Oregon Department of Human Services
Office of Aging and People with Disabilities
Oregon Administrative Rules

Chapter 411
Division 057

Endorsed Memory Care Communities

Table of Contents

Effective Aug. 11, 2026

411-057-0100 Statement of Purpose (Temporary effective 08/11/2026 through 12/27/2026) 1

411-057-0110 Definitions (Temporary effective 08/11/2026 through 12/27/2026) 1

411-057-0120 Application for Endorsement (Amended 06/24/2020) 7

411-057-0130 Advertising of a Memory Care Community (Amended 06/24/2020)..... 10

411-057-0140 Responsibilities of Administration (Temporary effective 08/11/2026 through 12/27/2026)..... 11

411-057-0150 Staffing Requirements (Amended 06/24/2020)..... 17

411-057-0155 Staff Training Requirements (Adopted 06/24/2020) 18

411-057-0160 Resident Services in a Memory Care Community (Temporary effective 08/11/2026 through 12/27/2026)..... 21

411-057-0165 Independent Family Council (Temporary effective 08/11/2026 through 12/27/2026)..... 24

411-057-0170 Physical Design, Environment, and Safety (Temporary effective 07/01/2026 through 12/27/2026) 26

411-057-0180 Exceptions (Amended 06/24/2020) 31

411-057-0190 Complaints, Inspections, and Sanctions (Amended 06/24/2020) 31

Table 1 (Temporary effective 07/01/2026 through 12/27/2026) 34

Oregon Department of Human Services
Office of Aging and People with Disabilities
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Chapter 411
Division 057

Endorsed Memory Care Communities

411-057-0100 Statement of Purpose

(Temporary effective 08/11/2026 through 12/27/2026)

The purpose of the rules in OAR chapter 411, division 057 is to establish standards for the endorsement of memory care communities. Memory care communities provide specialized services in a secured environment for individuals with dementia. These rules are designed to ensure that residents living in memory care communities have positive quality of life, consumer protection, and person directed care. Resident's rights, dignity, choice, comfort, and independence are promoted in this setting. The endorsement does not constitute a recommendation of any endorsed memory care community by the Oregon Department of Human Services, Aging and People with Disabilities Program.

Statutory/Other Authority: ORS 410.070, 443.886
Statutes/Other Implemented: ORS 443.886

411-057-0110 Definitions

(Temporary effective 08/11/2026 through 12/27/2026)

Unless the context indicates otherwise, the following definitions and the definitions in OAR 411-054-0005 relating to Residential Care and Assisted Living

Facilities and OAR 411-085-0005 relating to Nursing Facilities apply to these rules.

(1) "Advertise" means to make publicly and generally known, usually by printed notice, broadcast, verbal marketing, website, or electronic communication.

(2) "Alzheimer's Disease" means a type of dementia that gradually destroys an individual's memory and ability to learn, reason, make judgments, communicate, and carry out daily activities.

(3) "Applicant" means the person, persons, or entity, required to complete a facility application for an endorsement. Applicant includes a sole proprietor, each partner in a partnership, and each member in a limited liability company, corporation, or entity that owns the residential care facility, assisted living facility, or nursing facility business. Applicant also includes the sole proprietor, each partner in a partnership, and each member in a limited liability company, corporation, or entity that operates the residential care facility, assisted living facility, or nursing facility on behalf of the facility business owner.

(4) “Approved Dementia Care Training” means a dementia training curriculum for residential care and assisted living facility staff approved by an entity selected by the Department as an approving entity pursuant to a Request for Application (RFA) process.

(5) "Assisted Living Facility" means assisted living facility as defined in OAR 411-054-0005.

(6) “Competency” means competency as defined in OAR 411-054-0005.

(7) “Competency Assessment” means competency as defined in OAR 411-054-0005.

(8) "Dementia" is a syndrome characterized by a progressive decline in cognitive functioning severe enough to interfere with an individual’s ability to perform

daily activities. Dementia may affect an individual's memory, ability to think, reason, communicate, perform complex tasks, and move. Symptoms may also include changes in personality, mood, and behavior. There are several causes and types of dementia including but not limited to:

(a) Alzheimer’s disease;

(b) Vascular dementia;

(c) Lewy body dementia;

(d) Frontal-temporal lobe dementia;

(e) Wernicke-Korsakoff Syndrome

(f) Huntington’s disease; and

(g) Creutzfeldt-Jakob disease.

(9) "Dementia Trained Staff" means any employee who has completed the minimum training requirements and has demonstrated competency in supporting individuals with dementia.

(10) "Department" means the Oregon Department of Human Services (ODHS).

(11) “Designated representative” means an adult chosen by the resident or the resident’s legal representative, to participate in service planning, receive information, support communication, or otherwise assist the resident in matters related to services provided by the facility.

(a) A designated representative:

(A) Must be authorized by the resident or, as applicable, the legal representative.

(B) May be a family member, friend, advocate, or other person chosen by the resident.

