



Uniform Disclosure Statement Assisted Living/Residential Care Facility

The purpose of this Uniform Disclosure Statement is to provide you with information to assist you in comparing Assisted Living and Residential Care facilities and services. Oregon Department of Human Services requires all Assisted Living and Residential Care facilities to provide you with this Disclosure Statement upon request. Facilities are also required to have other materials available to provide more detailed information than outlined in this document.

The Disclosure Statement is not intended to take the place of visiting the facility, talking with residents, or meeting one-on-one with facility staff. Please carefully review each facility's residency agreement/contract before making a decision.

The Assisted Living and Residential Care facility licensing rules, Oregon Administrative Rule 411-054-0000, are available on the DHS website www.oregon.gov/DHS/spd/index.shtml

Facility Type:

Assisted Living Facility Residential Care Facility Alzheimer's Endorsed

Facility Name: MorningStar Assisted Living of Happy Valley

Address: 14391 SE Princeton Village Way, Happy Valley OR 97015

Telephone Number: 503-360-0883 Number of Apts/Units: 61

Administrator: Phil Altman Hire Date: 4/1//2021

Facility Owner: CD-MS (Happy Valley) LLC Address: 2240 Blake Street

City/State/Zip: Denver, CO 80205 Telephone: 303-573-6500

Facility Operator: MorningStar Senior Management LLC Address: 755 East Hampton Ave., Suite 501

City/State/Zip: Denver, CO 80231 Telephone: 303-750-5522

Does this facility accept Medicaid as payment source for new residents? Yes No

Does this facility permit residents who exhaust their private funds to remain in the facility with Medicaid as a source of payment? Yes No

Does this facility require the disclosure of personal financial information? Yes No

Does this facility allow smoking? No Yes If yes, in what location?

designated indoor area designated outdoor area, covered

designated outdoor area, uncovered

Does this facility allow pets? Yes No Specify limitations: under 25 pounds

I. REQUIRED SERVICES

These services must be provided by the facility, and may be included as part of the base rate, or may be available at extra cost.

I = Included in the base rate

\$ = Available at extra cost

A. Dietary/Food Service

The facility must provide three nutritious meals daily with snacks available seven days a week, including fresh fruit and fresh vegetables. Modified special diets are provided. A modified special diet means a diet ordered by a physician or other licensed health professional that may be required to treat a medical condition (e.g. heart disease, diabetes). Modified diets include but are not limited to: small frequent meals, no added salt, reduced or no added sugar and simple textural modifications.

I = Included in the base rate

\$ = Available at extra cost

I \$

Meals (3 per day)

Snacks/beverages between meals

Modified diets provided: Diabetic/carb control, low sodium, renal diet, modified texture/pureed, and other special needs

Vegetarian diets Yes No

Other: _____

Diets that facility is not able to provide: Medically Complex

B. Activities of Daily Living

I = Included in the base rate

\$ = Available at extra cost

I \$

Assistance with mobility, including transfers from bed to wheelchair, etc., that require the assistance of one staff person

Assistance with bathing and washing hair. How many times a week? _____ varies _____

- Assistance with personal hygiene (*i.e., shaving and caring for the mouth*)
- Assistance with dressing and undressing
- Assistance with grooming (*i.e., nail care and brushing/combing hair*)
- Assistance with eating (*i.e., supervision of eating, cuing, or use of special utensils*)
- Assistance with toileting and bowel and bladder management
- Assistance for cognitively impaired residents (*e.g. intermittent cuing, redirecting*)
- Intermittent intervention, supervision and staff support for residents who exhibit behavioral symptoms
- Other: _____
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C. Medications and Treatments

The facility is required to administer prescription medications unless a resident chooses to self-administer and the resident is evaluated for the ability to safely self-administer and receives a written order of approval from a physician or other legally recognized practitioner.

