

EDGEWOOD POINT

SENIOR LIVING

CONSUMER STATEMENT

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| Name of Community: Edgewood Point Assisted Living |
| Address, City, State, Zip: 7733 SW Scholls Ferry Rd., Beaverton, OR 97008 |
| Phone: 503-671-9474 Fax: 503-671-9245 Web Site: www.sinceriseniorliving.com |
| Facility Type: Assisted Living Facility |

SUMMARY OF CARE AND SERVICES PROVIDED

Edgewood Point Living 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 provide transportation to medical appointments on specified days.

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

Edgewood Point does not provide 24-hour nursing care. The following are examples of services the community would be unable to provide, noting there could be other situations that arise that would require a meeting regarding the needs exceeding our ability to care for the resident.

- Any transfer requiring more than 2 people to assist
- Complex wound care without services provided by an outside agency
- Behaviors putting either residents or staff in danger
- Needs related to diabetes wherein the resident becomes unstable and unpredictable
- Smoking in the resident apartment
- Special diets outside of: No Added Salt, No Concentrated Sweets and texture diets that the resident is unable to manage independently
- One-on-one staffing for resident safety
- One-on-one staff to assist residents with eating for and extended period of time

IF 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 the resident's 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 and/or legal representative 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

Edgewood Point Assisted Living 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 _____