Texas Department of Aging
and Disability Services

Form 3647
July 2013-E

Assisted Living Disclosure Statement

The purpose of this Disclosure Statement is to empower individuals by describing a facility's policies and services in a uniform manner. This format gives prospective residents and their families consistent categories of information from which they can compare facilities and services. By requiring the Disclosure Statement, the department is not mandating that all services listed should be provided, but provides a format to describe the services that are provided.
The Disclosure Statement is not intended to take the place of visiting the facility, talking with residents, or meeting one-on-one with facility staff. Rather, it serves as additional information for making an informed decision about the care provided in each facility.

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 and explain this Disclosure Statement to anyone who requests information about your facility.

Facility Name	License No.	Average No. Residents	Telephone No.
Doves' Nest Assisted Living	101047	10	(210) 865-3026

Address (Street, City, State, ZIP code)	
14311 Parkhurst St., San Antonio, TX 78232	
Manager: Ana Khan	Date Disclosure Statement Completed: December 17, 2013
Completed By: Ana Khan	Title: Administrator

The Assisted Living Licensure Standards are available for review at all assisted living facilities (ALFs).
A copy of the most recent survey report may be obtained from facility management.:

To register a complaint about an assisted living facility, 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:

- [x] **Assistance in transferring to and from a wheelchair**
- [ ] **Bladder incontinence care**
- [ ] **Bowel incontinence care**
- [x] **Medication injections**
- [ ] **Feeding residents**
- [ ] **Other:**
- [x] **Intravenous (IV) therapy**
- [x] **Oxygen administration**
- [x] **Special diets**
- [x] **Behavior management for verbal aggression**
- [x] **Behavior management for physical aggression**

Special diets may be offered if they are not too restricitive. Dietian will need to be consulted at the resident's expense.

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

- [x] **Facility Tour**
- [x] **Family interview**
- [x] **Medical records assessment**
- [ ] **Other:**
- [x] **Application**
- [ ] **Home assessment**

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

- [x] **Meals (** 3 per day. **)**
- [x] **Housekeeping (** 5 days per week. **)**
- [x] **Activities program (** 2 days per week. **)**
- [x] **Incontinence care**
- [x] **Temporary use of wheelchair/walker**
- [ ] **Barber/beauty shop**
- [ ] **Transportation (specify):** _____
- [ ] **Other:**
- [ ] **Special diet**
- [x] **Personal laundry**
- [ ] **Select menus**
- [ ] **Licensed nurse (** _____ hours per day. **)**
- [ ] **Injections**

D. What additional services can be purchased?

- [x] **Beauty/barber services**
- [ ] **Incontinence care**
- [ ] **Incontinence products**
- [x] **Injections**
- [ ] **Other:**
- [x] **Companion**
- [x] **Transportation to doctor visits**
- [ ] **Minor nursing services provided by facility staff**
- [x] **Home health services**

Injections require nurse deligation and may be considered on an individual bases. Nurse deligation fee to train at least (2) staff member is at resident's expense.

E. Do you charge more for different levels of care? ..... [x] **Yes** [ ] **No**

II. Admission Process

A. Does the facility have a written contract for services? ..... [x] **Yes** [ ] **No**

B. Is there a deposit in addition to rent? ..... [x] **Yes** [ ] **No**

If yes, is it refundable? ..... [x] **Yes** [ ] **No**

If yes, when? After 6 month There will be no refund if the resident expires or moves out before the 6 months.

C. Do you have a refund policy if the resident does not remain for the entire prepaid period? ..... [ ] **Yes** [x] **No**

If yes, explain?

D. What is the admission process for new residents?

- [ ] **Doctors' orders**
- [x] **Residency agreement**
- [x] **History and physical**
- [x] **Deposit/payment**
- [x] **Other:**

TB Tine Test or chest x-ray

E. Does the facility have provisions for special resident communication needs?

- [ ] **Staff who can sign for the deaf**
- [ ] **Services for persons who are blind**
- [ ] **Other:**

None

F. Is there a trial period for new residents? ..... [ ] **Yes** [x] **No**

If yes, how long?

III. Discharge/Transfer

A. What could cause temporary transfer from specialized care?

- [x] **Medical condition requiring 24–hour nursing care**
- [x] **Drug stabilization**
- [ ] **Other:**
- [x] **Unacceptable physical or verbal behavior**
- [x] **Resident requires services the facility does not provide**

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

- [x] **24–hour nursing care**
- [x] **Assistance in transferring to and from wheelchair**
- [x] **Behavior management for verbal aggression**
- [x] **Behavior management for physical aggression**
- [ ] **Other:**
- [ ] **Sitters**
- [ ] **Bowel incontinence care**
- [ ] **Bladder incontinence care**
- [ ] **Intravenous (IV) therapy**
- [ ] **Medication Injections**
- [ ] **Feeding by staff**
- [ ] **Oxygen administration**
- [ ] **Special diets**

