

Department of Health and Human Services
Division of Public Health
Health Facilities Licensure Unit
301 Centennial Mall South, PO Box 94669
Lincoln, NE 68509-4669

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

SYMPHONY POINTE
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
ALZHEIMERS UNIT

Lic # ALF447

EXPIRES
4/30/2025



Cut on heavy line and place on license.

FACILITY NAME: SYMPHONY POINTE

ADDRESS: 445 S 193RD STREET, ELKHORN, NE 68022

This is to verify that your ASSISTED-LIVING FACILITY is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA – Department of Health and Human Services
Division of Public Health – Licensure Unit
P.O. Box 94669, Lincoln, NE 68509-4669

Assisted-Living Facility Licensure
Renewal Application

Check one:
[X] Renew License
[] Change of Location
[] Change of Ownership

Renewal Licensure Fees:
1 – 10 beds \$950
11 – 20 beds \$1,450
21 – 50 beds \$1,650
51 or more \$1,950
Make payment to DHHS

Expiration Date: _____

This form may be filled out online and mailed to DHHS Licensure Unit at the address listed above.

IDENTIFYING INFORMATION

- 1. NAME AND ADDRESS OF FACILITY:
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT

Symphony Pointe
dba: Live Good Omaha, LLC
445 S. 193rd St
Elkhorn, NE 68022

LICENSE NUMBER: ALF447
TELEPHONE NUMBER: 402.502.8577
FAX NUMBER: 402.374.9942
ADMINISTRATOR: Katrina Ondracek
EMAIL ADDRESS: kondracek@symphonypointe.com

- 3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 115
5. SPECIFY SPECIAL POPULATIONS (Please Check):
[X] Alzheimer's/Special Care Unit Number of Beds: 36
[] Provides Complex Nursing Intervention
6. ACCREDITATION: (Check if Applicable): Are you requesting deemed status for compliance with 175 NAC 4-006? [] Yes [] No
Name of Accreditation Organization:

OWNERSHIP INFORMATION

- 7. OWNERSHIP OF FACILITY: Live Good Omaha, LLC
(Mailing Address of Ownership: 445 S. 193rd St, Elkhorn, NE 68022)
(Legal Name of Corporation, Partnership, Etc.)

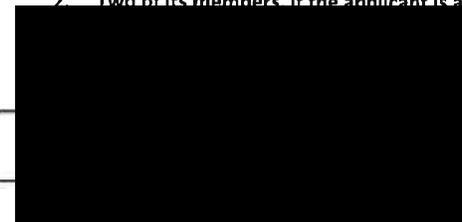
- 8. BUSINESS ORGANIZATION (Check One):
[] Sole Proprietorship
[] Partnership
[] Limited Partnership
[] Corporation
[X] Limited Liability Company
[] Government (If Government, Please Select One): [] State [] District [] County [] City or Municipal
[] Other (Please Specify):

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb. Rev. Stat. Section 71-433 requires: Applications shall be signed by

- 1. The owner, if the applicant is an individual or partnership,
2. Two of its members, if the applicant is a limited liability company, corporation, or
governing jurisdiction over the facility to be licensed, if the applicant is a governmental unit.



Tony Baxter
AUTHORIZED REPRESENTATIVE - PRINTED NAME
Michael Baxter
AUTHORIZED REPRESENTATIVE - PRINTED NAME

05.02.24
DATE
05.02.24
DATE

Symphony Pointe (Live Good, LLC) ownership control list:

PAUL (TONY) BAXTER, 3225 AVENUE N, FORT MADISON, IA 52627

MICHAEL BAXTER, 3225 AVENUE N, FORT MADISON, IA 52627





NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Division - State Fire Marshal Delegated Authority

Name of Facility: SYMPHONY POINTE SENIOR LIVING

Facility Type: Assisted-Living Facility

Location: 445 S 193 ST, Elkhorn, NE 68022

Date Issued: January 03, 2024 Certificate No: OHC-23-00030

Maximum Occupancy: 115 Persons/Beds

Inspected By: John Yao

Approved By:



POST IN A PROMINENT PLACE

Copy to be presented to the State Licensing Agency if necessary.

DHHS, Licensure Unit
BED COUNT FORM

FACILITY Symphony Pointe		LOCATION 445 S. 193rd St, Elkhorn, NE		LICENSED CAPACITY 115	DATE 02/06/2024
WING/FLOOR		CERTIFICATION (HOSP, SNF, NF, SNF/NF, ICF, LIC)			
ROOM #	LICENSED BEDS	BEDS SET UP	BEDS OCCUPIED	REMARKS:	
A101	1				
A102	1				
A103	2				
A104	1				
A106	2				
A107	1				
A108	2				
A110	1				
A111	2				
A112	1				
A113	1				
A114	2				
A115	2				
A116	2				
A117	2				
A118	2				
A119	2				
A201	1				
A202	1				
A203	1				
A204	1				
TOTAL	31		0		

- Instructions:**
1. When differences appear in licensed capacity, beds set up and certified beds, explain in remarks.
 2. For hospitals, specify: ICU and CCU beds, adult beds, pediatric beds, bassinets. **DO NOT INCLUDE** labor room beds if used exclusively for that purpose.
 3. Explain any over capacity, citing bed location.

