



## **CONSUMER SUMMARY STATEMENT**

Welcome to our community. Thank you for taking the time to consider The Aspens for your next move. We are a tight knit community that cares and respects the uniqueness of those we serve.

### **1. Summary of the care and services we provide.**

The Aspens provides all state required services, as negotiated with our residents and/or their legal representative. Services may include general assistance with activities of daily living (bathing, dressing, grooming, ambulation, eating, toileting), health monitoring, food service which includes select modified special diets (reduced sugar, simple modified texture, small frequent meals), medication assistance, housekeeping services and social and recreational activities. We also coordinate needed medical appointments and transportation for medical appointments. Our staff will coordinate the ordering of medications, durable medical equipment, and medical supplies if needed and requested. We may also coordinate the provision of health services from outside providers such as Therapy, Home Health, Podiatry, Hospice etc., and provide or arrange intermittent or temporary nursing services for residents.

### **2. Summary explanation of the types of care and services we do not provide.**

The Aspens staff will work closely with our residents to support their choice to remain in their apartment recognizing that some residents may no longer be appropriate for community-based care setting due to safety and medical limitations. The Aspens does not routinely provide the following services: two-person transfer, full assistance with activities of daily living, full assistance with eating, medically complex diets, tube feeding, non-routine ostomy care, routine administration of injections other than insulin, care for those aggressively wandering/exit seeking, care for medical or nursing condition that is complex, unstable, or unpredictable and exceeds level of health service / personal care service our community provides, nursing tasks which can't be delegated or require a nurse to assess before and/or after the treatment, care for residents who are bed bound, unable to evacuate per fire & life safety requirements, exhibiting aggressive or unsafe behavior which poses danger to self or others, or exhibiting behavior which repeatedly and substantially interferes with rights, health, safety of the resident or others, or whom engages in illegal drug use or commits a criminal act that causes potential harm to resident/others.

### **3. If your needs exceed the care and services we provide, we may ask you to move-out.**

When your needs exceed the care and services we provide, we will meet with you to discuss the circumstances, attempting to determine the most appropriate care plan and setting to

meet your care and service needs. If we cannot properly care for you at our community due to your increased needs, we may work with you to identify a more appropriate setting. If an agreement is not reached despite our best efforts, and attempts to resolve the issue are not successful, we may issue an involuntary move-out notice.

**4. If you leave our community to receive acute medical, psychiatric, nursing facility or other care, we will conduct an evaluation before you can return to our community.**

Before you can return to our community, a qualified staff person will re-evaluate your condition and determine if our community can continue to adequately meet your needs. If we determine that we can no longer successfully meet your needs, we may need to discuss and help you identify a more appropriate setting and issue an involuntary move-out notice. We will notify you of this determination as soon as possible and before you leave the acute care or other setting.

**5. You have the right to ask for an administrative hearing if you disagree with our decision to issue you an involuntary move out notice.** The requirements for requesting a hearing can be found on the Administrative Hearing Request form MSC 0443. You may also contact the Oregon Long Term Care Ombudsman for assistance in requesting a hearing. The phone number for that office is: 800-522-2602 or 503-378-6533.

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*This document shall be provided to all prospective residents and is listed in Section 26. Acknowledgement of Provisions, in the Residency Agreement which shall be reviewed and signed by the Resident prior to move-in.*

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# WHAT OMBUDSMEN DO FOR YOU

## What is an Ombudsman?

An Ombudsman is a trained advocate who gives voice to concerns and issues raised by any resident living in a nursing facility, assisted living, residential care, or adult foster care home.

Ombudsmen assist residents with issues such as move out notices, quality of care, violations of rights, billing disputes, and concerns about food.

An Ombudsman responds to complaints from anyone concerned about the care and well-being of long-term care residents.

## Resident Rights

Oregonians living in long-term care communities deserve quality care, and to be treated with dignity and respect. Residents should enjoy freedom from abuse and neglect, and the ability to make choices about their care.

We encourage you to contact us if you have any complaints or concerns.