(C) May not be a paid provider for the resident.

(b) A resident is not required to appoint a designated representative.

(c) Authorization of a designated representative remains in effect until modified or withdrawn by the resident or legal representative.

(d) The designated representative may be the same individual as the resident’s legal representative or designated contact person.

(12) "Direct Care Staff" means a facility employed person whose primary responsibility is to provide personal care services to residents. These personal care services may include:

(a) Medication administration;

(b) Resident-focused activities;

(c) Assistance with activities of daily living;

(d) Supervision and support of residents; and

(e) Serving meals, but not meal preparation.

(13) "Disclosure" means the written information the facility is required to provide to consumers to enhance the understanding of memory care community services, costs, and operations.

(14) "Division" means the Oregon Department of Human Services, Office of Aging and People with Disabilities Program (APD).

(15) “Egress control system” means a door or gate locking system installed in accordance with the Oregon Fire Code and Oregon Structural Specialty Code that restricts or controls exit from a memory care community, including controlled egress systems as permitted by those codes.

(16) “Elopement” means a memory care resident leaves the secured memory care area unsupervised, without the facility’s knowledge.

(17) "Emergency Situation" means a disruption to normal care and services caused by an unforeseen occurrence beyond the control of the licensee whether natural, technological, or human-caused where staff who are trained as required in these rules are not available.

(18) “Endorsed Memory Care Community” means a special care unit in a designated, separated area for residents with Alzheimer’s disease or other forms of dementia that is locked or secured to prevent or limit access by a resident outside the designated or separated area. For purposes of these rules an endorsed memory care community will be referred to as a memory care community.

(19) "Endorsement" means the community has met the requirements to provide specialized services in a memory care community and the requirements for the community's underlying license. An endorsement does not constitute a recommendation of any memory care community by the Division.

(20) "Facility" for the purpose of these rules, means a nursing facility, residential care facility, or assisted living facility.

(21) “Independent family council” means a self-directed group of residents, family members of residents, or designated representatives who may meet in private, either in person or online, to identify, discuss, and collectively present concerns, grievances, or recommendations to facility administration regarding any aspect of facility operations affecting residents, for the purpose of seeking improvements in care, services, safety and quality of life.

(22) "Interdisciplinary Team" means persons including the resident, community staff, family members, healthcare providers, and case managers as applicable,

who support the resident with direct care, nursing, activities, nutrition, and case management.

(23) "Licensee" means the entity that owns the residential care, assisted living, or nursing facility business, and to whom a residential care, assisted living, or nursing facility license has been issued.

(24) "Management" or "Operator" means the entity possessing the right to exercise operational or management control over, or directly or indirectly conduct, the day-to-day operation of a facility.

(25) "Nursing Facility" means a nursing facility as defined in OAR 411-085-0005.

(26) “Orientation” means the training that all employees must complete, as required in OAR 411-054-0070, before performing any job duties.

(27) "Person-centered Care" is an approach that supports a resident to direct their own care by focusing on what is important to them while taking into account all the factors that impact their life. Person-centered care promotes a positive relationship between the resident and staff which is accomplished by staff being knowledgeable about the resident's life story, routines, and habits, and incorporating that information into the individual's daily care and activities.

(28) "Pre-Service Training" means training that must be completed prior to staff independently providing care and services to residents. Pre-service training addresses specific dementia topics as well as other topics related to resident care. Training may include various methods of instruction, for example, classroom style, web-based training, video training, one-to-one or mentoring training, or a combination thereof.

(29) "Remodel" means a renovation or conversion of a building that requires a building permit and meets the criteria for review by the Facilities Planning and Safety Program, Oregon Health Authority, as required by OAR 333-675-0000.

(30) "Residency Agreement" means the information required to be disclosed prior to admission to a residential care or assisted living facility as described in OAR 411-054-0025(10).

(31) "Resident" as used in these rules, means any individual with Alzheimer's disease or other dementia who lives in a memory care community.

(32) "Residential Care Facility" means residential care facility as defined in OAR 411-054-0005.

(33) "These Rules" mean the rules in OAR chapter 411, division 057.

(34) "Universal Worker" means a universal worker as defined in OAR 411-054-0005.

Statutory/Other Authority: ORS 410.070, 443.886
Statutes/Other Implemented: ORS 443.886

411-057-0120 Application for Endorsement

(Amended 06/24/2020)

(1) ENDORSEMENT REQUIRED. Any residential care, assisted living, or nursing facility that offers or provides care to residents with dementias in a memory care community must obtain an endorsement on its facility license.

(2) APPLICATION. At least 60 days prior to the anticipated endorsement, the applicant must submit to the Department a completed Memory Care Community Endorsement Application (form APD 940). The Department shall return incomplete applications to the applicant.

