



DESIRE FOR HEALING, INC.

**CONSUMER  
SUMMARY STATEMENT**

PER OAR 411-054-0026(3)

**A. Services Provided**

Desire for Healing provides the care and services specified by Oregon DHS and APD for a Residential Care Facility in OAR 411-054 to address the physical, emotional, and social needs of our residents in a safe, loving, and caring environment. Services include an unfurnished room with bathroom, utilities and cable TV service, food services with 3 meals per day plus 2 snacks, assistance with activities of daily living, medication and treatment administration, oversight and monitoring of health status, behavior management, cueing (redirecting and environmental cues), coordination with outside health services, activity programming, coordination of transportation, housekeeping and laundry.

**B. Services Not Provided**

Desire for Healing cannot accommodate residents who are more than a 2-person transfer or require skilled nursing, feeding tubes, chest tube, IV therapy, tracheostomy, nasopharyngeal suctioning, or ventilator care. Desire for Healing does not provide facility-run physical therapy or hospice care – these services are coordinated with third-party providers.

**C. When Desire for Healing Can No Longer Care for a Resident**

When Desire for Healing can no longer provide the adequate care and services a resident requires, or if repeated actions and behaviors place the resident, other residents, or staff in danger, we will meet with you and/or your representative to discuss the circumstances and attempt to determine the most appropriate care plan and setting to meet your care and service needs. If we feel that we can no longer properly and safely care for you at Desire for Healing, we may ask that you move to another facility which would be able to accommodate your increased needs. If an agreement cannot be reached and attempts to resolve the issue are not successful, we may need to issue an involuntary move-out notice.

**D. After Temporary Leave from Desire for Healing for Specialized Care**

If you need to leave Desire for Healing to receive acute medical, psychiatric, skilled nursing or other care at another location, you will be re-evaluated prior to returning to Desire for Healing to ensure that we can still adequately care for you. If we believe we cannot meet your new increased needs, we will need to issue you an involuntary move-out notice and you will not be able to return to Desire for Healing. You and/or your representative will be notified as soon as possible and before you leave the acute care

or other setting.

**E. Right to an Administrative Hearing**

You, as the resident, have the right to ask for an administrative hearing if you disagree with Desire for Healing’s decision to issue you an involuntary move-out notice. The requirements for requesting a hearing can be found on the Administrative Hearing form MSC 0443. You may also contact the Oregon Long Term Care Ombudsman for assistance in requesting a hearing at 800-522-2602 or 503-378-6533.

**F. Hospice Care**

Desire for Healing will arrange and/or coordinate hospice care by the hospice care provider of your choice if you or your representative request it.

Additional Comments:

In signing this document, you or your legal representative acknowledge that you and/or your legal representative understand the content and implications of this information.

\_\_\_\_\_  
Signature of Resident or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Desire for Healing Representative

\_\_\_\_\_  
Date