

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.
Address (Street, City, State, ZIP code)			
Manager			Date Disclosure Statement Completed
Completed By:		Title	

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:

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

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

- | | |
|---|--|
| <input type="checkbox"/> Facility Tour
<input type="checkbox"/> Family interview
<input type="checkbox"/> Medical records assessment
<input type="checkbox"/> Other: | <input type="checkbox"/> Application
<input type="checkbox"/> Home assessment |
|---|--|

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

- | | |
|---|---|
| <input type="checkbox"/> Meals (____ per day.)
<input type="checkbox"/> Housekeeping (____ days per week.)
<input type="checkbox"/> Activities program (____ days per week.)
<input type="checkbox"/> Incontinence care
<input type="checkbox"/> Temporary use of wheelchair/walker
<input type="checkbox"/> Barber/beauty shop
<input type="checkbox"/> Transportation (specify): _____
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Special diet
<input type="checkbox"/> Personal laundry
<input type="checkbox"/> Select menus
<input type="checkbox"/> Licensed nurse (____ hours per day.)
<input type="checkbox"/> Injections |
|---|---|

D. What additional services can be purchased?

- | | |
|---|--|
| <input type="checkbox"/> Beauty/barber services | <input type="checkbox"/> Companion |
| <input type="checkbox"/> Incontinence care | <input type="checkbox"/> Transportation to doctor visits |
| <input type="checkbox"/> Incontinence products | <input type="checkbox"/> Minor nursing services provided by facility staff |
| <input 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. Does the facility have a written contract for services? Yes No

B. Is there a deposit in addition to rent?..... Yes No

If yes, is it refundable? Yes No

If yes, when? _____

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

If yes, explain? _____

D. What is the admission process for new residents?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Doctors' orders | <input type="checkbox"/> Residency agreement | <input type="checkbox"/> History and physical | <input type="checkbox"/> Deposit/payment |
| <input type="checkbox"/> Other: | | | |

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

- | | |
|--|---|
| <input type="checkbox"/> Staff who can sign for the deaf | <input type="checkbox"/> Services for persons who are blind |
| <input type="checkbox"/> Other: | |

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

If yes, how long? _____

III. Discharge/Transfer

A. What could cause temporary transfer from specialized care?

- | | |
|---|---|
| <input type="checkbox"/> Medical condition requiring 24-hour nursing care | <input type="checkbox"/> Unacceptable physical or verbal behavior |
| <input type="checkbox"/> Drug stabilization | <input type="checkbox"/> Resident requires services the facility does not provide |
| <input type="checkbox"/> Other: | |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> 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 type="checkbox"/> Behavior management for verbal aggression | <input type="checkbox"/> Bladder incontinence care | <input type="checkbox"/> Oxygen administration |
| <input 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?

- Facility manager Other: _____

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

E. Is there an avenue to appeal these decisions?..... Yes No

F. 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?

- 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: _____

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: _____ hours Review of resident service plan On-the-job training with another employee: _____ 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): _____

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

E. What type of training do volunteers receive?

Orientation: ___ 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?

VIII. Physical Environment

A. What safety features are provided in your building?

Emergency call systems

Sprinkler system

Fire alarm system

Other:

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

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?

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.

