Office of Health Care Quality

Alzheimer’s Disease or Related Disorders
Special Care Unit or Program
Disclosure Form
(10.07.14.30 Alzheimer's Special Care Unit)

Instructions

1) Complete this disclosure form according to the care and services that your facility provides and submit to this Office.
2) Post the disclosure form with your facility’s license.
3) At the time of license renewal, submit a written description of any changes that have been made to the special care unit and how those changes differ from the description on file with the Department.
4) Provide copies of this disclosure form to anyone who requests information on Alzheimer’s or related dementia care in your facility.
5) You may not amend this form, but you may attach an addendum to expand your answers.

Name of Assisted Living Manager

Name of Assisted Living Program

Address of Assisted Living Program

Form Completed By

Date Completed  Number of Beds

1) Provide a statement of philosophy or mission.
2) Describe how services in the special care unit are different from services provided in the rest of the assisted living program.

3) Describe staff training and staff job titles, including the number of hours of dementia-specific training provided annually for all staff by job classification and a summary of training content.

4) Describe admission procedures, including screening criteria.
5) Describe assessment and service planning protocol, including criteria to be used that would trigger a reassessment of the resident’s status before the customary 6-month review.

6) Describe staffing patterns, including the ratio of direct care staff to resident for a 24-hour cycle, and a description of how the staffing pattern differs from that of the rest of the program.

7) Describe the physical environment and any unique design features appropriate to support the functioning of cognitively impaired individuals.
8) Describe activities, including frequency and type, how the activities meet the needs of residents with dementia, and how the activities differ from activities for residents in other parts of the program.

9) Describe the program’s fee or fee structure for services provided by the Alzheimer’s special care unit or program as part of the disclosure form that is required in Regulation .10 of COMAR 10.07.14.

10) Describe discharge criteria and procedures.
11) Describe any services, training, or other procedures that are over and above those that are provided in the existing assisted living program.

12) Describe what options are available for advanced and/or terminal stage care.

13) Describe your quality assurance and how you will evaluate whether or not your program is working.