INITIAL APPLICATION FOR THE OPTIONAL ALZHEIMER'S, DEMENTIA, SPECIAL MEMORY CARE, OR TRAUMATIC BRAIN INJURY SERVICES IN A BASIC CARE FACILITY

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF HEALTH FACILITIES
SFN 61362 (R09-21)

DEPARTMENT USE ONLY

License Number
Bed Capacity
Licensure Period

This form does not replace the Basic Care Facility Licensure Application. Complete and submit the Attestation.

INSTRUCTIONS: Type or print clearly. Attach other information as requested with the application. Return one completed, notarized copy to: ND Department of Health, Division of Health Facilities, 1720 Burlington Dr, Suite A, Bismarck, ND 58504 – 7736. Keep a copy for your records.

Official Name of Basic Care Facility		NPI Number	
Street Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code
County	Business Telephone Number	Fax Number	
E-Mail Contact	E-Mail Address		

MANAGEMENT AND PERSONNEL

Name of Legal Entity Responsible for Operation (as registered with the ND Secretary of State)			
Mailing Address	City	State	ZIP Code
Name of Administrator			

Services your facility is requesting to provide: ☐ Alzheimer's, Dementia, Special Memory Care – Number of Beds _____ ☐ Traumatic Brain Injury (TBI) – Number of Beds _____	☐ Unsecured Unit ☐ Unsecured Facility ☐ Secured Unit ☐ Secured Facility

ATTESTATION OF COMPLIANCE WITH THE LICENSURE REQUIREMENTS TO PROVIDE OPTIONAL ALZHEIMER'S, DEMENTIA, SPECIAL MEMORY CARE, OR TRAUMATIC BRAIN INJURY SERVICES IN A BASIC CARE FACILITY

Facility			
Address	City	State	ZIP Code

Applicant agrees to the following when providing Alzheimer's, dementia, special memory care, or traumatic brain injury services to one or more residents in a secured or unsecured facility or unit:

1. Ensure training and competency evaluation is completed for all nursing and personal care staff specific to the care and service necessary to meet the needs of the residents;
2. A minimum of eight educational hours on the required training must be completed within three months from the date of hire to provide the service, for all nursing and personal care staff members;
3. Nursing and personal care staff may not be assigned to work independently until they have successfully completed a competency evaluation.
4. Annually nursing and personal care staff members shall receive a minimum of four hours of educational training in two or more of the topics below and successfully complete a competency evaluation.
5. For other staff members hired to work in a facility or unit licensed under this section, training upon hire and annual training shall include at a minimum an overview of dementia and communication issues and may include other topics below, as needed.

This form must be completed and submitted to the Department of Health (DOH) for approval. Upon approval, the DOH will provide a license identifying that the optional Alzheimer's, dementia, special memory care, or traumatic brain injury services in the basic care facility has been approved.

Complete the following questions:

1. The facility has a written policy related to resident rights that complies with the North Dakota Century Code Chapter 50-10.2. ☐ Yes ☐ No
2. The facility has provided that policy to the resident or designee, verbally and in writing? ☐ Yes ☐ No
3. The required staff education training has been completed within the required time frames? ☐ Yes ☐ No

   The documentation for the staff training will be reviewed at the time of the survey. The training must include, but is not limited to:
   - Dementia education, including progression of the disease, memory loss and psychiatric and behavior symptoms;
   - Techniques for understanding and approaching behavioral symptoms such as aggravating behaviors, sexual behaviors, and wandering, including alternatives to chemical and physical restraints;
   - Positive therapeutic interventions;
   - Strategies for addressing social needs and providing options for meaningful activities;
   - Information on how to address aspects of care and safety such as pain, food, fluid, and wandering;
   - Communication issues;
   - Resident rights, including dignity, respect, choice, independence, and privacy; and
   - Strategies for providing person centered care.
4. The following building requirements are met:
   a. Lockable resident room entrance doors. ☐ Yes ☐ No
   b. A secure outdoor space in a secured unit or facility. ☐ Yes ☐ No ☐ N/A
5. If **No** has been marked to any of the above questions, please explain:

SIGNATURES AND AFFIDAVIT

The undersigned hereby makes application for a license to operate a basic care facility with the optional service of Alzheimer's, dementia, special memory care, or traumatic brain injury care subject to the provisions of North Dakota Century Code Chapter 23-09.3-09 and to the rules and standards adopted by the State Health Council of the North Dakota Department of Health. We declare that we have examined this application and the Attestation of Compliance and that to the best of our knowledge and belief, this information is true, correct, and complete. We will notify the Department of Health in writing of any changes in this information within thirty (30) days of any such change.

Administrator's Signature	Date

State	County

Signed and sworn to (or affirmed) before me on	Date

Name(s) of Individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date (if not listed on stamp)	