

Consumer Statement Template

Residential Care Facility

01/05/2022

Rosewood Memory Care

1. Summary of the care and services we provide.

Rosewood Memory Care 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 transportation and the following additional medically related services: Modified Diets Consist of: NCS, NAS, Mechanical Soft, Pureed. Transportation to/from medical appointments will be available during business hours on Tuesdays, Wednesdays, and Thursdays of each week with the exception of Holidays. Rosewood asks that family members attend medical appointments with their loved ones.

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

Rosewood Memory Care does not provide the following services on a routine basis: 1 to 1 services/supervision, Non-stable health conditions that require 24-hour RN supervision. Physical aggressive behavior that puts the resident and/or other residents in harms way. Psychiatric services, inappropriate sexual behavior that becomes intrusive on other residents. Modified diets such as; renal/calorie count, fluid restrictions, vegan diets, gluten free. 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:

[Rosewood Memory Care] will work with hospice providers to coordinate hospice care if you or your representative request it.

Additional comments: Resident needs are based individually, and based on current staffing availability to meet the needs of residents. We do not provide 'skilled' services: For example: non-stable insulin dependent diabetic, In-house Dialysis, We will assist with coordinating Home Health Services for woundcare beyond a Stage II, and other outside agency support. We do not provide psychiatric services that require 1:1 assistance (Behavioral Health will be referred if available). Potential residents with indwelling catheters, ileostomies, colostomies will be assessed individually and determined if appropriate for Rosewood Memory Care Setting.

Signature of resident or legal representative

Date