DHHS, Licensure Unit
BED COUNT FORM

FACILITY Symphony Pointe		LOCATION 445 S. 193rd St, Elkhorn, NE		LICENSED CAPACITY 115	DATE 02/06/2024
WING/FLOOR		CERTIFICATION (HOSP, SNF, NF, SNF/NF, ICF, LIC)			
ROOM #	LICENSED BEDS	BEDS SET UP	BEDS OCCUPIED	REMARKS:	
A208	1				
A209	1				
A210	2				
A211	2				
A212	1				
A213	1				
A214	2				
A215	2				
A216	1				
A217	1				
A218	2				
A219	2				
A301	1				
A302	1				
A303	2				
A304	2				
A305	1				
A306	1				
A307	2				
A308	2				
A310	1				
TOTAL	31				

- Instructions:**
1. When differences appear in licensed capacity, beds set up and certified beds, explain in remarks.
 2. For hospitals, specify: ICU and CCU beds, adult beds, pediatric beds, bassinets. **DO NOT INCLUDE** labor room beds if used exclusively for that purpose.
 3. Explain any over capacity, citing bed location.

DHHS, Licensure Unit
BED COUNT FORM

FACILITY Symphony Pointe		LOCATION 445 S. 193rd St, Elkhorn, NE 68022		LICENSED CAPACITY 115	DATE 02/06/2024
WING/FLOOR		CERTIFICATION (HOSP, SNF, NF, SNF/NF, ICF, LIC)			
ROOM #	LICENSED BEDS	BEDS SET UP	BEDS OCCUPIED	REMARKS:	
A311	2				
A312	1				
A313	2				
A314	2				
A315	2				
A316	2				
A317	2				
A318	2				
A319	2				
TOTAL	17				

- Instructions:**
1. When differences appear in licensed capacity, beds set up and certified beds, explain in remarks.
 2. For hospitals, specify: ICU and CCU beds, adult beds, pediatric beds, bassinets. **DO NOT INCLUDE** labor room beds if used exclusively for that purpose.
 3. Explain any over capacity, citing bed location.

DHHS, Licensure Unit
BED COUNT FORM

FACILITY Symphony Pointe		LOCATION 445 S. 193rd St, Elkhorn, NE 68022		LICENSED CAPACITY 115	DATE 02/06/2024
WING/FLOOR		CERTIFICATION (HOSP, SNF, NF, SNF/NF, ICF, LIC)			
ROOM #	LICENSED BEDS	BEDS SET UP	BEDS OCCUPIED	REMARKS:	
W101	1				
W102	1				
W103	1				
W104	1				
W105	1				
W106	1				
W107	1				
W108A	1				
W108B	1				
W109	1				
W110A	1				
W110B	1				
W111	1				
W112	1				
W113	1				
W114	1				
W115	1				
W116	1				
W117	1				
W118	1				
W119	1				
TOTAL	21				

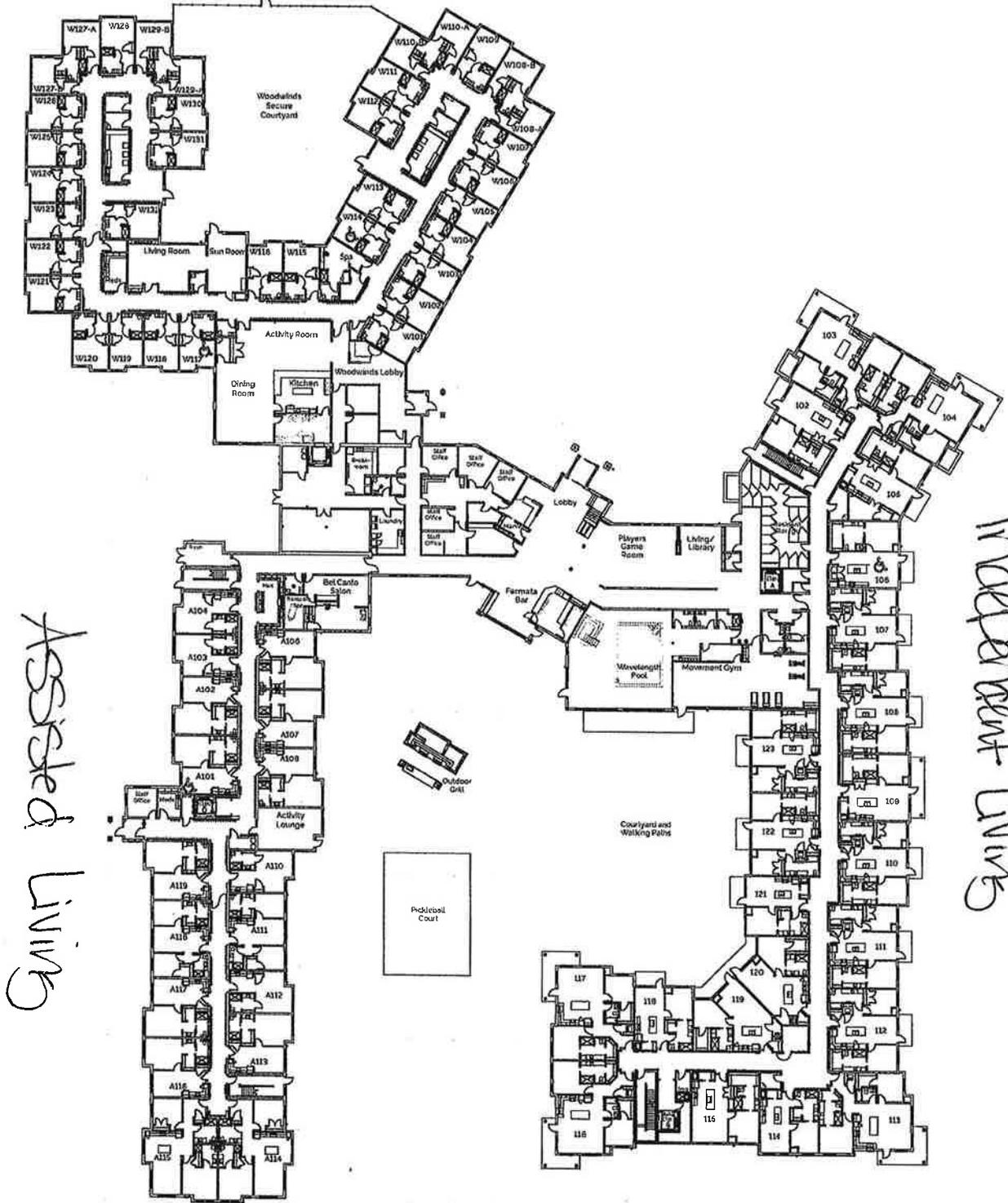
- Instructions:**
1. When differences appear in licensed capacity, beds set up and certified beds, explain in remarks.
 2. For hospitals, specify: ICU and CCU beds, adult beds, pediatric beds, bassinets. **DO NOT INCLUDE** labor room beds if used exclusively for that purpose.
 3. Explain any over capacity, citing bed location.