**Residents have the right to make complaints and they can't be evicted for bringing complaints. Residents have special protections against eviction and if a facility tells you that you need to leave, you should always call an ombudsman for advice.**

## The Ombudsman Program

The Oregon Long-Term Care Ombudsman program is an independent state agency that works for residents, not facilities or case managers. The Ombudsman Program serves residents by investigating and working to resolve any issues or complaints you have about your care or services.

Our services are free and confidential.

**(800) 522-2602**



# Uniform Disclosure Statement Assisted Living/Residential Care Facility

The purpose of this Uniform Disclosure Statement is to provide you with information to assist you in comparing Assisted Living and Residential Care facilities and services. Oregon Department of Human Services requires all Assisted Living and Residential Care facilities to provide you with this Disclosure Statement upon request. Facilities are also required to have other materials available to provide more detailed information than outlined in this document.

The Disclosure Statement is not intended to take the place of visiting the facility, talking with residents, or meeting one-on-one with facility staff. Please carefully review each facility's residency agreement/contract before making a decision.

The Assisted Living and Residential Care facility licensing rules, Oregon Administrative Rule 411-054-0000, are available on the DHS website [www.oregon.gov/DHS/spd/index.shtml](http://www.oregon.gov/DHS/spd/index.shtml)

Facility Type:

Assisted Living Facility       Residential Care Facility       Alzheimer's Endorsed

Facility Name: The Aspens

Address: 210 Roe Davis Avenue Hines OR 97738

Telephone Number: (541) 573-2222      Number of Apts/Units: 40

Administrator: Ryan Dupuy      Hire Date: 08/02/2010

Facility Owner: Harney Pioneer Homes, Inc.      Address: 201 Roe Davis Avenue

City/State/Zip: Hines, Oregon 97738      Telephone: (541) 573-2222

Facility Operator: Concepts in Community Living, Inc.      Address: 15900 SE 82<sup>nd</sup> Drive

City/State/Zip: Clackamas, OR 97015      Telephone: 503-255-4647

Does this facility accept Medicaid as payment source for new residents?       Yes       No

Does this facility permit residents who exhaust their private funds to remain in the facility with Medicaid as a source of payment?       Yes       No

Does this facility require the disclosure of personal financial information?       Yes       No

Does this facility allow smoking?       No       Yes      If yes, in what location?  
 designated indoor area       designated outdoor area, covered

designated outdoor area, uncovered

Does this facility allow pets?       Yes  No      Specify limitations: Small domestic pets w/deposit. See rules in pet agreement.

## I. REQUIRED SERVICES

These services must be provided by the facility, and may be included as part of the base rate or may be available at extra cost.

*I = Included in the base rate*

*\$ = Available at extra cost*

### A. Dietary/Food Service

The facility must provide three nutritious meals daily with snacks available seven days a week, including fresh fruit and fresh vegetables. Modified special diets are provided. A modified special diet means a diet ordered by a physician or other licensed health professional that may be required to treat a medical condition (e.g. heart disease, diabetes). Modified diets include but are not limited to: small frequent meals, no added salt, reduced or no added sugar and simple textural modifications.

*I = Included in the base rate*

*\$ = Available at extra cost*

**I    \$**

Meals (3 per day)

Snacks/beverages between meals

Liberalized diet (no added salt/no added sugar) is generally preferred however the following modified diets can be provided if prescribed: small frequent meals, reduced sugar,

Modified diets provided: simple textural modifications

Vegetarian diets       Yes  No

Other: \_\_\_\_\_

Diets that facility is not able to provide: Specific Calorie/Carb Count diets, Gluten Free Diets, Medically Complex Diets (pureed, etc.)

### B. Activities of Daily Living

*I = Included in the base rate*

*\$ = Available at extra cost*

**I**   **\$**

- Assistance with mobility, including transfers from bed to wheelchair, etc., that require the assistance of one staff person
  - Assistance with bathing and washing hair. How many times a week? negotiated
- 
- 

- Assistance with personal hygiene (*i.e., shaving and caring for the mouth*)
  - Assistance with dressing and undressing
  - Assistance with grooming (*i.e., nail care and brushing/combing hair*)
  - Assistance with eating (*i.e., supervision of eating, cuing, or use of special utensils*)
  - Assistance with toileting and bowel and bladder management
  - Assistance for cognitively impaired residents (*e.g. intermittent cuing, redirecting*)
  - Intermittent intervention, supervision and staff support for residents who exhibit behavioral symptoms
  - Other: \_\_\_\_\_
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### **C. Medications and Treatments**

The facility is required to administer prescription medications unless a resident chooses to self-administer and the resident is evaluated for the ability to safely self-administer and receives a written order of approval from a physician or other legally recognized practitioner.

