

**Residential Care/Assisted Living Facility
Notice of Move-Out
Oregon Administrative Rule 411-054-0080 (1-5)
30 day Move-Out Notice**



Notice issued to: Last name: _____		First name: _____	
Date issued: ____ / ____ / ____		30 days will be: ____ / ____ / ____	
Name of facility: _____		<input type="checkbox"/> RCF	<input type="checkbox"/> ALF <input type="checkbox"/> MCC
Address: _____			
City/state/ZIP: _____			
Telephone: _____		Fax: _____	

You are being requested to move within **30 days** of receipt of this notice for the following reason(s):

- Your personal care needs (*activity of daily living*) exceed the level of services provided by the facility, as specified in the facility's disclosure information.
- You have engaged in behavior or actions that have repeatedly and substantially interfered with the rights, health or safety of residents or others.
- You have a medical condition that is complex, unstable or unpredictable and exceeds the level of health services as specified in writing in the facility's disclosure information.
- You are unable to evacuate to a point of safety during fire drills in the required time.
- You exhibit behavior that poses a danger to self or others.
- You have engaged in illegal drug use, or have committed a criminal act that causes potential harm to yourself or others.
- Non payment of charges owed to the facility.

The specific reason(s) you are being asked to move is because:

If you do not want to move based on the reasons stated in this notice:

You have **ten (10)** working days to request an administrative hearing after receiving this notice by completing the **attached hearing request form**.

- SPD may hold an informal meeting to resolve this matter. If you are satisfied with the outcome of this meeting, then no administrative hearing will be held.
- Hearings are held before an administrative law judge who works for the Office of Administrative Hearings.
- You can have a lawyer or someone else help you if a hearing is held. **You may be able to obtain free legal services through the local legal aid office or the bar association.**
- **Note to military personnel:** Active duty service members have a right to stay these proceedings under the federal Service members Civil Relief Act. For more information, you may contact the Oregon State Bar (800-452-8260), the Oregon Military Department (800-452-7500), or the nearest legal assistance office, <http://legalassistance.law.af.mil>.

If you are having difficulty understanding this notice, your rights or if you need an advocate, the long-term care ombudsman office can help you. You can contact them at:

Office of the Long-Term Care Ombudsman
3855 Wolverine NE, Ste.6
Salem OR 97305-1251
Telephone: 1-800-522-2602 or TTY: 1-503-378-5834

Copies of this notice have also been sent to the following people and agencies:

Name and relationship	Address and phone number

Signature and title of facility representative

Date

This notice is being issued pursuant to Oregon Administrative Rule 411-054-0080(1-5)

A copy of this notice must be faxed to the Office of Safety, Oversight and Quality Unit at 503-378-8966, or emailed to CBC.Team@dhsosha.state.or.us