

## FIRCREST ASSISTED LIVING CONSUMER STATEMENT

**1. Summary of the care and services we provide.**

Fircrest Assisted 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 coordinate transportation, Home Health nursing, physical therapy, occupational therapy, speech therapy, wound care, catheter care, geriatric psych and hospice.

**2. Summary explanation of the types of care and services we do not provide.**

Fircrest does not provide the following services on a routine basis: Medically complex diets such as: renal, diabetic, calorie or gram specific and fluid restricted. The community does not provide tracheotomy, stage 3 or 4 wound care or any nursing service deemed medically necessary that always requires a nurse on site to assess the residents condition or to perform a nursing task. The community does not provide behavioral support for behaviors that require one to one staffing for the safety of the resident or others. The community does not provide behavioral support for residents who decline assistance with hygiene or incontinence care posing a health risk to themselves. The community cannot support residents who strike, push or attempt to physically harm another residents or staff, have behaviors that are sexual in nature, or fail to follow infection or safety guidelines that place themselves or others at risk.

**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 you 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 will prepare an involuntary move out notice and send to the department for review. Once this step is complete we will provide you with 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 the community.**

Before being discharged from another care setting, a qualified staff person will re-evaluate your condition and determine if our community is able 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 and involuntary move out notice.**

The requirements for requesting a hearing can be found on the Administrative Hearing Request form MSC 0443. You may also 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:**

Fircrest Assisted Living will work with your doctor and hospice providers to coordinate hospice care if you or your representative request it.

**Additional comments:**

Fircrest Assisted Living cannot predict all medical conditions or behavioral challenges that may arise. If a care, medical or behavioral need arises that the community is not able to manage, staff will meet with you to discuss alternate placement options and care plan changes until placement can be arranged. If a resident requires one to one assistance or supervision for safety, you may be asked to provide this assistance or arrange for an outside care provider. You may elect to have the community (if staff availability allows) provide the one to one for an additional hourly fee.

\_\_\_\_\_  
Resident Name

\_\_\_\_\_  
Resident signature, or Legal representative & relationship

\_\_\_\_\_  
Signature & title of Fircrest representative

\_\_\_\_\_  
Date