DHHS, Licensure Unit
BED COUNT FORM

FACILITY Symphony Pointe		LOCATION 445 S. 193rd St, Elkhorn, NE 68022		LICENSED CAPACITY 115	DATE 02/06/2024
WING/FLOOR		CERTIFICATION (HOSP, SNF, NF, SNF/NF, ICF, LIC)			
ROOM #	LICENSED BEDS	BEDS SET UP	BEDS OCCUPIED	REMARKS: Click here to enter text.	
W120	1				
W121	1				
W122	1				
W123	1				
W124	1				
W125	1				
W126	1				
W127A	1				
W127B	1				
W128	1				
W129A	1				
W129B	1				
W130	1				
W131	1				
W132	1				
TOTAL	15				

- Instructions:**
1. When differences appear in licensed capacity, beds set up and certified beds, explain in remarks.
 2. For hospitals, specify: ICU and CCU beds, adult beds, pediatric beds, bassinets. **DO NOT INCLUDE** labor room beds if used exclusively for that purpose.
 3. Explain any over capacity, citing bed location.

Memory Care



Assisted Living

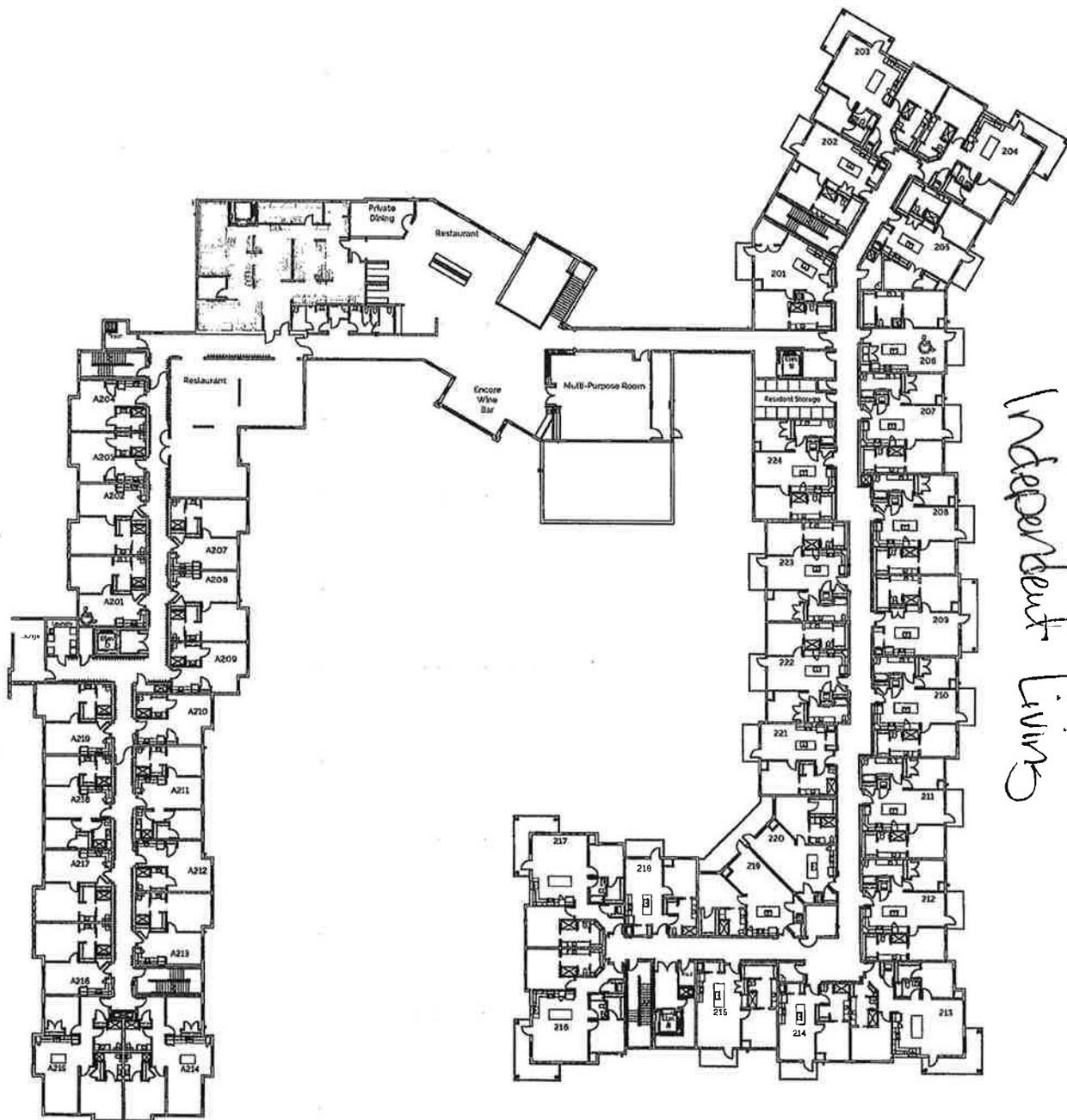
Independent Living

1st Floor

Symphony Pointe

A LIVE GOOD COMMUNITY

Assisted Living



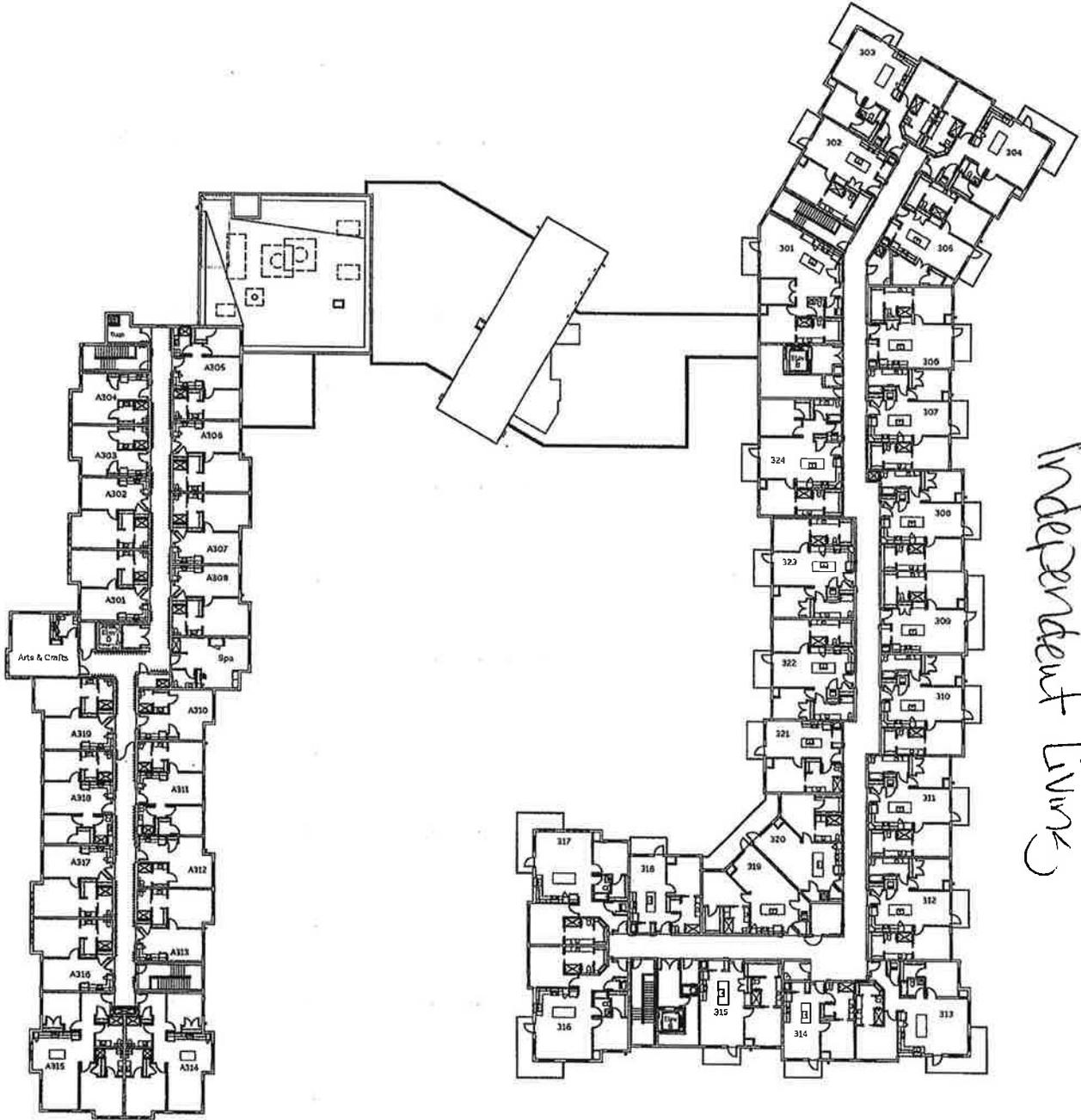
Independent Living

2nd Floor

*Symphony
Pointe*

A LIVE GOOD COMMUNITY

Assisted living



Independent living

3rd Floor

Symphony
Pointe

A LIVE GOOD COMMUNITY

For Office of LTC use only	
Approval date:	_____
License number:	_____
License expiration date:	_____

Alzheimer's Special Care Unit Disclosure And Memory Care Endorsement Application

Please read the following instructions for assistance in completing the Alzheimer's Disclosure Form:

1. Open the attached application and complete it electronically.
2. All five sections of the application must be completed on the form. The boxes for A through J in section 5 "Disclosure Information" are expandable. All of your information will fit under each area, therefore, additional documents are not necessary.
3. Please obtain the authorized representative's signature, scan and email the form for Department review to: dhhs.healthcarefacilities@nebraska.gov
4. Please retain a copy of the form for your records.

