

Consumer Statement

Orchards Assisted Living

1. Summary of the care and services we provide.

The Orchards 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 also provide medical transportation free of charge to our private pay residents (Thursday 8AM-2:30PM). Arranges medical transportation through Translink or other provider for our Medicaid residents. The following additional medically related services are provided:

- a) Mobility
- b) One person transfer
- c) Bathing
- d) Dressing
- e) Grooming
- f) Eating-cues/supervision/special utensils for eating
- g) Toileting
- h) Cognitively impaired-intermittent cueing/redirecting
- i) Behaviors-intermittent intervention, supervision, and staff support
- j) Safety checks (maximum every 2 hours)
- k) Medication and treatments
- l) Health Services

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

The Orchards does not provide the following services on a routine basis:

- a) An unstable health problem or diagnosis that requires, at a minimum, a daily Licensed Nurse assessment/intervention. Examples may include IV, NG tube, ventilator, cardiac monitor or IM injections
- b) A resident's behavior is unpredictable or unstable, and interventions are not effective to redirect the said behaviors. Examples may include: Wandering, unmanageable/unwanted sexual behaviors, psychotic episodes, aggressive, combative behavior, and alcohol/drug abuse.
- c) The resident's orientation, memory and decision-making abilities become too impaired and put the resident and others are at risk for injury or self-neglect. Examples my include: Noncompliance with personal care needs, wandering into other residents' room or into unsafe areas, unable to call for assistance, needs more than 2-hour intervention of service and failure to keep apartment in an organized, safe and sanitized condition.
- d) We cannot provide for a resident that requires a 2-person assist. We will allow this to occur on a planned temporary basis for a short time with the Administrators approval. **(unless eligible for specialized contract and using mechanical lift)**
- e) A complex medical diet. Examples may include: Renal diet, calorie count, gluten free diet, dysphasia diet, fluid restrictions, complex diabetic diets, thickening agents, carbohydrate counting and low purine diet.
- f) We cannot directly feed a resident.

g) If the resident refuses to allow incontinency intervention, when it is evident that the intervention is necessary and thus the community is unable to provide adequate intervention to meet the health and safety needs of the resident.

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:

The Orchards will work with hospice provider of your choice if you or your representative request it.

Additional comments:

Signature of resident or legal representative

Date