C. Who would make this discharge decision?

- [x] **Facility manager**
- [ ] **Other:**

D. Do families have input into these discharge decisions? ..... [ ] **Yes** [x] **No**

E. Is there an avenue to appeal these decisions? ..... [ ] **Yes** [x] **No**

F. Do you assist families in making discharge plans? ..... [x] **Yes** [ ] **No**

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

A. Who is involved in the service plan process?

☑ **Resident** ☑ **Family member** ☐ **Activity director** ☐ **Attendants** ☑ **Manager**
☐ **Licensed nurses** ☐ **Social worker** ☐ **Dietary** ☐ **Physician**
☐ **Other:** _____

B. Does the service plan address the following?

☑ **Medical needs** ☐ **Nursing needs** ☑ **Activities of daily living** ☑ **Psychosocial status** ☑ **Nutritional status** ☑ **Dental Services**
☐ **Other:** _____

C. How often is the service plan assessed?

☐ **Monthly** ☐ **Quarterly** ☑ **Annually** ☑ **As Needed**
☐ **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. What types of programs are scheduled?

☑ **Music program** ☑ **Arts program** ☑ **Crafts** ☑ **Exercise** ☐ **Cooking**
☑ **Other:** Spiritual services, pet therapy, massage therapy, art therapy games.

F. Who assists/administers medications?

☐ **RN** ☐ **LVN** ☐ **Medication aide** ☑ **Attendant**
☐ **Other:** _____

V. Aging in Place

Department of Aging and Disability Services (DADS) 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 DADS.

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.

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

☐ **Resident experiences a change in condition and meets evacuation criteria. Documentation is submitted to DADS.**
☑ **Resident experiences a change in condition and does not meet evacuation criteria. Waiver request submitted to DADS.**
☑ **No documentation submitted to DADS. 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. DADS 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://www.dads.state.tx.us/handbooks/ls-alf/

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

A. What training do new employees receive?

☑ **Orientation:** 6 **hours** ☑ **Review of resident service plan** ☑ **On–the–job training with another employee:** 16 **hours**
☐ **Other:** _____

B. Is staff trained in CPR? …… ☑ **Yes** ☐ **No**

If no, please explain why you do not require CPR training:

C. How much ongoing training is provided and how often? (Example: 30 minutes monthly): .5 - 1 hours monthly

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

Administrator and online training

E. What type of training do volunteers receive?

☑ **Orientation:** 4 **hours** ☐ **On–the–job training**
☐ **Other:**

F. In what type of endeavors are volunteers engaged?

☑ **Activities** ☐ **Meals** ☑ **Religious services** ☑ **Entertainment** ☐ **Visitation**
☐ **Other:**

G. List volunteer groups involved with the family?

Church group	Family members	
Student musicians		

VIII. Physical Environment

A. What safety features are provided in your building?

☐ **Emergency call systems**
☐ **Sprinkler system**
☒ **Fire alarm system**
☐ **Wander Guard or similar system**
☐ **Built according to NFPA Life Safety Code, Chapter 12, Health Care**
☐ **Built according to NFPA Life Safety Code, Chapter 21, Board and Care**
☐ **Other:**

B. Does the facility's environment include the following?

☑ **Plants** ☑ **Pets** ☑ **Vegetable/flower gardens for use by residents**
☐ **Other:**

C. Are the residents allowed to have:

☐ **Plant's** ☐ **Pets** -If so, is a deposit required?…… ☑ **No** ☐ **Yes** How much? ……. $

IX. Staffing Patterns

A. What are the qualifications of the manager?

CFA

B. Please list the facility's normal 24-hour staffing pattern on:

1. the attached chart; or
2. a separate attachment which explains your facility's unique staffing policies and patterns.

X. Residents's Rights

A. Do you have a Resident's Council? ..... ☐ **Yes** ☑ **No**

How often does it meet? _____

B. Do you have a Family Council?..... ☐ **Yes** ☑ **No**

How often does it meet? _____

C. Does the facility have a formal procedure for responding to resident grievances and suggestions for improvement? ☑ **Yes** ☐ **No**

Is there a Grievance Committee? ..... ☐ **Yes** ☑ **No**

Is there a suggestion box?..... ☐ **Yes** ☑ **No**

D. How can the company that owns the facility be contacted?

email: ana@mydovesnest.org
phone: (210) 865-3026

Shift Times and Staffing Patterns at the Facility

Full-Time Personnel

Shifts (Enter the hours of each of your facility's shifts.)	Number of Staff Per Shift						
	R.N.s	L.V.N.s	Attendants	Medication Aides	Activity Workers	Universal Workers	Other Workers
Shift 1			2				
Shift 2			2				

Part-Time Personnel

Shifts (Enter the hours of each of your facility's shifts.)	Number of Staff Per Shift						
	R.N.s	L.V.N.s	Attendants	Medication Aides	Activity Workers	Universal Workers	Other Workers