

CEDAR CREST

ALZHEIMER'S SPECIAL CARE CENTER

CONSUMER STATEMENT

Name of Community: Cedar Crest Alzheimer's Special Care Center
Address, City, State, Zip: 18325 SW Pacific Hwy., Tualatin, OR 97062
Phone: 503-925-0544 Fax: 503-625-2301 Web Site: www.sincerisl.com
Facility Type: Residential Care Facility

SUMMARY OF CARE AND SERVICES PROVIDED

Cedar Crest Alzheimer's Special Care Center will offer dementia care services in a secure environment to residents in all stages of Alzheimer's disease. We also provide all state required services, including general assistance with activities of daily living, food service, which includes modified special diets as necessary, medication assistance, housekeeping services and social and recreational activities. We also coordinate transportation.

SUMMARY EXPLANATION OF THE TYPES OF CARE AND SERVICES WE DO NOT PROVIDE

The facility may not admit or retain the following persons:

- A person who has an ambulatory or cognitive status that is not compatible with the licensed classification;
- A person who is destructive of property or self, or who is physically or mentally abusive to others; unless the facility has sufficient resources to care for such an individual and is able to protect the resident and others.
- A person whose physical, mental, psychiatric or social needs that are not compatible with the resident group as described in this program statement.
- A person who needs more than 3 hours of nursing care per week except for a temporary condition needing more than 3 hours of nursing care per week for no more than 30 days. If the facility requests a waiver or variance, the department may grant a waiver or variance to this requirement if the following conditions are met:
 - The resident's clinical condition is stable and predictable, does not change rapidly and medical orders are unlikely to involve frequent changes or complex modifications and the resident's clinical condition is one that

- may be treatable, or the resident has a long-term condition needing more than 3 hours of nursing care per week for more than 30 days;
- The resident is otherwise appropriate for the level of care provided by the facility; and
- The services needed to treat the resident's condition are available at the facility;
- A person whose condition requires 24-hour supervision by a registered nurse or licensed practical nurse;
- A person whose condition requires care above intermediate level nursing care;
- A person who requires a chemical or physical restraint; or
- A person who is incapacitated unless the person has a health care agent under a valid and properly activated power of attorney for health care or a court appointed guardian, except for the admission of an incapacitated individual who does not have a legal representative, and who is admitted directly from a hospital.

IF YOUR NEEDS EXCEED THE CARE AND SERVICES WE PROVIDE

When a resident's needs exceed the care and services we provide, we will meet with the resident and/or legal representative to discuss the circumstances, attempting to determine the most appropriate care plan and setting to meet the resident's care and service needs. If we cannot properly care for the resident at our community due to resident's increased needs, we may ask the resident 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 the resident an involuntary move-out notice.

IF A RESIDENT LEAVES OUR COMMUNITY TO RECEIVE ACUTE MEDICAL, PSYCHIATRIC, NURSING FACILITY OR OTHER CARE

We will conduct an evaluation before a resident can return to the community if the resident leaves the community to receive acute medical, psychiatric, skill nursing or other care. A qualified staff person will re-evaluate your condition and determine if our community can continue to meet the resident's needs. If we determine we can no longer meet the resident's needs, we will issue an involuntary move-out notice and the resident will not be permitted to return to our community. We will notify the resident of this determination as soon as possible and before the resident leaves the acute care or other setting.

RIGHT TO ASK FOR AN ADMINISTRATIVE HEARING

The resident and/or legal representative has the right to ask for an administrative hearing if the resident and/or legal representative disagree with our decision to issue an involuntary move-out notice. The requirements for requesting a hearing can be found on the Administrative Hearing Request form MSC 0443. The Oregon Long Term Care Ombudsman may also be contacted for assistance in requesting a hearing. The phone for the Oregon Long Term Care Ombudsman office is: 800-522-2602 or 503-378-6533.

OTHER SERVICES WE COORDINATE

Cedar Crest Alzheimer’s Special Care Center will also coordinate Hospice Care Services, Home Health Care Services, and Podiatry Care and Services if the resident and/or legal representative request it.

Home Health Care services can include Physical Therapy, Occupational Therapy, Speech Therapy, Behavioral Management and Wound Care.

My signature herein indicates I have received, read, understand and agree to the provisions of this Consumer Statement.

Resident: _____

Date _____

Responsible Party _____

Date _____

Facility Representative _____

Date _____

