ALZHEIMER'S / DEMENTIA SPECIAL CARE UNIT

State Form 48896 (R2 / 2-24)
Indiana Family and Social Services Administration, Division of Aging (per IC 12-10-5.5)

Name of facility			Check one:
Jill's House Memory Care			☑ For Profit ☐ Non Profit
Name / Title of contact person completing form		Telephone number	
Teresa Glidden		812-287-7962	
Address (*number and street, city, state, and ZIP code*)			
751 E Tamarack Trail, Bloomington, IN 47408			
FAX number	E-mail address	County	
812-287-8809	tglidden@jillshousememorycare.com	Monore	
Date (*month, day, year*)	Name of owner		
12/12/2025	House Investments		

Name of Alzheimer's / Dementia Special Care Program / Unit	Total Number of Beds in Program / Unit	Number of Medicaid Certified Beds
Hi Jill's House LLC		
Number of beds in balance of facility:	40	0
Grand total number of beds in facility:	80	0

Does the Joint Commission on the Accreditation of Health Care Organizations (JCAHCO) accredit the program / unit? ☐ Yes ☑ No

1. Mission / Philosophy

Does the Alzheimer's / Dementia Special Care Program / Unit have a mission or philosophy statement concerning the needs of residents with Alzheimer's disease, a related disorder, or dementia? ☑ Yes ☐ No *If yes, please write the statement here.*

All people thrive in a community that respects their dignity and right to self-determination. When cognitive or physical inpairment compromise ability to live independently, people deserve the support to continue living a meaningful life. At Jill' House everyone is well known and provided support to live life as he or she chooses.

2. Process and Criteria for Admission, Transfer, and Discharge

Process		Admission		Transfer		Discharge	
		Yes	No	Yes	No	Yes	No
Does the program / unit have a formal written process for:		X		X		X	
If yes, does the process include:							
	Physician's evaluation / diagnosis	X		X		X	
	Staff evaluation	X		X		X	
	Psychiatric evaluation / diagnosis		X		X		X
	Family conference	X		X		X	
	Appeal procedure	X		X		X	
	Other - *specify*:		X		X		X

Criteria / Factor which may:	Prevent Admission		Cause Transfer		Cause Discharge	
	Yes	No	Yes	No	Yes	No
Needs skilled nursing care	X		X		X	
Needs care for a medical condition		X	X		X	
Incontinence		X		X		X
Inability to toilet		X		X		X
Non ambulatory	X		X		X	
Inability to walk /bedfast	X		X		X	
Must be fed	X		X		X	
Inability to eat / feeding tube	X		X		X	
Other diminished functional abilities		X		X		X
Combative / Aggressive behavior	X		X		X	
Psychotic behavior	X		X		X	
Sexually inappropriate behavior	X		X		X	
Other unprovoked behavioral issues	X		X		X	
Doesn't have a guardian		X		X		X
No durable power of attorney		X		X		X
Inability to pay	X		X		X	
Other - *specify*:		X		X		X

3. Plan of Care

Does the care planning process for the Alzheimer's / dementia care program / unit differ from other programs / units of the facility?
☐ Yes ☑ No If yes, how?

How frequently are care plans reviewed / revised?
☐ Monthly ☐ Quarterly ☑ As Needed ☐ Other

Question: *Check one:*	Yes	No
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?	X	
Do care plans include personal histories prior to dementia, such as skills, occupations, interests, hobbies, cultural / spiritual history, and daily routine?	X	
Are family members invited to care-planning meetings?	X	
If yes, are care-planning meetings scheduled to accommodate family members' schedules?	X	
Are family members encouraged to offer suggestions?	X	
Are family members' suggestions included in the final care plan when appropriate?	X	

4. Staffing Patterns

Please specify the ratio of direct care staff to patients for each shift.
If you don't use ratios, you may enter NA.

	Day / Morning	Afternoon / Evening	Night
Program / unit			
Balance of facility			

Please specify the resident census and number of full time equivalent (FTE*) direct care staff for each shift of the dementia care program / unit:

Resident census number = 22

Number of Staff	Day / Morning	Afternoon / Evening	Night
Licensed practical nurse, LPN	1	1	0
Registered nurse, RN	0	0	0
Certified Nursing Assistant, CNA	2	1.5	1
Qualified Medications Assistant, QMA	1	1	1
Activity Director / Staff	2	2	0
Social Worker	0	0	0
Other - *specify*:			
Total	6	5.5	2

* Please assume 1 FTE = 8 hours; .5 FTE = 4 hours; .25 FTE = 2 hours

Are the same staff consistently assigned to the program / unit, rather than rotated?
☑ Yes ☐ No

How is staff selected to work on the program / unit?
Staff are selected by interview with consideration of experience, leadership, ability and desire to develop close relationships with residents and team members.

What is the title and educational background of the program / unit director?
Director of Operations, HFA

What is the specialty and board certification of the medical director?
N/A

Special Requirements for Initial Training and Continuing Education

Does the staff of the program / unit receive Alzheimer's / dementia-specific training beyond the training received by the staff of other program / units? ☐ Yes ☑ No

Initial Training? ☑ Yes ☐ No

Continuing Education? ☑ Yes ☐ No

If yes, please specify the type and amount of Alzheimer's / dementia-specific initial training and continuing education required / provided for the program / unit staff.