(3) FEE. The non-refundable endorsement application fee is due upon receipt of the application for an initial endorsement and whenever the facility's license and endorsement are renewed. Endorsement application fees are in addition to fees required for facility licensure. Fees shall be as follows:

(a) $50 for each facility with a total memory care community endorsed capacity of 16 or fewer residents;

(b) $75 for each facility with a total memory care community endorsed capacity of 17 to 50; or

(c) $100 for each facility with a total memory care community endorsed capacity of 51 or more.

(4) The applicant must also include the following with the initial application and fee:

(a) Memory Care Community Uniform Disclosure Statement (form SDS 9098 MC);

(b) Employee training curricula;

(c) Policies and procedures;

(d) Floor plan of the memory care community;

(e) Residency or admission agreement;

(f) Copy of the service or care planning tool; and

(g) Copies of brochures or advertisements that are used to advertise the facility and the facility's services.

(5) DEMONSTRATED CAPACITY. The applicant must demonstrate to the satisfaction of the Department, the ability to provide services in a manner that is consistent with the requirements of these rules.

(a) The Department shall consider the following criteria including but not limited to:

(A) The experience of the applicant in managing a memory care community or previous long-term care experience; and

(B) The compliance history of the applicant for endorsement or management company in the operation of any care facility licensed, certified, or registered under federal or state laws.

(b) If the applicant does not have experience in the operation of a memory care community, the applicant must employ a consultant or management company for at least the first six months of operation.

(A) The consultant or management company must have experience in dementia care operations and must be approved by the Department.

(B) The applicant must implement the recommendations of the consultant or management company or present an acceptable plan to the Department to address the consultant's identified concerns.

(6) The Department shall conduct an on-site inspection prior to the issuance of an endorsement to ensure the memory care community is in compliance with the physical plant requirements as outlined in these rules.

(7) The endorsement shall be identified on the facility's license.

(8) ENDORSEMENT RENEWAL. Renewal for endorsement must be made at the time of the renewal for the facility's license (form APD 940).

(9) RELINQUISHMENT OF ENDORSEMENT. The licensee must notify the Department in writing at least 60 days prior to the voluntary relinquishment of the endorsement of a memory care community. For voluntary relinquishment, the facility must:

(a) Give all residents and their designated representatives a 45-day notice. The notice must include:

(A) The proposed effective date of the relinquishment;

(B) Changes in staffing;

(C) Changes in services including the elimination or addition of services; and

(D) Staff training that shall occur when the relinquishment becomes effective.

(b) Submit a transitional plan to the Department that demonstrates how the current residents shall be evaluated and assessed to reside in a memory care community that is not endorsed and is unsecured or would require move-out or transfer to other settings;

(c) Change in each resident's service or care plans as appropriate to address any needs the residents may have with the transition;

(d) Notify the Department when the relinquishment process has been completed; and

(e) Revise advertising materials and disclosure information to remove any reference that the facility is an endorsed memory care community.

Statutory/Other Authority: ORS 410.070, 443.886
Statutes/Other Implemented: ORS 443.886

411-057-0130 Advertising of a Memory Care Community

(Amended 06/24/2020)

(1) An applicant may not advertise as a memory care community until the applicant has obtained an endorsement from the Department. A prospective memory care community may advertise if they have stated their intent to be endorsed and are in the initial endorsement process.

(2) A memory care community with a valid endorsement may advertise that it has an endorsement. However, the advertising materials may not imply or state that the Department recommends or supports a specific memory care community.

(3) All advertising material must be truthful and must not include or use coercive or misleading information about the endorsement of the memory care community.

(4) Upon the determination that a non-endorsed memory care community implies or advertises that they have an endorsement, the Department shall send a notice to the licensee to cease the advertising immediately. Failure to comply may result in a civil penalty as outlined in OAR 411-057-0190.

Statutory/Other Authority: ORS 410.070, 443.886
Statutes/Other Implemented: ORS 443.886

411-057-0140 Responsibilities of Administration

(Temporary effective 08/11/2026 through 12/27/2026)

(1) The licensee is responsible for the operation of the memory care community and the provision of person-centered care that promotes each resident's dignity, independence, safety, and comfort. This includes supervision, training, and overall conduct of the staff.

(2) The licensee of a memory care community must comply with both the licensing rules for the facility and chapter 411, division 57.

(3) The administrator of the memory care community must complete and document that at least 10 hours of their required annual continuing educational requirements, as required by the licensing rules of the facility, relate to the care of individuals with dementia. Continuing education credits must be obtained through Department approved sources which may include college courses,

preceptor credits, self-directed activities, course instructor credits, corporate training, in-service training, professional association trainings, web-based trainings, correspondence courses, telecourses, seminars, and workshops.

(4) The endorsed memory care community must provide a Department designated Memory Care Community Uniform Disclosure Statement (form APD 9098 MC) to each person who requests information about the memory care community.