1. License type (Select one)		
<input type="checkbox"/>	Alzheimer's/Special Care Unit Disclosure	
<input checked="" type="checkbox"/>	Alzheimer's Memory Care Endorsement (For Assisted Living Facilities Only)	
2. Type of application (Select one)		
<input type="checkbox"/>	Initial	Projected Opening Date: _____
<input checked="" type="checkbox"/>	Renewal	License # <u>ALF447</u>
<input type="checkbox"/>	Change of ownership	
3. Facility information		
Name of facility: <u>Live Good Omaha, LLC</u> <i>(Doing Business As (DBA) name registered with Secretary of State)</i>		
Phone:	<u>402.502.8577</u>	FAX: <u>402.374.9942</u>
Street address:	<u>445 S. 193rd St</u>	Facility E-mail: <u>kondracek@symphonypointe.com</u>
City, State, ZIP:	<u>Elkhorn, NE 68022</u>	County: <u>Douglas</u>
Mailing address:	<u>445 S. 193rd St, Elkhorn, NE 68022</u>	
Administrator:	<u>Katrina Ondracek</u>	
Maximum Capacity for Alzheimer's Beds	<u>36</u>	
4. Applicant information		
<input type="checkbox"/>	Owner (licensee)	
<input checked="" type="checkbox"/>	Management	
Name of legal owning entity: <u>Live Good Omaha, LLC</u> <i>(Exactly as registered with the Secretary of State)</i>		
Contact name:	<u>Katrina Ondracek</u>	
Phone:	<u>402.502.8577</u>	FAX: <u>402.374.9942</u>
Street address:	<u>445 S. 193rd St</u>	E-mail: <u>Kondracek@symphonypointe.com</u>
City, State, ZIP:	<u>Elkhorn, NE 68022</u>	

5. Disclosure information

Please attach additional page if needed.

A) Overall philosophy and mission:

It is the mission, privilege and responsibility of all Agemark Communities to provide the kind of care we want for our own loved ones in a safe, enriching and home-like environment; to foster healthy aging in mind, body and spirit; and to help individuals of any age or ability to make the most of each and every day. We promise to BUILD on the wisdom of our past; SERVE our family today; and GROW to meet the needs of the future.

B) Criteria for placement in, transfer to:

Policy: The Community is non-discriminatory. Residency will not be denied to any person because of sexual orientation, race, religion, national origin, marital status, gender, physical or mental disabilities, if required services are consistent with our Policies and Procedures and state regulations. To be eligible for residency applicants will be of legal, adult age.

To be eligible for admission, a person must need or wish to have available shelter, food, assistance with or provision of personal care, activities of daily living, or health maintenance activities or supervision due to age, infirmity, or physical disability and/or memory impairment.

Grounds for admission denial, retention or discharge include but are not limited to: the need for skilled monitoring, testing and aggressive adjustment of medications and treatment where there is the presence of or risk for a fluctuating acute condition; monitoring of chronic medical conditions that are not controllable through readily available medications and treatments; treatment for active reportable communicable diseases; or treatment for a disease or condition which requires more than contact isolation. (Exception: individuals who are a) in a specialized program for HIV/AIDS which the department has approved, orb) under the care of a general hospice program.)

All admission, retention and discharge criteria are applicable to Alzheimer's Disease and/or memory care Communities/units. Those admitted to, or living in, Memory Care Communities/Units will have a Dementia diagnosis, or mild cognitive impairment, or be the spouse/significant other of a person requiring memory care.

Procedure: To be eligible for admission and qualify for continued residency, the prospective resident must:

1. Be able to manage his/her activities of daily living independently or with available assistance including, but not limited to:
 - a. Eat with minimal assistance.
 - b. Ambulate with or without assistance and/or supportive equipment.
 - c. May require assistance with dressing, bathing, hygiene, and grooming.
 - d. May require assistance with laundry and housekeeping.
 - e. May require transportation and escort services.
 - f. Able to manage toileting independently or to cooperate with assistance (including incontinency products, reminders, etc.)
 - g. Meals will be completely prepared and served; they may require some special meal preparation.
2. Have a completed resident evaluation and must agree to additional re-evaluations as necessary according to the attending physician, Community Licensed Professional, and/or Director.
3. Have the financial resources to pay the assessed fees (room and board, level of care, additional services and/or supplies, etc.). Residents requiring state income assistance must have approval of funding by the authorizing agency prior to admission or with adequate notice without interruption of continued payment.
4. Behave appropriately for a congregate living environment and to maintain personal/public safety as determined by the Community.
5. Not pose a danger to self or others with unmanageable aggressive or combative behaviors.
6. Not be admitted, readmitted, or retained if he or she requires complex nursing interventions or has conditions which are not stable or predictable unless his or her designee assumes responsibility for arranging for the Resident's care through a licensed outside healthcare provider.
7. May not require care that compromises the Community's operations.
8. May have a colostomy, ileostomy, urinary catheter, oxygen, or other medical need, including medication, but must be capable of caring for that device or be willing to accept assistance from the Community's trained medical staff and/or be willing to contract for the necessary assistance from a local home health agency.

