

## Uniform Disclosure Statement Memory Care Community

Communities that advertise and provide specialized services to people with dementia must meet the requirements of an endorsed memory care community as well as the regulations for licensure of a residential care facility, assisted living or nursing facility. Memory care communities provide a secured environment for persons with dementia that includes person directed care which promotes resident's rights, dignity, choice, comfort and independence. An endorsement does not constitute a recommendation of any memory care community by Seniors and People with Disabilities.

The purpose of this uniform disclosure statement is to provide you with information to assist you in comparing memory care communities and the services they provide. Oregon Department of Human Services requires all endorsed memory care communities to provide you with this disclosure statement upon request. Communities 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 community, talking with residents or meeting one-on-one with community staff. Please carefully review each community's residency agreement/contract before making a decision.

Oregon Administrative Rules for endorsement, OAR 411-057-000, are available on the DHS website [www.oregon.gov/DHS/spd/index.shtml](http://www.oregon.gov/DHS/spd/index.shtml). Licensing requirements may also be found at this website.

Community type: ☐ Residential care ☐ Assisted living ☐ Nursing facility

Community name:		Telephone number:
Address:		Number of apt./units:
Administrator name:		Hire date:
Community owner:		Telephone number:
Street address:	City/State/ZIP:	
Operator:		Telephone number:
Street address:	City/State/ZIP:	

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

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

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

Does this community allow smoking? ☐ Yes

☐ No

☐ Designated outdoor area, uncovered

☐ Designated outdoor area, covered

Does this community allow pets?

☐ Yes

☐ No

Specify limitations: \_\_\_\_\_

## I. Required services

Only residents with a diagnosis of dementia who are in need of support of the progressive symptoms of dementia for physical safety or physical and cognitive function can reside in a memory care community. The community must make reasonable attempts to identify the customary routines of each resident in order to provide a person directed approach to care.

These services must be provided by the community 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 community 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.

In addition, a memory care community must provide a daily meal program for nutrition and hydration that is available throughout each residents waking hours. The community must meet an individualized nutritional plan for each resident.

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

I      \$

- ☐ ☐ Meals (3 per day)
- ☐ ☐ Snacks/beverages between meals
- ☐ ☐ Vegetarian diets      ☐ Yes      ☐ No
- ☐ ☐ Specialized Medical Diets: \_\_\_\_\_
- ☐ ☐ Other: \_\_\_\_\_
- ☐ ☐ Diets that the community is not able to provide: \_\_\_\_\_

### B. Activities of daily living

The community must provide assistance with activities of daily living that addresses the needs of residents with dementia due to a person's cognitive and physical limitations.

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 mobility, including transfers from bed to wheelchair, etc., that require the assistance of two or more staff people: \_\_\_\_\_
- ☐ ☐ 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/combing 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

## B. Activities of daily living

☐ ☐ Other: \_\_\_\_\_

## C. Medications and treatment

The community 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 and pharmacists
- ☐ ☐ Provide or arrange intermittent or temporary nursing services for residents
- ☐ ☐ 24 hour onsite licensed nursing

## E. Behavioral services

The community must evaluate symptoms which negatively impact the resident or others in the community and provide interventions. Community must also coordinate outside consultation or acute care as indicated.

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

I      \$

- ☐ ☐ Provide monitoring and implement appropriate intervention(s) for behavioral symptoms
- ☐ ☐ Coordinate outside consultation when indicated

## F. Activities

The community must provide a daily selection of activities to help sustain the physical and emotional well being of each resident. An activity plan must be developed for each resident based on their past interests and current abilities.

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

I      \$

- ☐ ☐ Structured activities

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

Does the memory care community have a dedicated activity director ☐ Yes ☐ No

What types of programs are scheduled? ☐ Arts ☐ Cooking ☐ Chore related

☐ Crafts ☐ Music ☐ One on one ☐ Outdoor ☐ Sensory ☐ Spiritual

☐ Other: \_\_\_\_\_

## G. Family support

On a regularly scheduled basis, the community must offer support to family and other individuals who have a significant relationship with the resident.

