

CONSUMER SUMMARY STATEMENT
LAKEVIEW GARDENS ASSISTED LIVING FACILITY
1250 South 9th St. LAKEVIEW, OREGON 97630

SUMMARY OF THE CARE AND SERVICES WE PROVIDE

Lakeview Gardens ALF provides all state required services including but not limited to the following:

1. General assistance with activities of daily living including dressing, grooming, bathing, transfers and mobility with assistance if it can be performed safely with one staff, or with 2 staff for no more than a 14 day duration (without the use of a mechanical lift device of any kind)
2. Medication management and administration assistance
3. Food service including modified and special diets (Diabetic, No Added Salt, Heart Healthy, Renal, Gluten free, Vegan, Mechanical soft, and Pureed)
4. Housekeeping services including daily bed making, emptying of trash, cleaning of floors and bathrooms, window washing and window covering cleaning as needed
5. Social and Recreational activities.
6. Coordinate/schedule necessary medical or other care provider appointments and transportation to these appointments
7. Coordination of Hospice services if you or your Representative so desire.
8. We do provide on site phlebotomy and services to obtain basic laboratory specimens needed for testing by your healthcare provider and deliver them to the lab for our Resident's convenience.
9. Basic internet access and cable television services are provided.
10. 24 hour per day care giver and med assistant presence for care and supervision of needs
11. RN nursing services 40 hours per week

The following services are available and may be provided on site/by the facility at an additional charge:

1. Barber/beautician services
2. Basic healthcare supply items including incontinence products
3. In room meal delivery
4. Time limited (no greater than 14 days in duration) 2 person transfer assistance
5. Assistance with personal clothing and towels/bedding laundry
6. Transportation for social purposes such as shopping or visiting friends
7. Personal room phone service (land line only)

SUMMARY OF THE CARE AND SERVICES WE DO NOT PROVIDE

1. On site physician or care provider services including dialysis services
2. 2 person transfer assistance for time periods of more than a 14 day duration
3. Mechanical lift transfers of any kind
4. Complex wound care including management of negative pressure wound therapy
5. Management and administration of sliding scale insulin and/or Intravenous medications by staff

6. Personal toiletry items
7. Furniture, towels and bedding for your room/unit
8. Behavioral health or substance use disorder services/management
9. Alarmed doors to prevent "wandering" or "exit seeking" behaviors related to dementia
10. Mobility equipment such as wheelchairs, canes, walkers, and power mobility scooters
11. Personal clothing items

MISCELLANEOUS CARE/NEEDS INFORMATION:

1. Lakeview Gardens ALF is a tobacco and smoke free community. This includes all types of tobacco including "chew" and "pouches" as well as smoking of all substance types.
2. While pets are welcomed for visits at any time with the provision of appropriate vaccination records and containment (leash or voice command responsive at all times) if you would like to have your pet live with you, permission for this is determined on a case by case basis at the discretion of Administration. The community staff does not provide pet care or housekeeping services related to pet care.

IF YOUR NEEDS EXCEED THE CARE/SERVICES LAKEVIEW GARDENS ALF IS ABLE TO 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 plan of care 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.

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.

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.

Signature of Resident or Representative

Date

