



CONSUMER STATEMENT SUMMARY

SUMMARY OF THE CARE AND SERVICES WE PROVIDE:

Footsteps at Lake Oswego provides all the state required services, including general assistance with: activities of daily living; food service, which includes modified special diets as outlined in the Uniform Disclosure Statement; medication assistance; housekeeping services; and social and recreational activities. We provide transportation as outline in our handbook. We will also help to coordinate transportation as described and decided upon in the resident's service plan.

SUMMARY EXPLANATION OF THE TYPES OF CARE & SERVICES WE DO NOT PROVIDE:

Footsteps at Lake Oswego does not provide the following services on a routine basis: one-on-one care; medically complex diets such as renal, cardiac, carbohydrate controlled, gluten free, etc.; unstable and unpredictable diabetics, behavioral expressions that pose a threat to other residents; residents residing in a non-lock down unit that are exit-seeking, unable to use call pendant, and/or wandering; two person transfers; services that require skilled nursing such as, dialysis;

IF YOUR NEEDS EXCEED THE CARE & SERVICES WE PROVIDE, WE 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 service 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. This could be a smaller, Foster Care home, style of setting. Or, it could be a higher level of care setting, such as an ICF (Intermediate Care Facility) or SNF (Skilled Nursing) setting, for example. If an agreement is not reached and attempts to resolve issue are not successful, we may issue you an involuntary move-out notice.

IF YOU LEAVE OUR COMMUNITY TO RECEIVE ACUTE MEDICAL, PSYCHIATRIC, SKILLED NURSING OR OTHER CARE, WE WILL CONDUCT AN EVALUATION BEFORE YOU CAN RETURN TO OUR COMMUNITY:

Before you can return to the community, a qualified staff person will re-evaluate your condition to determine if our community can continue to meet your needs. If 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.

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: 800-522-2603 or 503-378-6533.

THIS IS HOW WE ARRANGE/COORDIANATE HOSPICE CARE:

Footsteps at Lake Oswego will work with hospice providers to both arrange and coordinate hospice care if you are your representative request it. We may suggest it, if we recognize the need. While we agree to arrange and/or coordinate, the choice of the agency is completely up to you.

Resident Signature: _____ Date: ___/___/___

Community Representative: _____ Date: ___/___/___