Describe in what ways support is provided to families:

## G. Family support

## H. Transportation

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

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

- | I                        | \$                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Community provides transportation for medical appointments   |
| <input type="checkbox"/> | <input type="checkbox"/> | Community arranges or provides transportation for social purposes  |
| <input type="checkbox"/> | <input type="checkbox"/> | Community arranges transportation (e.g. cab, senior transports, volunteers, etc.) for medical appointments |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____   |

## I. Housekeeping/laundry

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

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

## II. Other services and amenities

The Community 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 type="checkbox"/> | <input type="checkbox"/> | Barber/beauty services   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sheets/towels  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health care supplies   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal toiletries (e.g. soap, shampoo, detergent, etc.)        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Apartment/Unit furniture   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal telephone   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cable TV   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Internet Access  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meals delivered to resident's room                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Companions available to escort residents to medical appointments |
| <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"/> <b>Application</b>	How much? _____	Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
If refundable, under what circumstances? _____		
<input type="checkbox"/> <b>Security/Damage</b>	How much? _____	Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
If refundable, under what circumstances? _____		
<input type="checkbox"/> <b>Cleaning</b>	How much? _____	Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
If refundable, under what circumstances? _____		
<input type="checkbox"/> <b>Pet</b>	How much? _____	Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
If refundable, under what circumstances? _____		
<input type="checkbox"/> <b>Keys</b>	How much? _____	Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
If refundable, under what circumstances? _____		
<input type="checkbox"/> <b>Other:</b> _____	How much? _____	Refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
If refundable, under what circumstances? _____		

### IV. Medication administration

The community 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 staff who administer medication have other duties? ☐ Yes ☐ No
- C. Describe the orientation/training that staff will receive before administering medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. Who supervises the staff who administer medications? \_\_\_\_\_
- E. Residents may use a pharmacy of their choice. If the resident requires medication administration, the community's policy for ordering and packaging medications is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
1. Is there additional charge for not using the community pharmacy? ☐ Yes ☐ No
2. If so, what is the cost? \_\_\_\_\_  
\_\_\_\_\_

### V. Staffing

#### A. Staffing in nursing facilities

- Licensed nursing staff** — Nursing facilities are required to have licensed nursing on site 24 hours, seven days a week.
- Direct care and other staff** — In addition to meeting mandatory staffing ratios, nursing facilities are required to have sufficient staffing to meet the scheduled and unscheduled needs of residents. The facility is required to post a direct staff daily report which provides information on the numbers of licensed staff and certified nursing assistants for each shift.

Nursing facilities are required to have trained nursing assistants who are certified with the Oregon State Board of Nursing. Certified nursing assistants (CNAs) provide direct care services, such as assistance with activities of daily living. To be certified CNA's must complete 150 hours of training and pass a state examination. Certified medication aids (CMAs) may administer routine medications to residents in nursing facilities. CMA's are CNA's that successfully complete an additional 80 hours of training and pass an examination.

**V. Staffing**

**B. Staffing in residential care and assisted living facilities**

**1. Nursing** — Residential care and assisted living 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 in these facilities is usually available to provide consultation with the community staff regarding resident health concerns.

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

**2. Direct care and other staff** — Facility 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 community staffing plan in a conspicuous location for review by residents and visitors.

**Note: Assisted living and residential care communities in Oregon are not required to employ Certified Nursing Assistants (CNA) or Certified Medication Aides (CMA) as resident care staff.**  
**Staffing pattern of community-based care or nursing communities** — Typical staffing patterns for full time personnel. **Note to community:** 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

\*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**

In addition to the training requirements for licensing, Memory Care Communities must provide training on required topics that pertain to dementia care. The community must have a method to determine each staff person’s knowledge and understanding of the training.

**A.** Describe the community’s training program for a new staff, include methods of training, for example, classroom, video, web-based or a combination:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**C.** How often is in-service training provided to caregiving staff? \_\_\_\_\_  
Description of each trainers experience and knowledge relating to the care of persons with dementia.

\_\_\_\_\_

\_\_\_\_\_

## **VI. Staff training**

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## **VII. Discharge transfer**

Licensed facilities may only ask a resident to move for reasons specified in applicable Oregon Administrative Rule.

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.

## **VIII. Additional information**

Information the consumer may need to know about the community, i.e.; philosophy of supporting individuals with dementia, use of supportive devices or use of mechanical lifting devices, etc. Attach additional pages, if needed.

Date this disclosure statement was completed/revised: \_\_\_\_\_