(5) In addition to the policies and procedures required in the licensing rules for the facility, the memory care community licensee must develop and implement policies and procedures that address:

(a) The philosophy governing how services are provided and how the memory care community implements person-centered care in daily operations;

(b) The evaluation of behavioral symptoms and the design of person-centered supports for service plans;

(c) Practices that support safe wandering while preventing elopement, including the use of environmental design, supervision, and individualized interventions appropriate to residents with dementia; and

(d) The assessment of residents regarding the use and effects of medications, including psychotropic medications;

(e) The use of supportive devices with restraining qualities;

(f) The staffing plan for the memory care community;

(g) Staff training specific to dementia care;

(h) The development and implementation of the community's life enrichment program, including how activities reflect the evaluated needs,

abilities, and preferences of residents living in the memory care community;

(i) The development and implementation of family support programs, including how the community assists families to remain engaged;

(j) The limitation of public address and intercom systems to emergencies and evacuation drills only;

(k) The coordination of transportation and assistance to and from outside medical appointments;

(l) The safekeeping of residents' possessions. The policy required under this subsection must be provided to each resident and the resident's designated representative at the time of move-in and quarterly.

(m) Elopement response and notification.

(A) The licensee must develop and implement written policies and procedures that clearly define the actions staff must take when a resident has eloped from the memory care community.

(B) Elopement policies and procedures must include, at a minimum:

(i) Immediate actions staff must take upon discovering or suspecting that a resident has eloped, including supervision of other residents and search procedures within and around the community;

(ii) Internal notification and escalation procedures, including clear designation of staff roles and responsibilities and timely notification to the administrator or designee;

(iii) Timeframes for elopement notifications:

(I) Require immediate notification of the local law enforcement agency or 911 after a preliminary search of endorsed memory care community;

(II) Require notification to the Department and the Office of the Long-Term Care Ombudsman as soon as practicable, but no later than 24 hours after elopement.

(iv) Require notification of the resident's designated representative consistent with the resident's service plan and any documented preferences, but no later than 24 hours after the resident is discovered or suspected to have eloped.

(v) Procedures to ensure continuity of care and support for the resident upon return, including evaluation of physical and emotional status and review of the resident's care plan.

(vi) Documentation requirements, including a record of the date and time of actions taken, notifications made, and follow-up measures implemented.

(vii) Procedures to reduce elopement risk during visitor access, deliveries, contracted services, maintenance activities or other periods of increased resident-accessible exit use.

(C) Elopement response policies must be specific to residents with dementia and address risks related to cognition, communication, mobility, and behavioral symptoms, including but not limited to wandering and exit-seeking behaviors.

(D) Following an elopement or missing resident incident, the licensee must ensure a review is conducted to evaluate the timeliness,

effectiveness of the response and identify any needed changes to policies, staffing practices, training, or environmental controls.

(E) When egress control systems release due to power failure, fire alarm activation, or other system interruption, the memory care community must implement its elopement prevention procedures until systems are restored.

(n) Elopement and egress control training, as required by OAR 411-057-0155(2)(D)(iii).

(A) The licensee must ensure that all staff assigned to the memory care community receive training and demonstrate ongoing competency in:

(i) Elopement response and notification procedures; and

(ii) The egress control systems in use at the community.

(B) Training must include:

(i) Staff responsibilities and procedures when a resident is suspected or confirmed to have eloped, including search procedures, internal escalation, resident supervision, emergency response, and required notifications;

(ii) How the egress control systems operate during normal conditions;

(iii) Staff responsibilities for monitoring, responding to alarms, and preventing elopement;

(iv) Procedures for manual override or release during emergencies, evacuations, or power failure; and

(v) Coordination between staff roles during an elopement response or emergency event.

(C) Training must be documented and provided upon hire, when systems or procedures are modified, and as part of ongoing staff training.

(D) Following an elopement or system failure event, the licensee must ensure that egress control training is reviewed and updated, and that additional staff training is provided when the post-event review identifies gaps in knowledge, implementation, or system operation.

(6) The licensee must ensure that each administrator assigned responsibility for an endorsed memory care community:

(a) Has completed and maintains compliance with the administrator qualification, licensure, and continuing education requirements applicable to the facility's license type, including but not limited to:

(A) OAR 411-054-0065 for assisted living facilities and residential care facilities; or

(B) OAR chapter 853, division 30 for nursing facilities; and

(b) Completes and documents Department-approved training specific to memory care operations, dementia-related risk factors, and the physical design, environment, and safety requirements of this division.

(c) Nothing in this subsection alters, replaces or expands administrator licensure, authorization, or examination requirements established under other applicable statutes or administrative rules.

(7) The administrator is responsible for implementing the policies and procedures required under this rule and for ensuring day-to-day operational

compliance with the memory care community endorsement requirements within the scope of the administrator's authority. Nothing in this subsection relieves the licensee of responsibility for compliance with this division or for ensuring that the administrator has the authority, resources and training necessary to carry out these responsibilities.