I = Included in the base rate

\$ = Available at extra cost

I \$

- Assistance with medications
- Assistance with medications/treatments requiring Registered Nurse training and supervision (*e.g. blood sugar testing, insulin*)

D. Health Services

I = Included in the base rate

\$ = Available at extra cost

I \$

- Provide oversight and monitoring of health status
- Coordinate the provision of health services with outside service providers such as hospice, home health, therapy, physicians, pharmacists
- Provide or arrange intermittent or temporary nursing services for residents

E. Activities

The facility is required to provide a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and creates opportunities for active participation in the community at large.

I = Included in the base rate

\$ = Available at extra cost

I \$

Structured activities

How many hours of structured activities are scheduled per day? _____ varies

What types of programs are scheduled?

Music Arts Crafts Exercise

Cooking Other: spiritual, outdoor, outings

F. Transportation

The facility is required to provide or arrange transportation for medical and social purposes.

I = Included in the base rate

\$ = Available at extra cost

I \$

Facility provides transportation for medical appointments

Facility provides transportation for social purposes

Facility arranges transportation (*e.g. cab, senior transports, volunteers, etc.*) for medical appointments

Facility arranges transportation for social purposes

Other: _____

G. Housekeeping/Laundry

I = Included in the base rate

\$ = Available at extra cost

I \$

Personal laundry How often? once a week

Launder sheets and towels How often? once a week

Make bed How often? daily

Change sheets How often? once a week and/or as needed

Clean floors/vacuum How often? once a week

Dust How often? once a week

Clean bathroom How often? once a week

Shampoo carpets How often? As needed

Wash windows/coverings How often? As needed

Other: Additional ancillary services are available

II. OTHER SERVICES AND AMENITIES

The facility may provide the following services and amenities. Facilities are required to provide toilet paper to residents who are Medicaid eligible.

I = Included in the base rate

\$ = Available at extra cost

A = Arranged with an outside provider

N = Not available

I	\$	A	N	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barber/beauty services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheets/towels
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health care supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Personal toiletries (<i>e.g. soap, shampoo, detergent, etc.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Apartment/Unit furniture
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal telephone
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internet Access
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meals delivered to resident's room
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transfer from bed to wheelchair, etc., that requires the assistance of two staff persons
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <u>Depend on Level of Care</u>

III. DEPOSITS/FEES

Deposits and/or fees are charged in addition to rent.

<input checked="" type="checkbox"/>	Application much?	How	\$750.00	Refundable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If refundable, under what circumstances?			100% refundable	
<input type="checkbox"/>	Security/Damage much?	How	\$	Refundable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If refundable, under what circumstances?				
<input type="checkbox"/>	Cleaning much?	How	\$	Refundable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If refundable, under what circumstances?				

<input checked="" type="checkbox"/>	Pet much?	How	\$1,000.00	Refundable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If refundable, under what circumstances? _____				
<input checked="" type="checkbox"/>	Keys much?	How	\$25.00	Refundable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If refundable, under what circumstances? _____				
<input checked="" type="checkbox"/>	Other: (<i>describe</i>)	Community Fee			
	much?	How	\$3,000	Refundable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If refundable, under what circumstances? _____				

IV. MEDICATION ADMINISTRATION

The facility must have safe medication and treatment administration systems in place. The administrator is responsible for ensuring adequate professional oversight of the medication and treatment administration system.

A. Who on the staff routinely administers medications? Wellness Director, Medication Care Managers, Assisted Living Coordinator

B. Do the staff who administer medication have other duties? Yes No

C. Describe the orientation/training staff receive before administering medications.
 Staff providing medication administration services for residents will complete additional training to demonstrate competencies while performing all aspects of safe medication and treatment tasks and duties. Facility RN will ensure staff receive all training necessary to determine both knowledge and demonstrated competencies with documentation, dates and signatures recorded for personnel and facility training files

D. Who supervises staff that administer medications? Wellness Director and Assisted Living Coordinator

E. Residents may use a pharmacy of their choice. If the resident requires medication administration, the facility's policy for ordering and packaging medications is:
All medications must be bubble wrapped with limited exceptions approved by the ED.

