



# Uniform Disclosure Statement Assisted Living/Residential Care Facility

The purpose of this Uniform Disclosure Statement is to provide you with information to assist you in comparing Assisted Living and Residential Care facilities and services. Oregon Department of Human Services requires all Assisted Living and Residential Care facilities to provide you with this Disclosure Statement upon request. Facilities are also required to have other materials available to provide more detailed information than outlined in this document.

The Disclosure Statement is not intended to take the place of visiting the facility, talking with residents, or meeting one-on-one with facility staff. Please carefully review each facility's residency agreement/contract before making a decision.

The Assisted Living and Residential Care facility licensing rules, Oregon Administrative Rule 411-054-0000, are available on the DHS website [www.oregon.gov/DHS/spd/index.shtml](http://www.oregon.gov/DHS/spd/index.shtml)

Facility Type:

Assisted Living Facility       Residential Care Facility       Alzheimer's Endorsed

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_      Number of Apts/Units: \_\_\_\_\_

Administrator: \_\_\_\_\_      Hire Date: \_\_\_\_\_

Facility Owner: \_\_\_\_\_      Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_      Telephone: \_\_\_\_\_

Facility Operator: \_\_\_\_\_      Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_      Telephone: \_\_\_\_\_

Does this facility accept Medicaid as payment source for new residents?       Yes       No

Does this facility permit residents who exhaust their private funds to remain in the facility with Medicaid as a source of payment?       Yes       No

Does this facility require the disclosure of personal financial information?       Yes       No

Does this facility allow smoking?       No       Yes      If yes, in what location?

designated indoor area       designated outdoor area, covered

designated outdoor area, uncovered

Does this facility allow pets?       Yes       No      Specify limitations: \_\_\_\_\_

## I. REQUIRED SERVICES

These services must be provided by the facility, and may be included as part of the base rate, or may be available at extra cost.

*I = Included in the base rate*

*\$ = Available at extra cost*

### A. Dietary/Food Service

The facility must provide three nutritious meals daily with snacks available seven days a week, including fresh fruit and fresh vegetables. Modified special diets are provided. A modified special diet means a diet ordered by a physician or other licensed health professional that may be required to treat a medical condition (e.g. heart disease, diabetes). Modified diets include but are not limited to: small frequent meals, no added salt, reduced or no added sugar and simple textural modifications.

*I = Included in the base rate*

*\$ = Available at extra cost*

**I    \$**

- Meals (3 per day)
- Snacks/beverages between meals
- Modified diets provided: \_\_\_\_\_

Vegetarian diets       Yes  No

Other: \_\_\_\_\_

Diets that facility is not able to provide: \_\_\_\_\_

### B. Activities of Daily Living

*I = Included in the base rate*

*\$ = Available at extra cost*

**I    \$**

- Assistance with mobility, including transfers from bed to wheelchair, etc., that require the assistance of one staff person
- Assistance with bathing and washing hair. How many times a week? \_\_\_\_\_

Assistance with personal hygiene (*i.e., shaving and caring for the mouth*)

Assistance with dressing and undressing

Assistance with grooming (*i.e., nail care and brushing/comb hair*)

- Assistance with eating (*i.e., supervision of eating, cuing, or use of special utensils*)
- Assistance with toileting and bowel and bladder management
- Assistance for cognitively impaired residents (*e.g. intermittent cuing, redirecting*)
- Intermittent intervention, supervision and staff support for residents who exhibit behavioral symptoms
- Other: \_\_\_\_\_

**C. Medications and Treatments**

The facility is required to administer prescription medications unless a resident chooses to self-administer and the resident is evaluated for the ability to safely self-administer and receives a written order of approval from a physician or other legally recognized practitioner.

*I = Included in the base rate*  
*\$ = Available at extra cost*

**I    \$**

- Assistance with medications
- Assistance with medications/treatments requiring Registered Nurse training and supervision (*e.g. blood sugar testing, insulin*)

**D. Health Services**

*I = Included in the base rate*  
*\$ = Available at extra cost*

**I    \$**

- Provide oversight and monitoring of health status
- Coordinate the provision of health services with outside service providers such as hospice, home health, therapy, physicians, pharmacists
- Provide or arrange intermittent or temporary nursing services for residents

**E. Activities**

The facility is required to provide a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and creates opportunities for active participation in the community at large.

*I = Included in the base rate*  
*\$ = Available at extra cost*

**I    \$**

- Structured activities

How many hours of structured activities are scheduled per day? \_\_\_\_\_

What types of programs are scheduled?     Music     Arts     Crafts     Exercise  
 Cooking     Other: \_\_\_\_\_

## F. Transportation

The facility is required to provide or arrange transportation for medical and social purposes.

*I = Included in the base rate*

*\$ = Available at extra cost*

**I    \$**

- Facility provides transportation for medical appointments
- Facility provides transportation for social purposes
- Facility arranges transportation (*e.g. cab, senior transports, volunteers, etc.*) for medical appointments
- Facility arranges transportation for social purposes

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## G. Housekeeping/Laundry

*I = Included in the base rate*

*\$ = Available at extra cost*

**I    \$**

- |   |            |       |
|---|------------|-------|
| <input type="checkbox"/> <input type="checkbox"/> Personal laundry          | How often? | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Launder sheets and towels | How often? | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Make bed                  | How often? | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Change sheets             | How often? | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Clean floors/vacuum       | How often? | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Dust                      | How often? | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Clean bathroom            | How often? | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Shampoo carpets           | How often? | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Wash windows/coverings    | How often? | _____ |
| <input type="checkbox"/> <input type="checkbox"/> Other: _____              |            | _____ |

## II. OTHER SERVICES AND AMENITIES

The facility may provide the following services and amenities. Facilities are required to provide toilet paper to residents who are Medicaid eligible.

