

**Consumer Summary Statement**  
**Spring Meadows**  
**#70M087**

**Summary of the care and services we provide.** Spring Meadows provides all state-required services including general assistance with activities of daily living, food service, which includes some modified diets, medication assistance, housekeeping services, and social and recreational activities. We coordinate transportation and the following additional medically related services: home health, pharmacy, and laboratory services. Spring Meadows will also coordinate care with the hospice agency of your choice, as desired by you or your loved ones.

**Summary explanation of the types of care and services we do not provide.** Spring Meadows does not provide the following services: medically or behaviorally complex care, specific calorie count, mechanical lift, on-going or elective meal delivery, gluten-free, vegan, and Kosher diet. Spring Meadows will conduct a safety assessment to determine our ability to accommodate the following: transfer assistance requiring more than one employee, complex diets, and supportive devices with restraining qualities.

**If your needs exceed the care and service we provide, we may ask you to move out.** When your needs exceed the services we provide, we will meet with you to discuss the alternatives available (i.e. care provided by family or an outside third party, ways you can meet your own needs, etc.). If alternatives are unavailable, or attempts unsuccessful, we may give you a move out notice. Should this be necessary, we will help identify alternative settings better able to meet your needs.

**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 reevaluate your condition and determine if our community can meet your needs. If we determine we can no longer meet your needs, we will issue you a move out notice and, for your safety and well-being, you will not be permitted to return. We will notify you of this determination as soon as possible.

**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 MSC0443. You may also contact the Oregon Long-Term Care Ombudsman at 800-522-2602 or 503-378-6533.

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Signature of resident or legal representative

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Date

