

# CONSUMER SUMMARY STATEMENT

## Harvest Homes Assisted Living and Memory Care

**Summary of the types of care and services we provide:** We provide all state required services, including general assistance with activities of daily living, food service, which includes modified diets as necessary, medication assistance, housekeeping services and social and recreational activities. We can arrange transportation and assist in coordinating ancillary services such as home health, therapy, specialists such as podiatrists, etc. We can also assist with ordering medications, medical supplies, equipment and/or rentals, oxygen supplies, etc. We provide limited assistance with managing catheter care (straight, Foley), if the resident is compliant with use and care.

**Summary of the types of care and services we do not provide:** We do not provide the following services: 24 hour licensed nursing care, tube feeding, PIC lines or IV's, intermuscular injections, extensive wound care, ostomy (colostomy, ileostomy) care, inserting and removing catheters, medically complex diets (other than modified special diets), and two person assist with transfers, or transfers using mechanical lifting equipment.

**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 in 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.

**If you leave our community to receive acute medical, psychiatric, nursing, or other care, we will conduct an assessment before you can return to our community.** Before you can return to our community, a qualified staff person will assess 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.

**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 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.

**This is how we arrange for or coordinate hospice care:** We will work with hospice providers to assist in coordinating hospice care if you or your representative requests it.

Additional Comments:

Please ask if you have specific questions about your care needs or the services we can provide.

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Signature of Resident or legal Representative

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Date

Copy to resident: \_\_\_\_\_  
Date                      Emp Initial