Final determination regarding eligibility and retention rests with the Community Director and/or Licensed Healthcare Professional.

C) Criteria for discharge:

Policy: The Community is non-discriminatory. Residency will not be denied to any person because of sexual orientation, race, religion, national origin, marital status, gender, physical or mental disabilities, if required services are consistent with our Policies and Procedures and state regulations. To be eligible for residency applicants will be of legal, adult age.

To be eligible for admission, a person must need or wish to have available shelter, food, assistance with or provision of personal care, activities of daily living, or health maintenance activities or supervision due to age, infirmity, or physical disability and/or memory impairment.

Grounds for admission denial, retention or discharge include but are not limited to: the need for skilled monitoring, testing and aggressive adjustment of medications and treatment where there is the presence of or risk for a fluctuating acute condition; monitoring of chronic medical conditions that are not controllable through readily available medications and treatments; treatment for active reportable communicable diseases; or treatment for a disease or condition which requires more than contact isolation. (Exception: individuals who are a) in a specialized program for HIV/AIDS which the department has approved, orb) under the care of a general hospice program.)

All admission, retention and discharge criteria are applicable to Alzheimer's Disease and/or memory care Communities/units. Those admitted to, or living in, Memory Care Communities/Units will have a Dementia diagnosis, or mild cognitive impairment, or be the spouse/significant other of a person requiring memory care.

Procedure:

To be eligible for admission and qualify for continued residency, the prospective resident must:

1. Be able to manage his/her activities of daily living independently or with available assistance including, but not limited to:
 - a. Eat with minimal assistance.
 - b. Ambulate with or without assistance and/or supportive equipment.
 - c. May require assistance with dressing, bathing, hygiene, and grooming.
 - d. May require assistance with laundry and housekeeping.
 - e. May require transportation and escort services.
 - f. Able to manage toileting independently or to cooperate with assistance (including incontinency products, reminders, etc.)
 - g. Meals will be completely prepared and served; they may require some special meal preparation.
2. Have a completed resident evaluation and must agree to additional re-evaluations as necessary according to the attending physician, Community Licensed Professional, and/or Director.
3. Have the financial resources to pay the assessed fees (room and board, level of care, additional services and/or supplies, etc.). Residents requiring state income assistance must have approval of funding by the authorizing agency prior to admission or with adequate notice without interruption of continued payment.
4. Behave appropriately for a congregate living environment and to maintain personal/public safety as determined by the Community.
5. Not pose a danger to self or others with unmanageable aggressive or combative behaviors.
6. Not be admitted, readmitted, or retained if he or she requires complex nursing interventions or has conditions which are not stable or predictable unless his or her designee assumes responsibility for arranging for the Resident's care through a licensed outside healthcare provider.
7. May not require care that compromises the Community's operations.
8. May have a colostomy, ileostomy, urinary catheter, oxygen, or other medical need, including medication, but must be capable of caring for that device or be willing to accept assistance from the Community's trained medical staff and/or be willing to contract for the necessary assistance from a local home health agency.

The Resident may be discharged from the Community (including those in Memory Care Communities/units) if:

1. The Resident requires more care or services than the Community can provide, as listed above.
2. The Resident's condition becomes medically complex, unstable, or unpredictable.
3. Memory impairment compromises the Communities ability to provide adequate care as stated in the care plan.

Final determination regarding eligibility and retention rests with the Community Director and/or Licensed Healthcare Professional.

D) Process for assessment and establishing the plan of care:

Policy: The Community recognizes the health status of Residents can change over time. In an effort to monitor and document those changes the following procedures will be followed:

Procedure:

1. Prior to admission, an evaluation will be completed to determine if the Resident's needs can be met safely, per state regulations. a. The Director, licensed Nurse or Family Service Coordinator may complete this evaluation.
2. A Nursing Assessment (including an acceptable professional standard cognitive function tool) will be completed on the following timeline and criteria: a. Prior to or upon admission,
 - a. Thirty-days (30) after admission and
 - b. Quarterly (every 3 months) for those residing in a Memory Care Community and semi-annually (every 6 months) for those residing in a general population Assisted Living.
 - c. Following a hospitalization and/or significant change in condition.
3. A Service Plan determination will be developed based on needs, as identified during the Nursing Assessment (change in condition). a. Service Plan revisions will require the following process(es):
 - i. Assessment and Care Plan revisions resulting in level of care changes will be effective on the date of change.
 - i. The Resident and/or Responsible Party will be notified of the change.
 - ii. The Resident and/or Responsible Party will accept and sign the updated service plan within one week of the effective date.
 - iii. Revisions will be provided to accounting department (including effective date and corresponding charges). 1. Bookkeeper will assess pro-rated charges accordingly.
 - iv. The signed Care Plan and the corresponding revisions will be retained in Resident File.
 - v. All revisions will be communicated to the staff via the Electronic Health Record system.
 - vi. The Licensed Nurse will determine if further assessment by a Health Care Provider is required.
 - vii. If there is another entity involved in the Resident's care (i.e. Care Manager, Home Health Care or Hospice), they will also be notified.
 - viii. Appropriate documentation will be made of the changes observed including, but not limited to:
 - i. Notation of objective and subjective information gathered
 - ix. Communication with health care provider or other health care practitioners
 - x. Any new orders received as a result of the communication
 - xi. Action taken in response to the change in condition
 - xii. Updated service plan
 - xiii. Communication with Responsible Party.
4. Independent Residents will be encouraged to personally report any changes in condition. a. Appropriate care will be coordinated if indicated.