Statutory/Other Authority: ORS 410.070, 443.886
Statutes/Other Implemented: ORS 443.886

411-057-0150 Staffing Requirements

(Amended 06/24/2020)

STAFFING REQUIREMENTS. The facility must provide residents with dementia trained staff who have been instructed in the person centered care approach. Prior to providing care and services to residents all staff must receive training as required in OAR 411-057-0155.

(1) Staffing levels must comply with the licensing rules of the facility and be sufficient to meet the scheduled and unscheduled needs of residents. Staffing levels during nighttime hours shall be based on the sleep patterns and needs of residents.

(2) In an emergency situation when trained staff are not available to provide services, the facility may assign staff who have not completed the required training in accordance with this rule. The particular emergency situation must be documented and must address:

(a) The nature of the emergency;

(b) How long the emergency lasted; and

(c) The names and positions of staff that provided coverage.

Statutory/Other Authority: ORS 410.070, 443.886

Statutes/Other Implemented: ORS 443.886

411-057-0155 Staff Training Requirements

(Adopted 06/24/2020)

(1) A memory care community must ensure staff who provide support to residents with dementia have a basic understanding and fundamental knowledge of the residents' emotional and unique health care needs prior to providing services to residents. The training requirements for staff who work in memory care communities are described in the following sections.

(2) ALL STAFF TRAINING REQUIREMENTS. All staff who work in memory care communities licensed as residential care facilities or assisted living facilities must complete the following:

(a) Orientation as required in OAR 411-054-0070(3) before performing any job duties.

(b) Pre-service dementia care training as required before independently providing personal care or other services. The dementia care training must address these topics:

(A) Education on the dementia disease process, including the progression of the disease, memory loss and psychiatric and behavioral symptoms.

(B) Techniques for understanding, communicating and responding to distressful behavioral symptoms; including but not limited to, reducing the use of antipsychotic medications for non-standard uses when responding to distressful behavioral symptoms.

(C) Strategies for addressing social needs of persons with dementia and engaging them with meaningful activities;

(D) Information concerning specific aspects of dementia care and ensuring safety of residents with dementia including, but not limited to, how to:

(i) Identify and address pain;

(ii) Provide food and fluid;

(iii) Prevent wandering and elopement;

(iv) Use a person-centered approach.

(c) Additional pre-service training topics that must be completed before independently providing personal care to residents:

(A) Environmental factors that are important to resident's well-being (e.g. noise, staff interactions, lighting, room temperature, etc.);

(B) Family support and the role the family may have in the care of the resident;

(C) How to recognize behaviors that indicate a change in the resident's condition and report behaviors that require on-going assessment.

(3) DIRECT CARE STAFF TRAINING REQUIREMENTS. Direct care staff must be directly supervised by a qualified staff person until they have successfully demonstrated satisfactory performance in any task assigned in the provision of individualized resident services. In addition to training required for all staff as described in paragraph (2):

(a) Before independently providing personal care or other services to residents, direct care staff must complete training on:

(A) How to provide personal care to a resident with dementia, including an orientation to the resident and the resident's service plan, as required in OAR 411-054-0070(4).

(B) The use of supportive devices with restraining qualities in memory care communities.

(b) Within 30 days after hire, direct care staff must complete training as outlined in OAR 411-054-0070(5).

(c) Direct care staff who work in memory care communities licensed as residential care facilities or assisted living facilities must complete a total of 16 hours of in-service training annually. The six hours of annual dementia care training required pursuant to OAR 411-054-0070(6) may be included in the 16 hours of in-service training. Annual in-service hours required of each staff are due by the anniversary date of that person's hire. All completed trainings must be documented by the facility.

(4) NURSING FACILITY STAFF. Staff who work in memory care communities licensed as nursing facilities must complete the following:

(a) Orientation as outlined in OAR 411-086-0310, 42 CFR § 483.95 (F 943).

(b) Pre-service dementia care training as outlined in paragraphs (2)(b) and (c) and paragraph (3)(a) of this section.

(c) A total of 16 hours of annual in-service training must be completed by direct care staff only. Four of the 16 hours must be dementia care training and may be included in the 16 hours of in-service training. Annual in-service hours required of each staff are due by the anniversary date of that person's hire. All completed trainings must be documented by the facility.

(5) Persons providing or overseeing the training of staff must have experience and knowledge in the care of individuals with dementia.

(6) The memory care community must have a method for determining and documenting each staff person's competency of training in accordance with the licensing rules. All training must be documented and available to the Department upon request.

Statutory/Other Authority: ORS 410.070, 443.886
Statutes/Other Implemented: ORS 443.886

411-057-0160 Resident Services in a Memory Care Community

(Temporary effective 08/11/2026 through 12/27/2026)

(1) Individuals with a diagnosis of dementia who require support for the symptoms of dementia for physical safety or physical or cognitive function may reside in a memory care community. A memory care community may also admit an individual who does not have a diagnosis of dementia when:

(a) The individual seeks to reside with a spouse, partner, or companion who has dementia;

(b) The facility completes an evaluation demonstrating the individual can safely reside in a secured memory care environment and does not pose a risk to residents with dementia;

(c) The individual does not require services that exceed the facility's license or staffing capacity;

(d) The facility documents how the individual's presence will not interfere with meeting the needs of residents with dementia; and

(e) The facility develops a service plan that addresses the individual's needs and supports safe co-residence.

