



Powell Valley  
Administration  
Policy and Procedure  
Consumer Disclosure  
411-054-0025 Facility Administration

## **Consumer Disclosure: What You Should Know Before Deciding to Move to Our Community**

### **Philosophy of Care**

Powell Valley Assisted Living & Memory Care Community's philosophy of caring includes resident choice, privacy, dignity, independence and individuality in a home-like setting. Service plans are created with residents based on their preferences. Designated parties such as families or significant others may be involved if the resident chooses. The resident's preferences shall take precedence over those of a designated party. Each resident is treated as an individual regardless of their abilities.

Resident choice is respected always. Residents may refuse services at any time. As with any choice, risks may be involved. For instance, if a diabetic resident chooses to eat pie, or a resident who needs a walker chooses to walk without it, risks are taken. We respect the resident's right to take these risks if that is their choice. The community may discuss the risks with the resident and designated parties but will not deny the resident the right to choose.

Our activity program is designed to offer a wide variety of opportunities for pleasure and enjoyment and promote social interaction. Residents choose the activities they wish to be involved in and are encouraged to provide input as to new programs they wish to have implemented.

### **Admission Policies**

- Persons are admitted without regard to race, color, sex, religion, or national origin.
- Resident must be an adult in stable medical condition.
- Individuals who cannot be accepted into the community:
  - Have contagious diseases or infections.
  - Have an active substance abuse problem.
  - Have decubiti that is not under treatment.
- The resident and the Health Services team will be responsible for all decisions in the management of his/her on-going medical concerns.
- Every potential resident and/or designated party will meet with the member of the Health Service's team to determine the services desired and/or needed. At that time, it shall be determined if Powell Valley can meet the potential resident's needs. The resident's service plan will be reviewed within 30 days of move-in and on a periodic basis of no longer than 90 days thereafter. The service plan may also be reviewed if the needs or desired services of the resident have changed. Any change in care or service requested will be discussed with the resident and/or their designated party. If a resident/designated party chooses to request additional services or omit services, the charges for those services may be prorated. If there is a rate change, it occurs immediately.
- Monthly charges are based on the resident's specific apartment and their individual service needs. The resident/designated party will be given 30 days written notice of any rate change for the apartment base rent.
- This community accepts Medicaid. We request a financial statement be completed upon admission.

We generally ask those residents who are on Medicaid to move to a Studio apartment.

- Each resident shall receive a resident guide outlining the resident's policies, procedures and rules of the community and receive a copy of the Resident's Bill of Rights.
- Each potential resident must provide the community with a completed health record history, and a physician's statement prior to the initial assessment.

## Scope of Services

The following services are available at Powell Valley as part of the base fee:

- Three nutritional meals daily.
- Laundry of the Resident's linens and towels on a weekly basis.
- Utilities except for telephone.
- Basic cable television.
- Transportation to medical appointments on a scheduled basis within a 5-mile radius.
- Weekly housekeeping including vacuuming, dusting, bathroom cleaning, etc.

Additional services that may be included on your service plan and which are charged on a "point system" basis include:

- Snacks as needed for special diets, assistance with meals such as cutting or setting up food in a special manner.
- Modified special diets including those with no added salt, reduced or no added sugar and simple textural modifications.
- Assistance with activities of daily living including one-person transfers (occasional two-person transfers can often be accommodated), assistance with bathing and personal hygiene, grooming and dressing, toileting and incontinency management, intermittent cueing, intermittent redirecting intervention, and daily bed making or housekeeping.
- Medication administration as needed. Medications must be provided to Powell Valley in bubble pack form from a pharmacy contracted with Powell Valley, when Powell Valley is administering medication.
- Health services including intermittent nursing services, coordination of health services with outside providers such as therapists, hospice, home health, etc.