*I = Included in the base rate*

*\$ = Available at extra cost*

**I**   **\$**

- Assistance with medications
- Assistance with medications/treatments requiring Registered Nurse training and supervision (*e.g. blood sugar testing, insulin*)

### **D. Health Services**

*I = Included in the base rate*

*\$ = Available at extra cost*

**I**   **\$**

- Provide oversight and monitoring of health status
- Coordinate the provision of health services with outside service providers such as hospice, home health, therapy, physicians, pharmacists
- Provide or arrange intermittent or temporary nursing services for residents

### E. Activities

The facility is required to provide a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and creates opportunities for active participation in the community at large.

*I = Included in the base rate*

*\$ = Available at extra cost*

**I \$**

Structured activities

How many hours of structured activities are scheduled per day? Approximately 1-2  
hours/ day

What types of programs are scheduled?  Music  Arts  Crafts  Exercise  
 Cooking  Other: Games, cards, special events, etc.

### F. Transportation

The facility is required to provide or arrange transportation for medical and social purposes.

*I = Included in the base rate*

*\$ = Available at extra cost*

**I \$**

Facility provides transportation for medical appointments

Facility provides transportation for social purposes

Facility arranges transportation (*e.g. cab, senior transports, volunteers, etc.*) for medical appointments

Facility arranges transportation for social purposes

Other: \_\_\_\_\_

### G. Housekeeping/Laundry

*I = Included in the base rate*

*\$ = Available at extra cost*

**I \$**

<input checked="" type="checkbox"/> <input type="checkbox"/> Personal laundry	How often?	<u>Once a week</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Launder sheets and towels	How often?	<u>Once a week</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Make bed	How often?	<u>Once a week</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Change sheets	How often?	<u>Once a week</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Clean floors/vacuum	How often?	<u>Once a week</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Dust	How often?	<u>Once a week</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Clean bathroom	How often?	<u>Once a week</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Shampoo carpets	How often?	<u>As needed</u>

Wash windows/coverings How often? As needed  
  Other: Additional housekeeping/laundry available at additional cost.

## II. OTHER SERVICES AND AMENITIES

The facility may provide the following services and amenities. Facilities are required to provide toilet paper to residents who are Medicaid eligible.

*I = Included in the base rate*

*\$ = Available at extra cost*

*A = Arranged with an outside provider*

*N = Not available*

I	\$	A	N	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barber/beauty services
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheets/towels
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health care supplies
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal toiletries (e.g. soap, shampoo, detergent, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Apartment/Unit furniture
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal telephone
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Internet Access
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meals delivered to resident's room (May be waived for Medicaid)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transfer from bed to wheelchair, etc., that requires the assistance of two staff persons ( <i>Not routinely offered, however 2 person transfer assist may be provided at the Director's discretion</i> ).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

## III. DEPOSITS/FEES

Deposits and/or fees are charged in addition to rent.

Application How much? \$500.00 Refundable?  Yes  No  
If refundable, under what circumstances? Refunded only if Aspens decides against admission, Medicaid eligibility, or apartment does not become available in 1 year.

Security/Damage How much? \$500.00 Refundable?  Yes  No  
If refundable, under what circumstances? If apartment in move in ready condition, return of all items, & account fully paid.

Cleaning How much? \$0.00 Refundable?  Yes  No  
If refundable, under what circumstances? \_\_\_\_\_

Pet How much? \$350.00 Refundable?  Yes  No



If refundable, under what circumstances? If no pet related damage/loss

Keys                      How much? \$5.00    Refundable?     Yes     No

If refundable, under what circumstances? Upon return of keys

Other: (*describe*) Pendent  
How much? \$150    Refundable?     Yes     No

If refundable, under what circumstances? Upon return of equipment in good working condition.

