



## Consumer Summary Statement Residential Care Facility

### Hawthorne House

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

Hawthorne House 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 assist in arranging for or providing the following medically related services: physician, pharmacist, therapy, podiatry, barber or beauty services, social or recreational opportunities, hospice, and home health. Escort or Transportation to these services will be charged at an additional, separate hourly rate.

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

Hawthorne House does not provide the following services on a routine basis: 1 to 1 services/supervision, Non-stable health conditions that require 24-hour RN supervision. Physical aggressive behavior that puts the resident and/or other residents in harms way. Psychiatric services, inappropriate sexual behavior that becomes intrusive on other residents. Additionally, we do not provide the following services on a routine basis: medically complex diets beyond the required modified special diets, resident care that requires two-person transfers nor mechanical lifts, and specific dialysis services.

#### **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.

**6. This is how we arrange for or coordinate hospice care:**

Hawthorne House will work with hospice providers to coordinate hospice care if you or your representative request it.

**Additional comments:**

Resident needs are based individually, and based on current staffing availability to meet the needs of residents.

We do not provide 'skilled' services: For example: non-stable insulin dependent diabetic, In-house Dialysis, etc.

We will assist with coordinating Home Health Services for wound care beyond basic first aide, and other outside agency support.

We do not provide psychiatric services that require 1:1 assistance (Behavioral Health will be referred if available).

Potential residents with indwelling catheters, ileostomies, colostomies will be assessed individually and determined if appropriate for Hawthorne House.

**COVID 19 risks:**

Residents may be exposed to COVID 19 during their stay at Hawthorne House: Residents may be exposed to vaccinated and non-vaccinated residents, employees, outside agencies, family members etc. This exposure may cause the resident to become ill, hospitalized and even death.

**By signing below I acknowledge that I understand the content and implications of the information set forth above.**

---

Signature of resident or legal representative

---

Date