

Dementia Special Care Unit (DSCU) Disclosure Form

This disclosure form must be submitted to Massachusetts Department of Public Health using the Health Care Facility Reporting System (HCFRS) annually on March 1st by each DSCU; posted in a conspicuous place in the facility; and provided by the facility to each resident or resident's authorized representative prior to admission, and to each resident, resident's authorized representative, or any member of the public upon request. See 105 CMR 150.028.

Facility Name:

Unit Name(s - if applicable):

Address:

Town or City:

Zip:

DPH License Number:

Phone:

Number of Beds:

Facility Total:

In DSCU:

Not in DCSU:

Ratio of Staff to Residents on the DSCU:

| Staff Type | Weekday | | | | Weekend | | | |
|---|---------|---------|----------|------------|---------|---------|----------|------------|
| | 7AM-3PM | 3PM-7PM | 7PM-11PM | 11PM - 7AM | 7AM-3PM | 3PM-7PM | 7PM-11PM | 11PM - 7AM |
| Registered Nurse/ Licensed Practical Nurse | | | | | | | | |
| Certified Nurse Aide | | | | | | | | |
| Activity Personnel | | | | | | | | |

Are the following services available within the facility to residents on the dementia special care unit?

| Service | Yes | No | Service | Yes | No |
|----------|-----|----|----------------------|-----|----|
| Dental | | | Occupational therapy | | |
| Optical | | | Mental Health | | |
| Podiatry | | | | | |

Hours of therapeutic activities offered for each shift:

| | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|--------------------------|------|-------|------|--------|------|------|------|
| Morning (7AM-noon) | | | | | | | |
| Afternoon (noon -5PM) | | | | | | | |
| Evening (5PM - 11PM) | | | | | | | |

Are activities provided 24 hours a day for residents who need them? (Please check appropriate box) _____

Yes _____

No _____

| DSCU Policies, Programs, and Physical Environment Features: | | | | | |
|---|-----------------------------------|-----------|---|-----------------------------------|-----------|
| Please indicate a "yes" or "no" answer for each question : | | | | Yes | No |
| Is there secure outdoor space with walkways for residents? | | | | | |
| Is the dementia special care unit locked? | | | | | |
| Does the dementia special care unit offer private bedrooms? | | | | | |
| Is the dementia special care unit equipped with a cooling system which will maintain a comfortable temperature, no greater than 75 degrees? | | | | | |
| Does the dementia special care unit have an Alzheimer's/dementia support group for family members? | | | | | |
| Does the program/unit have a family council? | | | | | |
| Are written guidelines on the use of chemical and physical restrains available to consumers? | | | | | |
| Are family members informed of procedures for registering, resolving, and appealing any grievances or complaints? | | | | | |
| Does the care planning team include a variety of professionals with skills in medical and nursing, as well as in behavioral, emotional, and social needs? | | | | | |
| Do care plans include personal histories prior to dementia, such as skills, occupations, interests, and daily routine? | | | | | |
| Are care-planning meetings open to family members? | | | | | |
| Are care-planning meetings scheduled to accommodate family members? | | | | | |
| Does the dementia special care unit practice consistent assignment of direct care staff? | | | | | |
| Are end of life issues discussed with family members at the time of admission? | | | | | |
| Waivers to DSCU Requirement: | | | | | |
| Has the DSCU requested a waiver of any DSCU regulation? If "yes", attach copy of waiver request. | | | | | |
| Requirement | Yes/ Copy Attached | No | Requirement | Yes/ Copy Attached | No |
| Training (105 CMR 150.024-025) | | | Disclosure (105 CMR 150.028) | | |
| Activities (105 CMR 150.026-027) | | | Physical Environment (105 CMR 150.029) | | |
| Facility Contacts for Additional Information: | | | | | |
| Name: | | | | | |
| Phone Number: | | | E-mail Address: | | |
| Facility Administrator's attestation the information on this disclosure form is a true and accurate representation of the staffing, services and program activity provided by the DSCU to its residents: | | | | | |
| Typed Name: | | | License Number: | | |
| Signature: | | | Date: | | |