If a resident needs services beyond what the community can provide, we may need to discuss other options for care. This may occur if the resident needs:

- Tube feeding or one on one feeding by spoon (lasting more than 7 days)
- Two-person transfers that are difficult to perform without injuring staff
- Regular, repeated intervention because of cognitive dysfunction
- Redirection and safety for active exit seekers
- Many skilled nursing services which may include: services needed on a 24-hour basis, unscheduled skilled nursing services, IV therapy, other invasive procedures

## Discharge or Transfer of a Resident

In the event a resident must relocate, the highest regard for dignity and concern shall be maintained to minimize the trauma and confusion associated with moving.

1. Residents or their representatives will be given a minimum of 30 days written notice when they are requested to move-out. A resident may, but is not required to be, asked to leave under the following circumstances:
  - a. The resident's needs exceed the level of ADL services the community provides. The minimum services identified in OAR 411-055-0210 will be provided before a resident can be asked to move-out for this reason.

- b. The resident exhibits behavior or actions that repeatedly and substantially interfere with the rights or well-being of other residents and the community has tried prudent and reasonable interventions. There will be documentation of the interventions attempted.
      - c. The resident has a medical condition that is complex, unstable or unpredictable and treatment cannot be appropriately developed and implemented in the residential care environment. There will be documentation of the community's efforts to obtain appropriate care for the resident.
      - d. Upon non-payment of allowable fees.
      - e. The community is unable to accomplish resident evacuation in accordance with OAR 411-055-0081(4)
  2. A resident who leaves to receive urgent medical or psychiatric care will have the right to return to the community unless, at the time the resident is to return, community staff have re-evaluated the resident's needs and have determined that the resident's need cannot be met at the community.
    - a. A resident who is refused the right to return will be immediately notified in writing of their right to an informal conference and hearing.
    - b. If the resident appeals the notification to move-out, the community will not rent the resident's unit pending completion of the appeals process. The resident is still responsible for paying rent on their unit during this process.
  3. A resident or his/her representative will be given at least 30 days' notice if the facility has had its license revoked, not renewed or voluntarily surrendered.
  4. The written move-out notice will be completed in a Department approved form. The form will be filled out in its entirety and a copy of the notice will be sent by certified mail or delivered in person to the resident, or the resident's legal representative, or any person designated by the resident, guardian, or conservator and if applicable the case manager. When a person lacks capacity and there is no legal representative, a copy of the notice to move-out will be faxed or sent next-day delivery to the State Long Term Ombudsman, who may request an informal conference for the resident.
  5. The Department will hold an informal conference as promptly as possible after the request is received. Participants will include the resident and others as requested by the resident. The purpose of the informal conference is to resolve the matter without a formal hearing. If a resolution is reached at the informal conference, no formal hearing will be held. If a resolution is not reached at the informal conference, the resident or resident's representative may request a formal hearing.
  6. The resident has the right to a formal administrative hearing prior to an involuntary move-out.
  7. A resident shall only be moved within the community to another apartment:
    - a. At the request of a resident.  
A resident "spends down" and Medicaid is in place.
  8. A resident who was admitted after January 1, 2006 or later may be moved without advance notice if all the following are met:
    - The facility was not notified prior to admission that the resident is on
      - probation, parole or post-prison supervision after being convicted of a sex crime
    - The facility learns that the resident is on probation, parole or post-prison supervision after being convicted of a sex crime
- The resident presents a current risk of harm to another resident, staff or
  - visitor in the facility as evidenced by:

