

Consumer Statement Template

Residential Care Facility

Our House of Portland

1. Summary of the care and services we provide.

Cascade AIDS Project 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 coordinate transportation and the following additional medically related services: All medical appointments utilizing state approved medical transportation.

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

Cascade AIDS Project does not provide the following services on a routine basis: Medically complex diets for dysphasia or gram restrictions, two-person transfers, 1:1 supervision, stat blood draws, IV meds in peripheral line, blood products or dialysis. Describe any health, nursing, behavior or care service you want a prospective resident to know the community is unable to provide (*e.g., medically complex diets beyond the required modified special diets, two-person transfers, specific dialysis services, etc.*)

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.

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6. This is how we arrange for or coordinate hospice care:

[Cascade AIDS Project] will work with hospice providers to coordinate hospice care if you or your representative request it.

Additional comments:

Signature of resident or legal representative

Date