E) Staffing numbers/pattern for each shift:

Staffing (8 or 12 hour shifts?): 8

Position: LPN/MA/NA

Number/type of Staff present:

Shift:

Policy: The Community will maintain a sufficient number of staff with the required training and skills necessary to meet the residents' needs for assistance or provision of personal care, activities of daily living, health maintenance activities, supervision, transportation, emergency evacuation and other supportive services, as defined in the Resident Service Agreement.

Staffing ratios typically run 1 direct care staff (caregiver, CNA or medication aide) to every 9 residents and fluctuates based on care requirements of the resident and number of residents. Direct care staff consist of caregivers, CNAs and medication aides. Shifts typically run 6-2, 2-10 and 10-6. There are staff 24 hours a day. Shifts are made up of caregivers, CNAs, with at least one staff member per shift being a medication aide to provide medication administration.

In addition to frontline staff, there will be a full-time Life Enrichment Coach, Maintenance Director, Dining Director, Administrative Assistant, Memory Care Manager, Executive Director, Director of Nursing (either LPN or RN works M-F typical office hours and is on call for urgent needs) and other ancillary staff such as cooks, drivers, etc. These supplemental positions vary in hours based on the needs of the residents.

F) Staff training and continuing education including four (4) hours related to dementia care and training for cultural competencies:

Policy: The Community is committed to preparing all employees to meet resident needs through appropriate training during new employee orientation and ongoing education.

Procedure:

1. All new employees will attend and participate in new employee orientation specific to the building, operations, and residents' needs.
2. New employee training will include, but is not limited to, the following topics: Resident rights
 - a. Resident Service Agreement
 - b. Infection control practices including hand washing techniques, personal hygiene and disposal of infectious material
 - c. Emergency procedures
 - d. Advance Directive information
 - e. Information on any physical, mental or special care needs of residents
 - f. Information on abuse, neglect, and misappropriation of funds of resident and reporting procedures
 - g. Disaster preparedness
 - h. Confidentiality
3. Annually thereafter, every employee will complete 12 hours of ongoing education to include, but not limited to: Information appropriate to job duties
 - a. Physical, mental, and special care needs of residents
 - b. Blood-born Pathogen Standards (OSHA required)
 - c. Lock-out/Tag-out (OSHA required)
 - d. Hazard communication (OSHA required)
 - e. Prevention of transmission of TB (OSHA required)
 - f. Workplace violence (OSHA required)
 - g. Ergonomic standard (OSHA required)
4. For those Communities or special care units that specialize in providing care for persons who have Alzheimer's disease, dementia, or a related disorder, a minimum of 4 hours of education will be provided on the following:
 - a. The Community's or unit's philosophy and approaches to providing care and supervision for persons with Alzheimer's disease – 2 hours.
 - b. The Alzheimer's disease process – 2 hours.
 - c. The skills necessary to care for, intervene with, and direct residents who are unable to perform activities of daily living, personal care, or health maintenance and who may exemplify behavior problems or wandering tendencies – 2 hours.
5. Employees responsible for food preparation will attend a minimum of 2 dietary educational programs per year.
6. Employees responsible for activities will attend a minimum of 2 activity-related educational programs per year.
7. The Administrator will attend at least 12 continuing education hours per year relating to care of and services for residents.

G) Physical environment and features, including security features:

Policy: The Community will maintain the environment in a manner that minimizes accidents and promotes safety and health. All staff should identify areas of concern regarding the maintenance of the building and report them to the Maintenance Supervisor or Director.

Procedure:

- Preventive maintenance will meet or exceed state and local requirements for the following items (if applicable), but not limited to: Fire suppression/sprinkler system
- Emergency lighting
- Emergency call system
- HVAC units
- Elevators
- Kitchen equipment including hood/exhaust system
- Boilers
- Generator
- Alarms/monitoring equipment

- Extermination
 - Vehicles (*Vehicle Maintenance & Mileage Logs located in Forms Folder).
2. An online documentation system will be utilized for record keeping, if available.
 3. All doors, stairways, and passageways will be maintained to provide safe and adequate access and exit for daily use as well as in case of emergency.
 4. Interior & exterior lighting will be maintained to allow sufficient sight to promote safety and allow for adequate care and treatment.
 5. External grounds will be maintained for safety and security.
 6. Residents will be requested to ask for maintenance to assist with hanging or moving heavy and/or large objects.
 7. Any changes a resident wants to make to their room must be approved by the Director and completed by maintenance personnel. These changes will be made at the residents' expense, if applicable.

Policy: The Community will maintain the environment in a manner that minimizes accidents and promotes safety and security. A variety of security systems will be established for the safety of all residents, including but not limited to a locked facility from dusk to dawn and/or a fully secured memory care community; a monitored fire sprinkler suppression system with a dedicated communication system; trained, awake staff, on duty 24 hours a day/seven days a week; adequate interior and exterior lighting; and a 24-hour response call system.

Procedure:

1. All resident rooms will be equipped with locks.
2. Residents will be encouraged to lock their room when they are away and required, by law, to lock the door if they manage their own medications.
3. Staff will have a master key, which will be used only if there is evidence of an emergency or for scheduled care or services.
4. During prolonged absences from The Community, the resident's room shall remain locked with prior approval for entry required.

Procedure for use of an egress alert system such as Wander Guard® or similar in an unsecured environment and when a resident is at risk for an unsafe egress but does not require a fully secured environment.

