

# Information Memorandum Transmittal Aging and People with Disabilities



Sarah Odell

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**Number:** APD-IM-22-051

**Issue date:** 06/08/2022

**Topic:** Long Term Care

**Due date:** 06/08/2022

**Subject:** Nursing Facility Change of Ownership and Name Change

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> Support Service Brokerage Directors           | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children's Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

Previous

Name: **CORNERSTONE CARE OPTION (38E173)**

New

Name: **AVALON CARE CENTER – Portland (38E173)**  
12640 SE BUSH  
Portland, OR 97236

New

Owner: **AVALON CARE CENTER – PORTLAND, LLC**

Operator: Avalon Health Care Management of Oregon

Effective

Date: 06/01/2022

*If you have any questions about this information, contact:*

Contact(s): Nursing Facility Licensing Unit	
Phone:	Fax:
Email: <a href="mailto:NF.Licensing@dhsosha.state.or.us">NF.Licensing@dhsosha.state.or.us</a>	