- Current or recent sexual inappropriateness, aggressive behavior of a sexual nature or verbal threats of a sexual nature
- Current communication from the State Board of Parole and Post-Prison Supervision, Department of Corrections or community corrections agency parole or probation officer that the individual's Static 99 score or other assessment indicates a probable sexual re-offense risk to others in the facility.
- Prior to the move, the facility must contact DHS Central Office by
  - telephone and review the criteria in paragraph (8) (a, b, c) of this rule. DHS
  - will respond within one working day of contact by the facility. The
  - Department of Corrections parole or probation officer will be included in the review, if available. DHS will advise the facility if the rule criteria for immediate move-out are met. DHS will assist in locating placement options.
- A written move-out notice must be completed on a Department approved form. The form must be filled out in its entirety and a copy of the notice delivered in person, to the resident, or the resident's legal representative, if applicable. Where a person lacks capacity and there is no legal representative, a copy of the notice to move-out must be immediately faxed to the State Long Term Care Ombudsman.
- Prior to the move, the facility must orally review the notice and right to object with the resident or legal representative and determine if a hearing is requested. A request for hearing does not delay the involuntary move-out. The facility will immediately telephone DHS Central Office when a hearing is requested. The hearing will be held within five business days of the resident's move. No informal conference will be held prior to the hearing.

In the event a resident must relocate, alternate placement choices shall be actively sought by the Executive Director to assist the resident and family. Powell Valley shall notify the resident in writing of the following:

- In case of move-out, all residents shall be obligated to honor the conditions of their resident agreement. Determination of those conditions shall be the responsibility of the Executive Director.
- A resident shall only be moved within the community to another apartment:
  - At the request of a resident.
  - If the resident's financial situation changes, such that they can no longer afford their current sized apartment.

## Staff

Direct care staffing<sup>1</sup> is appropriate to meet the needs of the resident in the building. It may increase as resident's needs increase.

### Assisted Living:

- There will be no less than three direct caregivers on site during the hours between 6:00a.m. and 10:00p.m.
- There will be no less than two direct caregivers between the hours of 10:00p.m. and 6:00a.m.

### Memory Care:

- There will be no less than four direct caregivers on site during the hours between 6:00a.m. and 10:00p.m.
- There will be no less than three direct caregivers on site during the hours between 10:00pm and 6:00am

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<sup>1</sup> The direct care staff does not include housekeepers, activities, maintenance, administration or food service staff. These are in addition to the previously stated number.

- A Certified Dietary Manager plans Powell Valley's menu and supervises the food service.
- A full time Life Enrichment Coordinator is on staff to plan and implement our activity program.
- A written staffing schedule shall be maintained in the community.
- Prior to providing care, staff shall receive documented orientation and training as approved by DHS/SPD. Training topics include:
- Principles of Home-Based Community Care
  - Changes associated with the aging processes, including dementia
  - Resident's Rights, including confidentiality
  - How to perform direct ADL care.
  - Location of resident service plans and how to implement
  - Fire safety/ emergency procedures
  - Responding to behavior issues
  - Standard precautions for infection control
- Staff shall always afford the resident with the utmost privacy. Staff will knock on the door of the resident's apartment and will not enter unless the resident allows it.

If the caregiver's duties include the administration of medication or treatments:

- Resident Care Coordinator and/or nursing staff will document that they have observed and evaluated the individual's ability to perform safe medication and treatment administration unsupervised.
- Staff members will be directly supervised by a qualified person until they have successfully demonstrated satisfactory performance in any task assigned and the provision of individualized resident services, as applicable.
- All direct caregivers will complete and document a minimum of 16 hours of in-service training annually on topics related to the provision of care for persons in a community-based care setting, including training on chronic diseases in the facility population.
- Staff will be trained in the use of the abdominal thrust and First Aid on or before 30 days of employment and bi-annually thereafter.

**Privacy and Confidentiality of Health Care Information**

- A resident's health information is considered confidential and shall not be disclosed unless the disclosure is authorized by the resident (or someone able to act on the resident's behalf.)
- If a resident believes this right has been violated, it should be reported immediately to the Executive Director.
- Residents have the right to access, inspect and copy all health information that is used regarding them.
- Residents have the right to request amendments to the health information.
- Residents have the right to request an accounting of disclosures made by Powell Valley of their health information.

We hope this information is useful in helping you decide about moving to Powell Valley Assisted Living & Memory Care Community. If you have questions regarding the information you have just read, please feel free to call.

**Powell Valley Assisted Living & Memory Care Community**

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