

Consumer Statement Template

Assisted Living Facility

Dorian Place

1. Summary of the care and services we provide.

Dorian Place provides 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 and the following additional medically related 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 etc), 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.

Dorian Place does not provide the following services on a routine basis: Medically complex diets, tube feeding, full assistance with eating, 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, care for residents who are bed bound, or 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.

Describe any health, nursing, behavior or care service you want a prospective resident to know the community is unable to provide (*e.g., medically complex diets beyond the required modified special diets, two-person transfers, specific dialysis services, etc.*)

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 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.

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6. This is how we arrange for or coordinate hospice care:
[Dorian Place] will work with hospice providers to coordinate hospice care if you or your representative request it.

Additional comments:

Signature of resident or legal representative

Date