#### IV. MEDICATION ADMINISTRATION

The facility must have safe medication and treatment administration systems in place. The administrator is responsible for ensuring adequate professional oversight of the medication and treatment administration system.

A. Who on the staff routinely administers medications? Care Partners with Med/Tx training

B. Do the staff who administer medication have other duties?     Yes     No

C. Describe the orientation/training staff receive before administering medications.

Training/orientation for administering medications involves reading written materials,

Review of materials with the Licensed Nurse, shadowing experienced medications staff

Observation by Licensed Nurse of appropriate procedures being followed.

D. Who supervises staff that administer medications? RN / Director

E. Residents may use a pharmacy of their choice. If the resident requires medication administration, the facility's policy for ordering and packaging medications is:

Resident must use a bubble-pack or unit dose system. Staff may order refills from residents

Preferred pharmacy but the pharmacy must deliver to the facility or responsible party pick

Up to delivery to the facility.

1. Is there additional charge for not using the facility pharmacy?     Yes     No

2. If so, what is the cost? \$50.00/ month

#### V. STAFFING

##### A. Registered Nurse

Assisted Living and Residential Care facilities are required to have a Registered Nurse on staff or on contract. A nurse in these facilities typically does not provide hands-on personal nursing care. The nurse is usually available to provide consultation with the facility staff regarding resident health concerns.

Number of hours per week a nurse is on-site in the facility: LPN 30 hours a week with

**B. Direct Care and Other Staff**

Facilities must have qualified, awake caregivers, sufficient in number, to meet the 24-hour scheduled and unscheduled needs of each resident. Caregivers provide services for residents that include assistance with activities of daily living, medication administration, resident-focused activities, supervision and support. Individuals whose duties are exclusively housekeeping, building maintenance, clerical/administrative or food preparation, as well as the administrator and licensed nurse, are not considered caregivers. The facility must post a current, accurate facility staffing plan in a conspicuous location for review by residents and visitors.

*Note: Assisted Living and Residential Care facilities in Oregon are not required to employ Certified Nursing Assistants (CNA) or Certified Medication Aides (CMA) as resident care staff.*

Typical staffing patterns for full –time personnel. **Note to facility:** each staff may only be shown under one title per shift (i.e., if employee provides resident care and medications assistance, show either as Universal Worker or Medication Aide.)

Shift Hours:	Number of Staff per shift				
	Direct Care Staff	Medication Aide	*Universal Worker	Activity Worker	Other Worker
6:00am – 2:00pm					
2:00pm – 10:00pm			3		
10:00pm – 8:00am			3		
8:00 - 1:00pm			1	1 (5 days/wk)	
7:00am - 5:30pm					
8:00am – 5:30pm			3		2 (5 days/wk)

\* A universal worker is a person who provides care and services to residents in addition to having other tasks, such as housekeeping, laundry or food services.

**VI. STAFF TRAINING**

Facilities must have a training program that has a method to determine caregiver performance capability through a demonstration and evaluation process.

A. Describe the facility’s training program for a new caregiving staff:

Reading/reviewing training materials; review of handbooks including policies and Procedures, safety manuals, etc.; on-line training courses; physical review and practice  
With a designated staff person; shadowing trained/qualified employees---followed by completion of specific checklists verifying comprehension and demonstration.

B. Approximately how many hours of training do new caregiving staff receive prior to

providing care that is not directly supervised? 24 - 40+ depending on experience

C. How often is continuing education provided to caregiving staff? Minimum of one hour per month.

## **VII. DISCHARGE TRANSFER**

Licensed community-based care facilities may only ask a resident to move for reasons specified in applicable Oregon Administrative Rule. Oregon rules do not require that a resident be moved out of a facility due to increased medical services; however, if a facility is unable to meet a resident's needs based on criteria disclosed in the facility's information packet and according to the administrative rules, a resident may be given a written notice to move from the facility.

A person has the right to object to a move-out notice and can request a hearing with the Department of Human Services. If you need someone to advocate on your behalf, you may contact the Office of the Long-Term Care Ombudsman at 1-800-522-2602. Information about these rights and who to contact will be included on the move-out notification.

Date this Disclosure Statement was completed/revised: June 2021