(2) At time of move-in and at least quarterly, the memory care community must make reasonable attempts to identify the preferred customary routines of each

resident and the resident's preferences in how services may be delivered. Minimum services to be provided include:

(a) Assistance with activities of daily living that addresses the needs of each resident with dementia due to cognitive or physical limitations. These services must meet or be in addition to the requirements in the licensing rules for the facility. Services must be provided in a manner that promotes resident choice, dignity, and sustains the resident's abilities.

(b) Health care services provided in accordance with the licensing rules of the facility.

(c) A daily meal program for nutrition and hydration must be provided based upon the resident’s preferences and needs available throughout each resident’s waking hours. The individualized nutritional plan for each resident must be documented in the resident’s service or care plan. In addition, the memory care community must provide:

(A) Visual contrast between plates, eating utensils, and the table to maximize the independence of each resident; and

(B) Adaptive eating utensils for those residents who have been evaluated as needing them to maintain their eating skills.

(d) Meaningful activities that promote or help sustain the physical, cognitive and emotional well-being of residents. The activities must be person-centered and available during residents’ waking hours.

(A) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following:

(i) Past and current interests;

(ii) Current abilities and skills;

(iii) Emotional and social needs and patterns;

(iv) Physical abilities and limitations;

(v) Adaptations necessary for the resident to participate; and

(vi) Identification of activities for behavioral interventions.

(B) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs.

(C) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to:

(i) Occupation or chore related tasks;

(ii) Scheduled and planned events (e.g., entertainment, outings);

(iii) Spontaneous activities for enjoyment or those that may help diffuse a behavior;

(iv) One to one activities that encourage positive relationships between residents and staff (e.g., life story, reminiscing, music);

(v) Spiritual, creative, and intellectual activities;

(vi) Sensory stimulation activities;

(vii) Physical activities that enhance or maintain a resident's ability to ambulate or move; and

(viii) Outdoor activities.

(e) Behavioral symptoms which negatively impact the resident or others in the community must be evaluated and included on the service or care plan. The memory care community must initiate and coordinate outside consultation or acute care when indicated.

(f) Support must be offered to family and other significant relationships on a regularly scheduled basis not less than quarterly. Examples in which support may be provided include support groups, community gatherings, social events, or meetings that address the needs of individual residents or their family or significant relationships.

(g) Access to secured outdoor space and walkways which allow residents to enter and return without staff assistance, except when indicated by OAR 411-057-0170(5)(e).

Statutory/Other Authority: ORS 410.070, 443.886
Statutes/Other Implemented: ORS 443.886

411-057-0165 Independent Family Council

(Temporary effective 08/11/2026 through 12/27/2026)

(1) A resident has the right to start or take part in resident groups, including an independent family council. An independent family council may include residents, family members of residents, and legal representatives, who may start or take part in the council.

(2) At the time of admission, the facility must give the resident the residents' legal representative and residents' family members, if applicable:

(a) Written notice of the resident's right to start and take part in resident groups, including an independent family council. This right includes the

ability of a resident's legal representative or family to initiate or take part in an independent family council.

(b) Contact information for any independent family council that already exists at the facility, and how to join.

(3) If an independent family council is formed, the facility must:

(a) Provide space in the facility's entry area to display information about the council.

(b) Provide meeting space that reasonably allows for privacy during times agreed upon with the council.

(c) Take reasonable steps to let residents, legal representatives, and resident family members know about upcoming meetings in a timely way, if requested by the council. As used in this subsection:

(A) "Timely" means providing notice at least 48 hours in advance of a scheduled meeting, unless a shorter timeframe is necessary due to urgent circumstances.

(B) "Reasonable steps" means using one or more communication methods normally used by the facility to share information with residents and family members.

(d) Allow staff and visitors to attend council meetings only if invited by the council. All visitors, including family members and designated representatives, must follow the facility's visitor policies.

(e) Name a staff person to respond to, or coordinate a response to, any written requests or grievances from the council.

(f) Acknowledge in writing any request or grievance from the council within five business days. Provide a response by no later than the next

independent family council meeting that addresses the issue. The facility does not have to agree with the request, but if the request is denied, an explanation must be given if the council asks.

(4) An independent family council may not take away or limit the rights of any resident.

(5) A facility may not:

(a) Discriminate or retaliate against a resident because they, their family member, or their representative takes part in an independent family council; or

(b) Willfully interfere with the creation, running or promotion of an independent family council.