Type of Training Required or Provided	Number of Hours *(fill in number)*		Training for *(check one)*	
	Initial Training	Cont. Educ. Per Year	All Staff	Direct Care Staff only
Alzheimer's disease, dementia, stages of disease	2	1	x	
Physical, cognitive, and behavioral manifestations	1	2	x	
Medications and side effects	1	0	x	
Creating an appropriate and safe environment	1	1	x	
Techniques for dealing with problem behaviors	1	2	x	
Techniques for communicating	1	1	x	
Using activities to improve quality of life	1	1	x	
Assisting with personal care and daily living	1	1	x	
Nutrition and eating / feeding issues	1	1	x	
Techniques for supporting family members	1	1	x	
Managing stress and avoiding burnout	1	1	x	
Other - *specify*:				
Total	12	12		

5. Unit Design Features

Unit Design Features	Check one:	Yes	No
Is the Alzheimer's / dementia care program in a separate unit(s)?			x
If yes, is the unit newly constructed (*versus renovated or adapted*)?			
Is the unit locked?		x	
Does the unit provide special safety / security features?		x	
Is there a safe / secure outdoor area where residents can easily go without direct supervision if they wish?		x	
Do residents have supervised access to the outdoors?		x	
Are residents' rooms clearly identified by personal wayfinding cues?		x	
Are residents encouraged to personalize private space with pictures, furniture, etc.?		x	
Does the unit use multiple sensory cues - things to see, smell, hear, touch, and taste - to assist in wayfinding and orientation?		x	
Does the environment provide space for familiar activities such as cooking, cleaning, yard work, and gardening?		x	
Does the unit have a kitchenette accessible to residents?		x	
Are animals present on the unit?			x
Other - *specify*:			x
Other - *specify*:			x

6. Frequency and Types of Activities for Residents

Question	Check one:	Yes	No
Is an activity director available to coordinate activities for the Alzheimer's / dementia care program / unit?		x	
Does the Alzheimer's / dementia care program / unit have activity staff dedicated exclusively to that program / unit?		x	

If yes, specify the number of hours and days of the week that the unit is staffed for activities:

Specify number of hours	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning	8	8	8	8	8	8	8
Afternoon	8	8	8	8	8	8	8
Evening	8	8	8	8	8	8	8

Are activities provided twenty-four (24) hours a day for residents who need them?
☑ Yes ☐ No

Which of the following therapeutic methods are used in the program / unit?

Check one:	Yes	No	Check one:	Yes	No
Art therapy	x		Massage	x	
Exercise	x		Pet therapy	x	
Recreational therapy		x	Reminiscence therapy	x	
Music therapy	x		Other:		x
Other:		x			

7. Family Support

Question	Check one:	Yes	No
Does the program / unit have an Alzheimer's / dementia support group for family members?		x	
Does the program / unit refer family members to another organization's Alzheimer's / dementia support group?		x	
Does the program / unit have a family council?			x
Are family members given written criteria for admission, transfer, and discharge?		x	
Are family members informed of procedures for registering, resolving, and appealing any complaints?		x	
Are end of life issues discussed with family members at the time of admission?		x	
Other - *specify*:			x

8. Guidelines for Use of Physical and Chemical Restraints

Question	Check one:	Yes	No
Are written guidelines on the use of physical and chemical restraints available to consumers?		x	
Are the guidelines for using these restraints in the dementia program / unit different from other programs / units of the facility?			x
Have state or federal officials cited the care program / unit or facility during the past twelve (12) months for inappropriate use of physical or chemical restraints?			X
If yes, has this been corrected?			

9. Itemization of Fees and Charges

Does the program / unit have an entrance fee for admission in addition to the base daily or monthly rate? *If yes, please specify fee.*
☐ Yes ☑ No

Please specify the base daily rate for program / unit of the facility on December 1:

Program / unit	Private Base Daily Rate
Dementia care program / unit	$ 171.00

Please list any supplementary or optional services / fees not included in the base daily rate:

Advanced packages for: Incontinence care, ADL's, Diabetes, Cardiac care - $700.00 per month

10. Other

Please describe any other features, services, or characteristics that distinguish this facility's program / unit from other facilities:

Jill's House provides person centered care with memory support. Our care is based on the resident-care partner relationship. By knowing each resident well, we can anticipate needs and povided assistance to support well being. Consistent care partners foster trust. Our household provides opportunities to have companionship, meaningful engagement, self determination and joy. We offer intergenerational programming through the pre-school/childcare located in the basement of our building. The children and residents love spending time together. We also offer Adult Day Services.

Consumers seeking additional information should contact:

Name		
Teresa Glidden		
Address (*number and street, city, state, and ZIP code*)		
751 E Tamarack Trail, Bloomington, IN 47408		
Telephone number	FAX number	E-mail address
812-287-7962	812-287-8809	tglidden@jillshousememorycare.com
Verified by (*signature*)		Name (*printed*)
Teresa Glidden		Teresa Glidden
Title		Date (*month, day, year*)
Director of Operations		12-12-25

Please complete on or before December 31st. Data must be current as of December 1st.

Online at https://www.in.gov/fssa/da/

Division of Aging
Attention: Alzheimer's/Dementia Special Care Unit Disclosure (SF 48896)
402 West Washington Street, MS 21, Room W454
Indianapolis, Indiana 46204

Questions may be directed to 1-888-673-0002