



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

Facility Type:

Assisted Living Facility Residential Care Facility Alzheimer's Endorsed

Facility Name: Ashland View Manor dba WestWind Enhanced Care

Address: 3130 Juanipero Way, Medford, OR 97504

Telephone Number: 541-857-0700

Number of Apts/Units: 16

Administrator: Dan Gregory

Hire Date: 03/06/06

Facility Owner: Ashland View Manor Inc

Address: 3130 Juanipero Way

City/State/Zip: Medford, OR 97504

Telephone: (541)857-0700

Facility Operator: Ashland View Manor Inc

Address: 3130 Juanipero Way

City/State/Zip: Medford, OR 97504

Telephone: (541)857-0700

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: Considered Indv. basis

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 | \$ | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Meals (3 per day) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Snacks/beverages between meals |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Modified diets provided: <u>Regular, No Added Salt, No concentrated sweets, low fat, large and small portions, small infrequent meals and simple textural modifications.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Vegetarian diets <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Diets that facility is not able to provide: No other diets provided than listed above.

B. Activities of Daily Living

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

- | I | \$ | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Assistance with mobility, including transfers from bed to wheelchair, etc., that require the assistance of one staff person |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Assistance with bathing and washing hair. How many times a week? <u>Three times per week.</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Assistance with personal hygiene (i.e., shaving and caring for the mouth) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Assistance with dressing and undressing |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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? 8 hours

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

- | | |
|--|--|
| <p>I \$</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Facility provides transportation for medical appointments</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Facility provides transportation for social purposes</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Facility arranges transportation (<i>e.g. cab, senior transports, volunteers, etc.</i>) for medical appointments</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Facility arranges transportation for social purposes</p> | |
|--|--|

Other: _____

G. Housekeeping/Laundry

I = Included in the base rate

\$ = Available at extra cost

- | | |
|--|--|
| <p>I \$</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Personal laundry</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Launder sheets and towels</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Make bed</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Change sheets</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Clean floors/vacuum</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Dust</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Clean bathroom</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Shampoo carpets</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Wash windows/coverings</p> <p><input type="checkbox"/> <input type="checkbox"/> Other: _____</p> | <p>How often? <u>2 times per week</u></p> <p>How often? <u>2 times per week</u></p> <p>How often? <u>1 time daily</u></p> <p>How often? <u>1 times per week</u></p> <p>How often? <u>1 times per week</u></p> <p>How often? <u>1 times per week</u></p> <p>How often? <u>1 times per week</u></p> <p>How often? <u>1x per year/spot removal prn</u></p> <p>How often? <u>1 times per month</u></p> |
|--|--|

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barber/beauty services
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sheets/towels
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health care supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Personal toiletries (e.g. soap, shampoo, detergent, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Apartment/Unit furniture
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal telephone
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Internet Access
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meals delivered to resident's room
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transfer from bed to wheelchair, etc., that requires the assistance of two staff persons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

III. DEPOSITS/FEES

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

<input type="checkbox"/>	Application	How much? _____	Refundable?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If refundable, under what circumstances? _____			
<input checked="" type="checkbox"/>	Security/Damage	How much? <u>\$250.00</u>	Refundable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If refundable, under what circumstances? _____			
<input type="checkbox"/>	Cleaning	How much? _____	Refundable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If refundable, under what circumstances? _____			
<input checked="" type="checkbox"/>	Pet	How much? <u>\$150.00</u>	Refundable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If refundable, under what circumstances? _____			
<input type="checkbox"/>	Keys	How much? _____	Refundable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If refundable, under what circumstances? _____			
<input type="checkbox"/>	Other: (describe) _____	How much? _____	Refundable?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? The trained medication aides under the oversight of the staff RN.

- B. Do the staff who administer medication have other duties? Yes No
- C. Describe the orientation/training staff receive before administering medications.
Medication aides receive our training manual, orientation with a trained medication aide, observation by a med aide and orientation and observation by the staff RN. The RN tests knowledge and practice of the new med aides and provides ongoing training and observation.
- D. Who supervises staff that administer medications? The RN, RCM and Administrator
- 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:
If a resident selects a different pharmacy from our preferred, the pharmacy must bubble pack deliver 24 hours per day, seven days a week. If problems arise with delivery or availability from the alt pharmacy, you will be charged for pharmacy processing and delivery.
1. Is there additional charge for not using the facility pharmacy? Yes No
 2. If so, what is the cost? \$10.00 per month

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: 40 hours per week and available for telephone consult 24 hours per day, seven days a week.

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.)

Shift Hours:	Number of Staff per shift				
	Direct Care Staff	Medication Aide	*Universal Worker	Activity Worker	Other Worker
6:45am-3:00pm	2	1		.5	
2:45pm-11:00pm	2	1		.5	
10:45pm-7:00am	2				

* 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:

All new caregivers are directly supervised and trained by an experienced caregiver until they show competency in the duties required. The new caregiver is trained by the RN, RCM Maintenance and Administrative Assistant on policies, technique and fire/life and safety.

B. Approximately how many hours of training do new caregiving staff receive prior to providing care that is not directly supervised? 35

C. How often is continuing education provided to caregiving staff? Monthly and as needed

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: 02/06/08