Statutory/Other Authority: ORS 410.070, 443.886, Or Laws 2025, ch. 221
Statutes/Other Implemented: ORS 443.886, Or Laws 2025, ch. 221

411-057-0170 Physical Design, Environment, and Safety

(Temporary effective 07/01/2026 through 12/27/2026)

The temporary administrative rules that became effective on July 1, 2026, were subsequently suspended. Upon suspension, the rules reverted to the language last made permanent on June 24, 2020, as shown below.

(1) It is the intent of these rules that the physical environment and design support the needs of individuals who are cognitively impaired. The physical environment should maximize functional abilities, accommodate behavior that is related to dementia, promote safety, enhance personal dignity, and encourage independence.

(2) BUILDING CODES. Newly endorsed memory care communities must comply with the Oregon Structural Specialty Code (OSSC) occupancy classification

enforceable at the time of endorsement. If endorsed prior to the current version of the OSSC, the facility must comply with the building code in place at the time of original endorsement.

(3) Endorsed memory care communities must be located on the ground level of the building to ensure access to outdoor space and safe evacuation.

(4) LIGHTING.

(a) Research conducted in lighting intensities has shown an impact on individuals with dementia. Lighting throughout the day or night may have an impact on an individual's functional abilities, as well as in mood and behavior. For communities that are in development or remodeling to new standards, the Department encourages facilities to review and implement the Recommended Practice for Lighting and Visual Environment for Senior Living as outlined in the ANSI/IESNA RP-28-07.

(b) The following lighting requirements must be met. These requirements apply to newly endorsed, constructed, or remodeled communities which have construction documents approved on or after November 1, 2010.

(A) Light fixtures must be designed to minimize direct glare (for example: indirect or diffused lighting). Bare light bulbs or tubes are not allowed;

(B) Lighting fixtures and circuitry must conform to lighting intensities shown in Table 1;

(C) Windows and skylights must be utilized to minimize the need for artificial light and to allow residents to experience the natural daylight cycle; and

(D) All windows must have coverings which diffuse daylight and minimize glare without blocking all light during the day. In addition,

bedroom window coverings must provide privacy and block light from street or parking lot lights from entering the bedroom at night.

(5) SURFACE FINISHES. The following requirements for surface finishes must be met. These requirements apply to newly endorsed, constructed, or remodeled communities which have construction documents approved on or after November 1, 2010.

(a) Walls, floors, ceilings, and woodwork must be finished to minimize reflected glare and must have a low sheen or matte finish;

(b) There must be high visual surface contrasts to assist residents with limited visual acuity to distinguish between floor and wall, between wall and door, and between floor and other objects (e.g. toilet);

(c) Paint and other finishes used on the ceiling must have a light reflectance value of 80 percent or higher; and

(d) Paint and other finishes used on walls above 36 inches from the floor must have a light reflectance value of 60 percent or higher.

(6) SECURE OUTDOOR RECREATION AREA. The memory care community must comply with facility licensing requirements for outdoor recreation areas as well as the following standards. These requirements apply to newly endorsed, constructed, or remodeled communities which have construction documents approved on or after November 1, 2010 with the exception of subsections (d) and (e) of this section.

(a) The space must be a minimum of 600 square feet or 15 square feet per resident, whichever is greater and is exclusive of normal walkways and landscaping. The space must have a minimum dimension of 15 feet in any direction;

(b) Fences surrounding the perimeter of the outdoor recreation area must be no less than six feet in height, constructed to reduce the risk of resident elopement, and maintained in functional condition;

(c) Walkways must meet the accessibility requirements of the Oregon Structural Specialty Code. Walkway surfaces must be a medium to dark reflectance value to prevent glare from reflected sunlight;

(d) Outdoor furniture must be sufficient weight, stability, design, and be maintained to prevent resident injury or aid in elopement; and

(e) Doors to the outdoor recreation area may be locked during nighttime hours or during severe weather per facility policy.

(7) COMMON AREAS. Common areas must include the following requirements:

(a) Freedom of movement for the residents to common areas and to the resident's personal spaces;

(b) A multipurpose room for dining, group and individual activities, and family visits that complies with the facility licensing requirements for common space;

(c) Comfortable seating;

(d) Safe corridors and passageways through the common areas that are free of objects that may cause falls; and

(e) Windows or skylights that are at least as large as 12 percent of the square footage of the common area.

(8) A public address or intercom system is not required, however if one exists it must be used within the memory care community only for emergencies.

(9) RESIDENT ROOMS.

(a) Residents may not be locked out of or inside of their rooms at any time.

(b) Residents must be encouraged to decorate and furnish their rooms with personal items and furnishings based on the resident's needs, preferences, and appropriateness.

(c) The memory care community must individually identify residents' rooms to assist residents in recognizing their room.

(10) EXIT DOORS.

(a) Locking devices used on exit doors, as approved by the Building Codes Agency and Fire Marshal having jurisdiction over the memory care community, must be electronic and release when the following occurs:

(A) Upon activation of the fire alarm or sprinkler system;

(B) Power failure to the facility; or

(C) By activating a key button or keypad located at exits for routine use by staff.

