

## Consumer Disclosure Summary Statement for Residential Care and Assisted Living Facilities

Moving into a Residential Care or Assisted Living community is a big decision. That's why the Oregon Legislature passed a law requiring us to go over certain important information with you when you apply for admission and any time upon request.

This form is designed to help you understand the services that are and are not provided by our community. The Oregon Department of Human Services requires a community staff person to review this information with you. Now is the time to ask questions- don't be shy! Once you fully understand this information, you will be asked to sign this document, indicating that you understand the information provided to you.

There are certain services that state law requires to be provided in all residential care and assisted living communities. These can be found in Section 1 of this disclosure form. Section 2 of this disclosure form lists services that are optional. We have marked whether our community provides or does not provide each of the optional services.

In some instances, an individual's needs change and we find we are unable to safely meet those needs. In these situations, we may issue an involuntary *Move-Out Notice*. You are allowed to appeal any move-out notice we may issue to you. The *Move-Out Notice* provides instruction on how to appeal.

In addition, our community is required to provide you with a *Uniform Disclosure Statement* which lists any additional services we may provide for additional cost. We will also provide a *Residency Agreement* listing all costs you will be expected to pay.

Community type:  Residential Care  Assisted living

Facility Name: Kellogg Assisted Living		
Name of staff reviewing information: Elizabeth Moore	Position: Administrator	Date: <small>Click or tap here to enter text.</small>
Resident Name:		

### Section 1: Mandatory Services

The facility is required to assist residents on a 24-hour basis with performing the following activities of daily living:

- ✓ Mobility, including one-person transfers;
- ✓ Bathing and washing hair;
- ✓ Personal hygiene, for example, shaving and caring for the mouth;
- ✓ Grooming, such as nail care and brushing/combing hair;
- ✓ Dressing and undressing;
- ✓ Eating, including, supervision of eating, cueing, or use of special utensils;
- ✓ Toileting and bowel and bladder management;
- ✓ Intermittent cuing, redirecting and environmental cues for residents who have cognitive impairment;
- ✓ Intermittent intervention, supervision and staff support for residents who exhibit behavioral symptoms;

Other services the facility must provide or arrange for:

- ✓ Medication administration;
- ✓ Household services based on the resident's needs and preferences, for example, floor cleaning, dusting, bed making etc.
- ✓ Transportation for medical or social purposes;
- ✓ Services related to care, for example, physician, pharmacist, therapy, podiatry, barber or beauty services, social or recreational activities, hospice, home health or services to support the resident.

### Section 2: Optional Services

The following check boxes indicate whether our facility provides or does not provide optional services. There may be an additional charge for some of these services.

Service	Provided	Not provided
Medical conditions that require 24-hour nursing services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled nursing or rehabilitative care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric or complex behaviors	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vegetarian or vegan diets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Renal diets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Textured diets (ground or pureed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hand feeding by staff.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Accommodation for food allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Complex medication routine (eight or more medications or medications that require monitoring, medication injections)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diabetic care; blood sugar monitoring, administration of insulin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assistance with transfers requiring two or more staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mechanical lifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Behavior management, for example, tendency to leave facility, verbal or physical aggression	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other services not provided** (*list here*): Sheets, Towels, Personal Toiletries and Apartment Furniture.



### **Section 3: Arranging for Hospice Care**

If you should need hospice care, the facility will arrange and coordinate services with a hospice agency at your request.

### **Section 4: When a Resident Leaves the Facility and Receives Acute Care, Rehabilitation or Nursing Services**

If you:

- 1) are admitted to an acute care setting (such as a hospital) to receive medical or psychiatric care or
- 2) are admitted to another facility for rehabilitation or nursing services, (such as a skilled nursing facility) or
- 3) visit the emergency department of a hospital or
- 4) are under observation by a hospital,

we have a process we follow to determine that we are still able to safely you're your needs before you can return to our facility. That process includes:

- An appropriate qualified staff, such as our facility's licensed nurse will re-evaluate your condition, preferably in person. If traveling is a hardship, then the re-evaluation may take place over the phone speaking with the hospital staff that has been involved in your care. Your medical records may be sent (electronically) so a review can be completed.
- The re-evaluation should be completed at least within 24 hours before you are discharged from the hospital or facility.
- If after the re-evaluation, it is determined that we can no longer meet your care needs, the facility will issue a *Less Than 30-Day Move-Out Notice* along with a copy of an Administrative Hearing Request form to you and/or your legal representative.
- The reason for the *Less Than 30-Day Move-Out Notice* must be related to the reason for your admission to the hospital.

A *Less Than 30- Day Move-out Notice* may also be issued if the health and safety of you or others are in jeopardy and a delay in moving increases the risk of harm. We will provide you with a written description of the health and safety concerns. We are required to notify DHS before we give you this notice.

**Additional facility comments:** [Click or tap here to enter text.](#)

## **Section 5: Other Reasons a Resident may Receive a Move-Out Notice**

### ***30-Day Move-Out Notice:***

We may only issue a *MoveOut Notice* for reasons listed in Oregon Administrative Rule (OAR) 411-054-0080. The notice will be given to you and/or your legal representative on a form prescribed by the Oregon Department of Human Services. If you need a legal representative but you do not have one, the facility must send the *Move-Out Notice* to the Long-Term Care Ombudsman's office.

We have the legal right to request you move out if you:

- Require a level of assistance with activities of daily living that exceed what we can provide.
- Are engaging in behaviors or actions that substantially interfere with the rights, health or safety of others.
- Have a medical or nursing condition that is complex, unstable or unpredictable and exceeds the level of health care we can provide.
- Are unable to evacuate to a point of safety during fire drills in the required time.
- Are exhibiting behavior that poses a danger to yourself or others.
- Engaging in illegal drug use, or committing a crime that causes potential harm to yourself or others;
- Are not paying for services.

The specific reason(s) or circumstance(s) you might be asked to move out must be clearly stated in the *Move-Out Notice*.

## **Section 6: Appeal Process for Move-Out Notices**

### ***Appeal Process for a Less Than 30-Day Move-Out Notice:***

If you object to the *Less Than 30-Day Move-Out Notice*, you and/or legal representative have five (5) working days to request an administrative hearing by completing the *Hearing Request form*. This form will be attached to the *Move-Out Notice*. The hearing will be overseen by an administrative law judge.

You can find the steps to follow when requesting a hearing outlined on the *Less than 30-Day Move-out Notice* and at OAR 411-054-0080(6) & (7).

**Appeal Process for a 30-day Move-Out Notice:**

You also have the right to appeal if you receive a *30-day Move-Out Notice*. Either you or your representative can request an *administrative hearing* within ten (10) working days after you receive the notice. The Administrative Hearing Request form will be attached to the *Move-Out Notice*. The hearing will be overseen by an administrative law judge.

If you want to appeal the notice, you must follow the procedures listed on the *30 day Move-Out Notice*. OAR 411-054-0080(2)–(5) is the law that includes these procedures.

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Signature of Resident or Legal Representative

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Date