Consumer Disclosure Summary
Residential Care Facility-Assisted Living Facility

Community name: Brookdale Rose Valley

1. Summary of the care and services we provide:
   Community name provides all state required services, including general assistance with activities of daily living, food service, which includes certain modified special diets as necessary, medication assistance, housekeeping services and social and recreational activities. We also provide / arrange for transportation and arrange for the following additional medically related services: physician, pharmacist, therapy, podiatry, barber or beauty services, social or recreational opportunities, hospice, and home health.

2. Summary explanation of the types of care and services we do not provide:
   Community name does not provide the following services:
   1. 24-hour skilled nursing services or acute care.
   2. Behavioral services, including but not limited to, management of verbal or physical abuse or management of behaviors that place resident, staff, or peers at risk.
   3. 1:1 supervision (this may be offered on a short-term basis at an additional cost pending relocation or due to a short-term need relating to a health condition).
   4. Except for end of life situations, services required for inability to bear weight with transfers, or which require more than a two-person assist with transfers.
   5. Diets beyond the required modified special diets listed on Uniform Disclosure Statement.
   6. Staff supervision or management of feeding tubes. Resident must be able to self-manage feeding tube.
   7. Nursing care associated with use of catheter. The community does provide routine catheter care, cleaning and changing bag.
   8. Feeding assistance (to include 1:1 cueing, physical assistance, staff supervision) except for end of life support.
   9. Services to manage diabetes, seizure disorders, wounds, or other chronic conditions that are not stable and predictable, as assessed by community clinician.
   10. Wound management that requires skilled nursing oversight and is not able to be managed through a third party provider.

3. If your needs exceed the care and services we provide, we may require you to move to another community or care setting. In such circumstances, 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 ask you to move to a more appropriate setting. If an agreement is not reached and attempts to resolve the issue are not successful, we may give you 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 meet your needs. If we determine we can no longer meet your needs, we will issue you an Involuntary move out notice and you will not be permitted to return to our community. 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 also may 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
6. This is how we arrange for or coordinate hospice care: Community name will work with hospice providers to coordinate hospice care if you or your representative request it.
By signing below I acknowledge that I understand the content and implications of the information set forth above.

Signature of resident or legal representative Date