

Memory Care Disclosure Statement for Nursing Facilities

This facility advertises, markets, or promotes that it provides memory care services to residents.

Yes No

This facility is certified under Texas Administrative Code Title 26, Part 1, Chapter 554, Nursing Facility Requirements for Licensure and Medicaid Certification to provide services to residents with Alzheimer's disease or related disorders.

Yes No

Instructions to the Facility

1. If your facility **does not** advertise, market, or promote that it provides memory care services to residents you **do not** need to complete this form or follow instructions 4 and 5 below.
2. If your facility advertises, markets, or promotes that it provides memory care services to residents you must complete this disclosure form according to the care and services that your facility provides. In sections where multiple choices are given select all that apply. You may not amend the statement, but you may attach an addendum to expand on your answers.
3. If your facility is certified to provide care to residents with Alzheimer's disease and related disorders you must also complete the Alzheimer's Disclosure Statement for Nursing Facilities, HHSC Form 3641-A.
4. Provide copies of this disclosure statement to anyone who requests information about memory care services in your facility.
5. Post this disclosure statement along with your facility license.

Facility Name:	Area Code and Phone No.:
Address (Street, City, State and ZIP Code):	
Administrator:	Date Disclosure Statement Completed:
Completed By:	Title:
Completed By:	Title:
Completed By:	Title:
The items checked apply to this facility:	
<input type="checkbox"/> Free-standing Alzheimer's or dementia 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 secured unit for residents with dementia
<input type="checkbox"/> Has a voluntary state certified Alzheimer's unit or facility	

What is the purpose of this disclosure statement?

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

Second, the process of completing the disclosure statement helps facilities develop and define their philosophy, care, and services that specifically target residents with dementia. By requiring the disclosure statement, the State of Texas is not mandating what services should be provided but provides a format to describe them. This promotes autonomy, innovation, and competition at the facility level.

Do all nursing facilities provide a disclosure statement?

The law requires that the disclosure statement is provided by all nursing facilities that advertise, market, or otherwise promote that they provide specialized services to residents with Alzheimer's disease or related disorders. This means that a disclosure statement must be provided by all nursing facilities, with or without designated units, if the criteria apply.

In this document all questions relate to the specialized dementia care that the individual facility provides.

To obtain information about assisted living facilities in Texas or to register complaints, contact:
Texas Health and Human Services Commission at 800-458-9858

Facility Name: _____

I. Philosophy

Statement of overall philosophy and mission which reflects how special needs of residents with dementia are addressed.

II. Pre-admission Process

1. What is the cost to the resident for the memory care program? You may attach the facility's fee schedule.

The Alzheimer's program cost is _____ per _____. Facility's fee schedule is attached.

2. What are acceptable diagnoses for admission to specialized units?

Alzheimer's disease Organic brain syndrome Other dementia

3. Who makes the diagnosis?

Family physician Neurologist Psychiatrist Other

4. What is the role of the physician in the pre-admission process?

Diagnosis Care planning Counseling Assessment

5. How do you decide who is appropriate for admission?

Need Financial resources Referral by physician Payment sources

6. Does the payment source affect the access to care? Yes No

If Yes, explain how: _____

7. What happens if a resident's financial status changes?

No Change Moved to another part of the facility Discharge

8. Is there a waiting list for specialized care? Yes No

9. How are families involved in the pre-admission process?

Visit to facility Application Home assessment Family interview

10. Is information available to families on:

Area support groups Community resources Dementia literature

III. Admission Process

1. What is the admission process for new residents?

Physician's orders Residency Agreement History and Physical Deposit or payment
 Other (describe): _____

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

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

4. What is your refund policy if the resident does not stay the entire period?

Facility Name: _____

IV. Discharge or Transfer

1. What would cause temporary transfer from the facility?

- Medical condition requiring hospitalization Threat to self or others

2. What would cause permanent transfer from the facility?

- Threat to self or others Life support Intravenous (IV) therapy Other

3. Who would make the discharge decision?

- Facility Administrator Physician Family Other

4. Do family members have input into discharge or transfer decisions? Yes No

5. How are families informed of the right to appeal the transfer or discharge decision? On admission At time of transfer or discharge

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

V. Planning and Implementation of Care

1. Who is involved in the care planning process?

- Family members Nurse aides Dietary staff Administrator
 Licensed nurses Social worker Physician Legally Authorized Representative

2. How often is the resident care plan reviewed, revised, or updated?

- Monthly Quarterly Annually As Needed

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

- Verbal instruction from charge nurse Verbal communication from peers
 Written instruction from charge nurse Written communication from peers

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

- 1 - 2 Hours 2 - 4 Hours 4 - 6 Hours more than 8 hours

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

- PRN medications (as needed) Physician-ordered restraints Redirection Isolation
 Other: _____

6. What techniques do you use to address wandering?

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

7. What restraint alternatives do you use?

8. Are residents taken off the premises? Yes No

9. Check the services that are available in this facility:

- Dental Optical Podiatry Audiology Mental Health Services
 Occupational Therapy Physical Therapy Speech Therapy Other: _____

Facility Name: _____

VI. Change in Condition Issues

1. What do you do when the resident develops:

Changes in behavior?

Minor illnesses?

Medical emergencies?

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

3. Under what circumstances are sitters recommended?

VII. Staff Training on Dementia Care

1. What topics does the training cover?

- Etiology of dementia Treatment of dementia Stages of Alzheimer's Behavior management
- Special needs of cognitively impaired residents Guidelines for assisting with memory loss and confusion

2. Who receives training?

- Administrator Licensed nurses Direct care staff Activity director
- Dietary staff Housekeeping staff Other: _____

3. What training do new employees receive before working in dementia care?

- Orientation of ___ hours Review of resident care plan On-the-job training with another employee for ___ hours
- Other: _____

4. What type of training do volunteers receive?

- Orientation of ___ hours On-the-job training with another employee for ___ hours
- Other: _____

5. How do you reinforce training?

- Monthly in-service Quarterly in-service Annual update

Please indicate length of training (example, 30 minutes monthly): _____

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

Facility Name: _____

VIII. Staff

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

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

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

4. Minimum staffing provided by the facility for a 24-hour period:

Time	Nurse Aide	LVN	RN	Activities Personnel	Other

IX. Physical Environment

A. What safety features are provided in your building?

- Emergency pull cords
 Window opening restriction
 Magnetic locks
 Sprinkler system
 Fire alarm system
 Wander Guard or similar system
 Locked doors on emergency exits
 Emergency generator

2. Information about your outside area(s): Size: _____ Access: _____

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

- Supervised access
 Free daytime access (weather permitting)
 Other: _____

X. Program Evaluation

Describe how you evaluate whether or not your program is working?

Signature — Facility Administrator _____ Date _____