



## **Exhibit 2: Uniform Disclosure Statement Addendum**

### **Oregon Consumer Summary Statement**

#### **Pioneer Village**

##### **Summary of the care and services we provide:**

This community provides all state required services, including general assistance with activities of daily living, food service, which includes modified special diets listed on the disclosure statement, medication assistance, housekeeping services and social and recreational activities. We also provide limited transportation to medical appointments within a reasonable distance from the community.

##### **Summary and explanation of the types of care and services we do not provide:**

This community does not provide diets other than what is specified on the Uniform Disclosure Statement. The community does not offer two person assist with transfers or the use of mechanical devices such as a hooyer or similar. The community does not offer continuous one to one supervision. If one to one supervision is necessary or required, services will be offered temporarily for reasonable accommodation only. Cost for temporary one to one supervision is disclosed in the Resident Agreement. Injections, IV medication or treatment, tube feeding, intermittent catheterization, sterile irrigation, and other clinical services are not offered. This community does not offer nurse delegation other than insulin administration. The RN has the right to refuse to delegate tasks if the RN believes it would be unsafe or your condition is not stable and predictable. The community will assist with arranging temporary services with an outside provider who will bill you directly for the services provided as necessary.

##### **If your needs exceed the care and services we provide:**

When your needs exceed the care and services we provide, we will communicate with you or your responsible party 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 and involuntary move-out notice.

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**Evaluation prior to returning from acute medical, psychiatric, nursing facility or other care:**

Before you can return to our community, a 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 the community. We will notify you of this determination as soon as possible and before you leave the acute care or other setting.

**Right to request administrative hearing if you disagree with our involuntary move out notice:**

The requirements for requesting a hearing can be found on the Administrative Hearing Request form MSC0443. 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.

**Coordination of hospice care:**

This community will work with hospice providers to coordinate hospice care if you or your responsible party request it.