

# Consumer Statement The Oaks of Lebanon Assisted Living

## **1. Summary of the care and services The Oaks of Lebanon Provides:**

The Oaks of Lebanon provides all state required services, including general assistance with activities of daily living, foodservice, which includes limited modified special diets such as, Non-medically complex diets as necessary (altered textures and liquid consistency) with liberalized modifications such as no concentrated sweets, and no added salt, other more restrictive diets may be allowed as long as the Resident is able to self-direct and the physician has approved Resident self-direction and understands the diets offered by the community. The community will provide assistance with medication administration for Residents that are deemed stable at the time of admission and with ongoing assessments by the Registered Nurse. The community may administer oral medications, eye drops, inhalers, and topical creams/ointments, along with other medications. They are able to provide services for Residents that require delegation of oversight for medications administered in subcutaneous injections such as insulin. Additionally, non-sterile wound care for stage 1 and 2 skin alterations may be performed. Residents requiring the usage of an indwelling catheter or colostomy for well-maintained stoma sites may receive routine care based on the RN assessment of the device and the Resident remaining in a stable and predictable state. Additional services for medical conditions that require specialized equipment such as bariatric lifts, wheelchairs, or motorized scooters will be evaluated and allowed based on the Residents independence and ability meet evacuation and transfer requirements. We also proudly provide transportation to medical appointments based on driver availability and scheduled community outings as stated on the monthly Activity Calendar.

## **2. Summary explanation of the types of care and services The Oaks of Lebanon does not**

**provide:** The Oaks of Lebanon does not provide the following services on a routine basis: Medically Complex Diets to include but not limited to portion control, consumption tracking, calorie count, therapeutic nutrient or mineral based diets, fluid restrictions or other diets requiring medical, dietary, or licensed nursing interventions beyond required modified texture diets. We are unable to provide service to residents who would require in-house or peritoneal Dialysis, or Enteral Feedings. Intermittent Catheterizations that are not able to be handled by the Resident, Sterile Catheter flushes or other Sterile Procedures will not be allowed. Measurement of urinary output or documentation of bowel patterns unless medically indicated on a temporary basis. Additionally, we are unable to provide skilled wound care to include care for wounds that require sterile wound dressings, or wound vacs. Residents with care needs that require direct 1 on 1 oversight or assistance related to behaviors, extensive care needs or they have behaviors that cause ongoing interference with other Resident's care or are causing a threat to self or others such as: wandering with exist seeking behaviors, attempts or threats to harm self or other, inability to evacuate or utilize call light, aggressive physical, verbal or sexual behaviors, or any behaviors that interfere with the care or Rights of other Residents would exceed the care level of this community. ADL assistance including transfers requiring > 2 person-assist with or without the use of a mechanical lift would only be allowed on a temporary basis related with a realistic end date outline per the Resident Service Plan. Medication regimens that consist of medications that are deemed outside the scope of delegation by the Oregon Board of Nursing or by the Registered Nurse would not be provided by the on- site medication technicians these will include but not limited to: intramuscular injections, continuous or intermittent intravenous therapy, insulin to a resident that is not stable and predictable.

## **3. If your needs exceed the care and services The Oaks of Lebanon provides, we may ask you to move out:**

When you or a family member has exceeded the care and services The Oaks of Lebanon can provide, we will meet with you to discuss the circumstances, attempting to determine the most appropriate care plan and setting to meet you or your loved one's care and service needs. If we cannot properly care for you in our community due to an increase in 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 from MSC0443. 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:**

The Oaks of Lebanon will work with Hospice on a case-by-case basis depending on ability to meet individual care needs. If assessed able to meet individual needs, we will work with your Physician and Hospice services for coordination of care.

**Additional Comments:**

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**Printed Name and Signature of Resident or Legal Representative**

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**Date**

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**Printed Name and Signature of Community Representative**

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**Date**