(b) If the memory care community uses keypads to lock and unlock exits, then directions for the keypad code and their operation must be posted on the outside of the door to allow access to the unit. However, if all of the community is endorsed, then directions for the operation of the locks need not be posted on the outside of the door.

(c) Memory care communities may not have entrance and exit doors that are closed with non-electronic keyed locks. A door with a keyed lock may not be placed between a resident and the exit.

(d) If the memory care community does not post the code, the community must develop a policy or a system that allows for visitor entry.

Statutory/Other Authority: ORS 410.070, 443.886
Statutes/Other Implemented: ORS 443.886

411-057-0180 Exceptions

(Amended 06/24/2020)

Exceptions to these rules shall be reviewed by the Department and processed in accordance with the licensing rules of the facility.

Statutory/Other Authority: ORS 410.070, 443.886
Statutes/Other Implemented: ORS 443.886

411-057-0190 Complaints, Inspections, and Sanctions

(Amended 06/24/2020)

(1) COMPLAINTS AND INVESTIGATIONS. The Department shall investigate complaints regarding an endorsed memory care community in accordance with the complaint and investigation procedures in the licensing rules of the facility. Complaints and investigations may include alleged violations of ORS 443.886 or violations of these rules. When the Department requests documents or records during an investigation, the licensee must make the information available to the investigator promptly for review and copying.

(2) INSPECTIONS. At the time of the memory care community's regular license renewal, the Department shall inspect the memory care community to determine compliance with these rules.

(3) SANCTIONS. Sanctions for failure to comply with these rules may include the imposition of civil penalties, licensing conditions, suspension, denial, non-renewal, or revocation of the endorsement. Sanction involving the endorsement shall be in accordance with the licensing rules of the facility type applicable to the type of sanction imposed.

(a) SUSPENSION. The Department may immediately suspend a memory care community's endorsement if the Division finds a serious threat to the public health and safety and sets forth specific reasons for such findings.

(b) DENIAL AND NON-RENEWAL OF ENDORSEMENT APPLICATION. The Department may deny or refuse to renew an endorsement under the following circumstances:

(A) Failure to demonstrate capacity as required in OAR 411-057-0120(5);

(B) Substantial failure to comply with Department rules;

(C) Failure to provide complete and accurate information on the application;

(D) When the State Fire Marshal or authorized representative certifies there is failure to comply with all applicable ordinances and rules pertaining to safety from fire; and

(E) Failure to implement a plan of correction or comply with a licensing or endorsement condition that ensures the safety and security of residents or fails to provide the required dementia care programming to residents living within the memory care community.

(c) REVOCATION. The Department may issue a notice of revocation of endorsement upon finding that there is substantial failure to comply with these rules such that the health, safety, or welfare of residents is jeopardized, or any substantial failure to comply with one or more of these rules.

(4) The licensee is entitled to a hearing in accordance with the provisions of ORS chapter 183 when the Department takes enforcement action on the endorsement of a memory care community.

Statutory/Other Authority: ORS 410.070, 443.886
Statutes/Other Implemented: ORS 443.886

Table 1

(Temporary effective 07/01/2026 through 12/27/2026)

The temporary administrative rules that became effective on July 1, 2026, were subsequently suspended. Upon suspension, the rules reverted to the language last made permanent on June 24, 2020, as shown below.

OAR 411-057-0170(4)(b)(B)

Light Levels for Memory Care Communities

Minimum Maintained Average Luminance Measured in Foot-candles

Areas	Ambient Light	Task Light
Exterior Entrance (Night)	10	NA
Interior Entry (Day – within the first 10 feet from door	50	NA
Interior Entry (Night)	10	NA
Exit Stairways and Landings (Value Contrast on edge)	30	NA
Elevator Interiors	30	NA
Exterior Walking Surface (Night)	5	NA
Administrative Areas	30	50
Visiting Areas (Day)	30	NA
Visiting Areas (Night)	10	NA
Resident Bedroom/Apartment		
Entrance	30	NA

Wardrobe	30	NA
Living Room	30	75
Bedroom (Day)	30	75
Make-up/Shaving Vanity	30	60
Shower/Bathing Room	30	NA
Activity Areas	30	50
Chapel or Quiet Area	30	NA
Barber/Beautician (Day)	50	NA
Hallways (Day)	30	NA
Hallways (Night/Sleeping)	10	NA
Dining (Active Hours)	30	50 (On table surface)

Notes:

- Utilization of daylight is encouraged in entry ways to provide transition between outside and interior illumination levels. Areas commonly used by residents, i.e. dining, activity and living rooms should maximize use of daylight.
- Ambient light levels are minimum averages measured at 30 inches above the floor in a horizontal plane. Task light levels are absolute minimums taken on the work surface. In the Make-up/Shaving area the measurement is to be taken four feet above the finished floor.