1. Is there additional charge for not using the facility pharmacy? Yes No

2. If so, what is the cost? \$400 per month

V. STAFFING

A. Registered Nurse

Assisted Living and Residential Care facilities are required to have a Registered Nurse on staff or on contract. A nurse in these facilities typically does not provide hands-on personal nursing care. The nurse is usually available to provide consultation with the facility staff regarding resident health concerns.

Number of hours per week a nurse is on-site in the facility: 40

B. Direct Care and Other Staff

Facilities must have qualified, awake caregivers, sufficient in number, to meet the 24-hour scheduled and unscheduled needs of each resident. Caregivers provide services for residents that include assistance with activities of daily living, medication administration, resident-focused activities, supervision and support. Individuals whose duties are exclusively housekeeping, building maintenance, clerical/administrative or food preparation, as well as the administrator and licensed nurse, are not considered caregivers. The facility must post a current, accurate facility staffing plan in a conspicuous location for review by residents and visitors.

Note: Assisted Living and Residential Care facilities in Oregon are not required to employ Certified Nursing Assistants (CNA) or Certified Medication Aides (CMA) as resident care staff.

Typical staffing patterns for full-time personnel. **Note to facility:** each staff may only be shown under one title per shift (i.e., if employee provides resident care and medications assistance, show either as Universal Worker or Medication Aide.)

Shift Hours:	Number of Staff per shift				
	Direct Care Staff	Medication Aide	*Universal Worker	Activity Worker	Other Worker
6am-2:00pm	2	1			
2:00pm-10pm	2	1			
10pm-6am	1	1			
10am-4:30pm				1	
7:30am-3pm					2

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* A universal worker is a person who provides care and services to residents in addition to having other tasks, such as housekeeping, laundry or food services.

VI. STAFF TRAINING

Facilities must have a training program that has a method to determine caregiver performance capability through a demonstration and evaluation process.

A. Describe the facility’s training program for a new caregiving staff:

All employees receive a pre-service orientation that includes resident rights, abuse, and reporting requirements, universal precautions, fire and safety training. If the employee’s job duties include preparation of food, the employee will complete training and obtain a food handler’s permit prior to preparing food. Each employee will receive a written job description. Direct care staff (provide services for residents that include assistance with activities of daily living, medication administration, resident focused activities, supervision and support) receive training on first aid and abdominal thrust from certified trainers and/or a certified training organization. Direct care staff will be directly supervised performing any task(s) for which their competency has not been verified. Caregivers will be required to demonstrate competency in all job duties within 30 days of date of hire. Competency verification will be documented and retained in the employee’s personnel file. Direct care staff are required to complete a minimum of 12 hours in-service training annually. Six of the twelve hours must be dementia focused. Trainings topics will reflect provision of care to residents and chronic health conditions affecting resident population in the facility. Documentation of in-service training will be retained in employees’ personnel file annually.

B. Approximately how many hours of training do new caregiving staff receive prior to providing care that is not directly supervised? 32-40 hours

C. How often is continuing education provided to caregiving staff? Monthly

VII. DISCHARGE TRANSFER

Licensed community-based care facilities may only ask a resident to move for reasons specified in applicable Oregon Administrative Rule. Oregon rules do not require that a resident be moved out of a facility due to increased medical services; however, if a facility is unable to meet a resident’s needs based on criteria disclosed in the facility’s information packet and according to the administrative rules, a resident may be given a written notice to move from the facility.

A person has the right to object to a move-out notice and can request a hearing with the Department of Human Services. If you need someone to advocate on your behalf, you may contact the Office of the Long-Term Care Ombudsman at 1-800-522-2602. Information about these rights and who to contact will be included on the move-out notification.

Date this Disclosure Statement was
completed/revised:

12.9.19/05.21.2020/10.09.2020/01.01.2021/
01.01.2022
