

PUBLIC NOTICE



Transfer/Discharge/Right of Return/Right of Readmission

You, the resident, and your family must be given advance written notice if the facility wants you to move out. The written notice must include why and where you will be moved and the date you will be moved. The advance notice should also include an explanation of your right to appeal the decision to move.

The facility must provide you the brochure, "Leaving the Nursing Facility." (DHS 9847)

If you are hospitalized, you have the right to return to the nursing facility. If you are discharged from the nursing facility to any setting other than another nursing facility, you may have the right to return to the nursing facility within 180 days of discharge.

Other resources

Oregon State Board of Nursing
- If you have a concern a nurse or nursing assistant has acted illegally or dangerously in regard to her/his professional responsibilities.
Phone: **971-673-0678**

Medicaid Fraud – If you have a concern with a provider billing Medicaid for goods and services that were never provided, were of lower quality or were unnecessary.
Phone: **1-888-FRAUD01 (1-888-372-8301)**

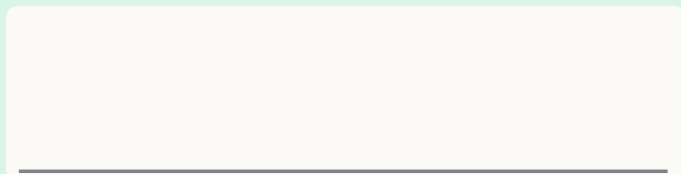
Oregon law requires this public notice to be clearly posted near each nurses' station.
(OAR 411-085-0030(1)(B))

You can get this document in other languages, large print, braille or a format you prefer. Contact Aging and People with Disabilities at **503-373-2227** or email NFLicensing@state.or.us. We accept all relay calls or you can dial 711.

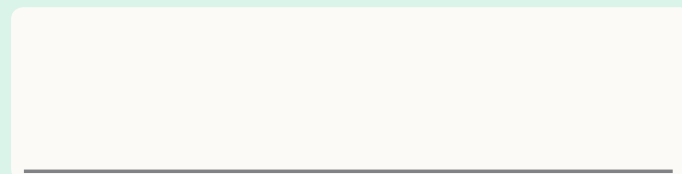
DO YOU HAVE A COMPLAINT?

In the event of an emergency call: 911

The facility's Administrator or Director of Nursing can help resolve many situations and concerns. Please contact one of the below individuals to assist you with your concern.



Facility Administrator
(update as needed)



Director of Nursing Services
(update as needed)

If you have an unresolved complaint or concern related to your quality of life and/or care at the facility, the Oregon Long-Term Care Ombudsman can help.

Long-Term Care Ombudsman

Phone: 1-800-522-2602

Have you experienced, witnessed or heard of another resident experiencing any of the following? If so, it could be abuse and should be reported to the Nursing Facility Complaint Unit.

Physical abuse

Injuries caused by hitting, pinching and/or rough handling

Mental abuse

- Harassment
- Threats of punishment
- Threats by staff to not care for you

Verbal abuse

Use of negative or hurtful terms when speaking to you or describing you

Sexual abuse

Non-consensual contact by employees, visitors, or other residents when you cannot or do not give consent. Contact can be through:
Force – Threat – Fondling – Duress – Coercion

Neglect of care

Not providing basic care and services that results in your discomfort, harm or loss of dignity

Corporal punishment

Physical punishment

Restraints/Seclusion

- Sedated so you cannot control your daily life
- Using a device or object to keep you in a certain place, and/or
- Being left alone in an area of the nursing facility that you are not allowed to leave

Theft/Financial Exploitation

Improper use of your money or personal items

Nursing Facility Complaint Unit

Phone: 1-877-280-4555

Fax: 1-888-550-6788

Email: NF.Complaints@dhsosha.state.or.us