discharge plans?

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V. PLANNING AND IMPLEMENTATION OF CARE

1. How are the needs specific to dementia residents assessed and addressed?

2. How are individual resident needs communicated to the direct care staff?

3. Describe the involvement of the following in the care plan process: Licensed Nurses, Nurse Aides, Social Worker, Family Member, Physician, and Dietary.

4. Describe the therapeutic programs for dementia residents.

a. What are the goals of therapeutic programming?

b. How do they address individual strengths and needs?

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c. Describe the types of activities and explain how many hours of structured activities are scheduled per day?

d. Are residents taken off the premises?

5. What specific techniques do you use to address physical aggressiveness, wandering, and elopement?

6. What is your policy on physical and chemical restraints?

a. What restraint alternatives do you use and how is the use of restraints evaluated?

The services that are checked are available in this facility:

_____ Dental Therapy _____ Optical Therapy _____ Podiatry Therapy _____ Occupational

_____ Speech Services _____ Physical _____ Audiology _____ Mental Health

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VI. CHANGE IN CONDITION ISSUES

1. What do you do when the resident develops:

a. Changes in behavior?

b. Minor illnesses?

c. Medical emergencies?

2. What options are available for advanced and/or terminal stage care?

3. Under what circumstances are sitters recommended?

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VII. STAFF TRAINING ON DEMENTIA CARE

1. Who receives training?

2. Who gives the training and what are the qualifications of the trainer(s)?

3. How much training is provided and how often?

4. What topics does the training cover?

5. How do you reinforce the training?

6. What training do new and temporary employees receive before working in dementia care?

7. What type of training do volunteers receive?

8. In what type of activities are volunteers engaged?

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VIII. STAFFING

1. Who is in charge of the dementia care in the facility and what are their qualifications?

2. What characteristics do you look for when hiring staff for dementia care?

3. What do you do to attract and retain capable staff?

4. What are your hours of operation?

5. How are social services provided i.e. when is the social worker available for consultation?

Minimum staffing ratios provided by the facility for the units 24-hour day or for the programs hours of operation.

Time Period	Nurse Aide	LPN	RN	Activities Staff	Other (specify)
Day					
Evening					
Night					

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IX. PHYSICAL ENVIRONMENT

1. How do the building and grounds help residents be safe, independent and content?

2. What is the size, availability, and access to the outdoor area(s)?

3. Are there policies and procedures in place specific to the outdoor space?

4. Are private and semi-private bedrooms available on the unit?

X. PROGRAM EVALUATION

How do you evaluate whether or not your program is working?