1. The resident or representative will sign an Alert Egress Consent form.
2. Need for egress alert device will be identified in the residents individual Care Plan
3. An egress alert device will be placed on the resident (ex. bracelet, anklet, pendant)
4. Once per shift staff will verify and document individual egress alert devices are present on the resident.
5. Egress alerts will be responded to in a timely manner by on-duty staff. In a secured area, all exit doors and if applicable, courtyard gates will always be secured.

Procedure for accessing and exiting a secured area:

1. In a secured area, all exit doors and if applicable, courtyard gates will always be secured.
2. Staff members will assist granting access to and from a secure area when appropriate.
3. On-duty employees shall be knowledgeable and possess credentials to exit and enter all secured areas. Administrative staff will have credentials to access the community 24-hours a day.
4. To ensure continued security measures are intact: a. Upon each shift change, oncoming staff will confirm and document exterior doors, windows and back up alert devices are engaged and operable.
- b. If applicable, courtyard gates will be verified and documented once per day.

H) Resident activities related to dementia care:

Policy: The Activity Program will provide a wide range of activities designed to enrich and enhance daily life for all residents. The goal is to maximize well-being in mind, body and spirit; encourage personal growth and fulfillment; facilitate joyful experiences; and provide opportunities for positive engagement between residents, staff, families, and people of all ages in the surrounding community.

Procedure: Activities will be offered seven days a week and will incorporate resident interests. Activities will include, but not be limited to:

- Social events
- Spiritual opportunities
- Physical fitness
- Creative opportunities
- Intellectual & educational opportunities
- Cultural events
- Volunteer opportunities

- Work opportunities
- Spontaneous activities
- Activities for both individuals and groups
- A variety of destination trips and fresh air drives

1. The Activity Program will support the whole-person LifeCycles Wellness Program, designed to maximize the social, intellectual, physical and spiritual wellness of each individual.
2. Activities are planned by the Life Enrichment Coordinator and overseen by the Director, with support from all Leadership Team members and staff, according to their interests and area of expertise.
3. Staff members, family members, and individuals in the surrounding community are encouraged to engage with residents through the Activity Program.
4. Activities are not limited to the premises.
5. The Activity Program utilizes the Seasons Curriculum, an outline for activities based on weekly seasonal themes and the universal experiences, celebrations, and natural rhythms of life that connect people of all ages.
6. Residents, families, and staff are informed of the opportunities to participate in activities via:
 - Monthly calendars and newsletters
 - A posted display of daily activities
 - Direct communication, including announcements, emails and invitations

I) Family support program:

Policy: To help meet the needs of those who are caring for a loved one with Alzheimer's or other dementia still at home, Agemark dementia care residences will sponsor a monthly support group meeting ("Caregiver Connections").

Procedure:

1. Caregiver Connections will be held on-site and directed primarily by the Memory Care Manager or Community Director.
2. When possible, this support group will be affiliated with the Alzheimer's Association Time, day and location to be determined according to the AA support group schedule
The facilitator of this support group will have completed AA facilitator training
1. As part of Agemark's commitment to community service, Caregiver Connections is open to the public
2. Complimentary, on-site care is available so caregivers who cannot leave their loved one at home alone may attend; pre-visit paperwork for the person with dementia may be required
3. Meetings will provide education, support, and a safe environment for sharing
4. Meetings last 60-90 minutes and include refreshments or a light meal

Guidelines for Monthly Family Meetings in Memory Care

1. The Director or Memory Care Manager will host a recurring, informal Family Connections or Coffee for the purpose of a) sharing Community news and upcoming events; b) introducing a new Leadership Team member; c) providing education and/or a forum to answer questions about dementia; and d) encourage mutual support and friendships between family members; the Community Nurse may also attend or occasionally host this meeting
2. Personal matters such as individual issues or complaints should be addressed privately, outside of the group setting
3. Any family member or responsible party may attend
4. The meeting will be held at a local coffee shop or restaurant that can accommodate small groups in a private or semi-private space; the Community pays for coffee, pastries, etc. In larger Communities with both AL and MC, this meeting may be held on-site, outside of the memory care neighborhood, such as in a private dining room
5. Families will be informed about the monthly day and time of this meeting upon move-in; a reminder email or text will be sent to participants a week prior to the event

J) Cost/Fees of care:

Woodwinds Memory Care at Symphony Point provides two rate plans options for families to consider. Both plans includes meals, snacks, housekeeping, all life enrichment activities and transportation. All-inclusive rates will not change as care needs fluctuate. This option will need to be chosen at move in. The other option is a base rate, plus level of care. This option will require a change in level of care charges as care needs fluctuate. Level of care charges are based on time it takes staff to provide for specific needs and is determined based on the resident care plan.

All-inclusive rates:

- Companion Monthly rate: 7495.00
- Private Monthly rate: 8695.00

Level of care rates:

- Base Companion Monthly Rate: 5995.00
- Base Private Monthly Rate: 7195.00
- Level One: 650.00
- Level Two: 1050.00
- Level Three: 1750.00
- Level Four: 2450.00

Applicant Signature

I, the undersigned, an authorized representative of the applicant declare to the best of my knowledge this information is true, correct and complete. By knowingly and willfully failing to fully disclose the information requested may result in denial of application.

Katrina Ondracek

5/7/2024

(Print Name of authorized representative)

(Date)



5/7/2024

(Signature)

(Date)