*I = Included in the base rate*

*\$ = Available at extra cost*

*A = Arranged with an outside provider*

*N = Not available*

I    \$    A    N

- Barber/beauty services
- Sheets/towels
- Health care supplies
- Personal toiletries (*e.g. soap, shampoo, detergent, etc.*)
- Apartment/Unit furniture
- Personal telephone
- Cable TV
- Internet Access
- Meals delivered to resident's room
- Transfer from bed to wheelchair, etc., that requires the assistance of two staff persons
- Other: \_\_\_\_\_  
\_\_\_\_\_

**III. DEPOSITS/FEES**

Deposits and/or fees are charged in addition to rent.

- Application                      How much? \_\_\_\_\_      Refundable?       Yes  No  
If refundable, under what circumstances? \_\_\_\_\_
- Security/Damage                  How much? \_\_\_\_\_      Refundable?       Yes  No  
If refundable, under what circumstances? \_\_\_\_\_
- Cleaning                              How much? \_\_\_\_\_      Refundable?       Yes  No  
If refundable, under what circumstances? \_\_\_\_\_
- Pet                                      How much? \_\_\_\_\_      Refundable?       Yes  No  
If refundable, under what circumstances? \_\_\_\_\_
- Keys                                    How much? \_\_\_\_\_      Refundable?       Yes  No  
If refundable, under what circumstances? \_\_\_\_\_
- Other: (*describe*) \_\_\_\_\_  
    How much? \_\_\_\_\_      Refundable?       Yes  No  
If refundable, under what circumstances? \_\_\_\_\_

**IV. MEDICATION ADMINISTRATION**

The facility must have safe medication and treatment administration systems in place. The administrator is responsible for ensuring adequate professional oversight of the medication and treatment administration system.

A. Who on the staff routinely administers medications? \_\_\_\_\_  
\_\_\_\_\_

B. Do the staff who administer medication have other duties?  Yes  No

C. Describe the orientation/training staff receive before administering medications.

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D. Who supervises staff that administer medications? \_\_\_\_\_

E. Residents may use a pharmacy of their choice. If the resident requires medication administration, the facility's policy for ordering and packaging medications is:

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1. Is there additional charge for not using the facility pharmacy?  Yes  No

2. If so, what is the cost? \_\_\_\_\_  
\_\_\_\_\_

## V. STAFFING

### A. Registered Nurse

Assisted Living and Residential Care facilities are required to have a Registered Nurse on staff or on contract. A nurse in these facilities typically does not provide hands-on personal nursing care. The nurse is usually available to provide consultation with the facility staff regarding resident health concerns.

Number of hours per week a nurse is on-site in the facility: \_\_\_\_\_

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### B. Direct Care and Other Staff

Facilities must have qualified, awake caregivers, sufficient in number, to meet the 24-hour scheduled and unscheduled needs of each resident. Caregivers provide services for residents that include assistance with activities of daily living, medication administration, resident-focused activities, supervision and support. Individuals whose duties are exclusively housekeeping, building maintenance, clerical/administrative or food preparation, as well as the administrator and licensed nurse, are not considered caregivers. The facility must post a current, accurate facility staffing plan in a conspicuous location for review by residents and visitors.

*Note: Assisted Living and Residential Care facilities in Oregon are not required to employ Certified Nursing Assistants (CNA) or Certified Medication Aides (CMA) as resident care staff.*

Typical staffing patterns for full-time personnel. **Note to facility:** each staff may only be shown under one title per shift (i.e., if employee provides resident care and medications assistance, show either as Universal Worker or Medication Aide.)

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| Shift Hours: | Number of Staff per shift |                 |                   |                 |              |
|--------------|---------------------------|-----------------|-------------------|-----------------|--------------|
|              | Direct Care Staff         | Medication Aide | *Universal Worker | Activity Worker | Other Worker |
|              |                           |                 |                   |                 |              |
|              |                           |                 |                   |                 |              |
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|              |                           |                 |                   |                 |              |

\* A universal worker is a person who provides care and services to residents in addition to having other tasks, such as housekeeping, laundry or food services.

**VI. STAFF TRAINING**

Facilities must have a training program that has a method to determine caregiver performance capability through a demonstration and evaluation process.

A. Describe the facility’s training program for a new caregiving staff:

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B. Approximately how many hours of training do new caregiving staff receive prior to providing care that is not directly supervised? \_\_\_\_\_

C. How often is continuing education provided to caregiving staff? \_\_\_\_\_

**VII. DISCHARGE TRANSFER**

Licensed community-based care facilities may only ask a resident to move for reasons specified in applicable Oregon Administrative Rule. Oregon rules do not require that a resident be moved out of a facility due to increased medical services; however, if a facility is unable to meet a resident’s needs based on criteria disclosed in the facility’s information packet and according to the administrative rules, a resident may be given a written notice to move from the facility.

A person has the right to object to a move-out notice and can request a hearing with the Department of Human Services. If you need someone to advocate on your behalf, you may contact the Office of the Long-Term Care Ombudsman at 1-800-522-2602. Information about these rights and who to contact will be included on the move-out notification.

Date this Disclosure Statement was completed/revised: \_\_\_\_\_