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. Licensing requirements may also be found at this website.

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

| Community name: Bridgecreek Memory Care |
| Telephone number: 541-259-1779 |
| Address: 1401 S. 12th St. Lebanon, OR 97355 |
| Number of apt./units: 58 |
| Administrator name: Casey Sharer |
| Hire date: 8/28/15 |
| Community owner: Bridgecreek Investors, LLC |
| Telephone number: 541-389-8929 |
| Street address: 205 SE Wilson Ave. |
| City/State/ZIP: Bend, OR 97702 |
| Operator: Bridgecreek Investors, LLC |
| Telephone number: 541-389-8929 |
| Street address: 205 SE Wilson Ave. |
| City/State/ZIP: Bend, OR 97702 |

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: 20# limit.No exotic pets.
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:  Regular (NAS), controlled carbs, mech soft, pureed, thick liquids
- ☒ ☐ Other: ____________________________________________
- ☐ ☐ Diets that the community is not able to provide:  Renal, sodium restricted, any not listed

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?  as need
- ☒ ☐ 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
- ☐ ☐ 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

☐ ☒ 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

☐ ☒ 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

☐ ☒ 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

☐ ☒ Structured activities

How many hours of structured activities are scheduled per day?  4-6

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:  Exercise, Inspirational groups

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:
Quarterly care conferences, Monthly family meetings, Open door policy for Administrator to address concerns/ provide support. Long term care ombudsman information.
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

☐  ☐ Community provides transportation for medical appointments
☐  ☐ Community arranges or provides transportation for social purposes
☒  ☐ Community arranges transportation (e.g. cab, senior transports, volunteers, etc.) for medical appointments
☐  ☐ Other: ____________________________

I. Housekeeping/launder

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

☐  ☐ Personal laundry
☒  ☐ Launder sheets and towels
☒  ☐ Make bed
☒  ☐ Change sheets
☒  ☐ Clean floors/vacuum
☐  ☐ Dust
☐  ☐ Clean bathroom
☐  ☐ Shampoo carpets
☑  ☐ Wash windows/coverings
☐  ☐ Other: Deep cleaning required semi-annually. $175 per occasion

How often?

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal laundry</td>
<td>1x/wk</td>
</tr>
<tr>
<td>Launder sheets and towels</td>
<td>1x/wk</td>
</tr>
<tr>
<td>Make bed</td>
<td>Daily</td>
</tr>
<tr>
<td>Change sheets</td>
<td>1x/wk</td>
</tr>
<tr>
<td>Clean floors/vacuum</td>
<td>1x/wk</td>
</tr>
<tr>
<td>Dust</td>
<td>1x/wk</td>
</tr>
<tr>
<td>Clean bathroom</td>
<td>1x/wk</td>
</tr>
<tr>
<td>Shampoo carpets</td>
<td>Yearly/as needed</td>
</tr>
<tr>
<td>Wash windows/coverings</td>
<td>As needed</td>
</tr>
<tr>
<td>Other</td>
<td>Semi-annually</td>
</tr>
</tbody>
</table>

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

☐  ☐  ☑  ☐ 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
☐  ☐  ☐  ☐ Companions available to escort residents to medical appointments
☐  ☐  ☐  ☐ Other: Tray service meal fee is not applicable to Medicaid Residents

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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

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☐  ☐  ☐  ☐ 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
☐  ☐  ☐  ☐ Companions available to escort residents to medical appointments
☐  ☐  ☐  ☐ Other: Tray service meal fee is not applicable to Medicaid Residents

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

☒ Application  How much? 250.00 Refundable? ☐ Yes ☒ No
If refundable, under what circumstances? ____________________________

SDS 9098 MC (10/10)
III. Deposits/Fees

- **Security/Damage**
  - How much? 500.00
  - Refundable? Yes
  - If refundable, under what circumstances? If no damage beyond normal wear and tear.

- **Cleaning**
  - How much? 350.00
  - Refundable? Yes
  - If refundable, under what circumstances?

- **Pet**
  - How much? 500.00
  - Refundable? Yes
  - If refundable, under what circumstances? Plus $100/month pet fee.

- **Keys**
  - If refundable, under what circumstances? If no damage beyond normal wear and tear.

- **Other:**

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? Medication Aides

B. Do staff who administer medication have other duties? Yes

C. Describe the orientation/training that staff will receive before administering medications:
   - Staff trains on the proper medication administration process with our Registered Nurse and a Qualified Trainer until satisfactory performance is demonstrated and documented through our Registered Nurse and Administrator.

D. Who supervises the staff who administer medications? On staff Registered Nurse/Administrator.

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:
   - Medications are ordered on a monthly cycle and packaged in Unit Dose packaging (the bubble pack system.)
   - 1. Is there additional charge for not using the community pharmacy? Yes
   - 2. If so, what is the cost? $100 per month.

V. Staffing

A. Staffing in nursing facilities
   
   1. **Licensed nursing staff** — Nursing facilities are required to have licensed nursing on site 24 hours, seven days a week.
   
   2. **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, CNAs must complete 150 hours of training and pass a state examination. Certified medication aids (CMAs) may administer routine medications to residents in nursing facilities. CMAs are certificated CNA’s that successfully complete an additional 80 hours of training and pass an examination.

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...
V. Staffing

community staff regarding resident health concerns.
Number of hours per week a nurse is on site in the community: __________ 40

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.)

<table>
<thead>
<tr>
<th>Number of staff per shift</th>
<th>Direct care staff</th>
<th>Medication aide</th>
<th>*Universal worker</th>
<th>Activity worker</th>
<th>Other worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day: 6a-2p</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Swing: 2p-10p</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>NOC: 10p-6a</td>
<td>1.5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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:

Pre-service Orientation and training and additional specialized training is web-based and meets all training requirements of OAR 411-057-0150 In addition, staff are oriented to community policies, guidelines and safety training and then partnered with an experienced worker for hands-on training.

B. Approximately how many hours of training do new staff receive prior to providing care that is not directly supervised? __________ 40+

C. How often is in-service training provided to caregiving staff? Monthly and as needed

Description of each trainer’s experience and knowledge relating to the care of persons with dementia.

Professional web based training designed specifically for Oregon MMC’s. In person training provided by licensed RN’s, administrator’s and experienced staff members who have completed specialized training and demonstrated competency.
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.

To ensure that the community always remains focused upon providing quality and compassionate person directed care in a manner consistent with OAR 411-057-0140 and the community’s mission and vision of providing the best possible quality of life to our residents and to treat them, our staff, and the community like family.

The community will make a concerted effort to ensure that its policies, procedures, systems, staff selection, staff training, environment of care and care delivery support quality and compassionate person directed care.

It is the intention of this community to be restraint free. Restraints will only be used in the event a resident’s actions present an imminent danger to self or others and only until immediate action is taken by medical, emergency, or police personnel.

Supportive devices with restraining qualities will be permitted provided that the resident specifically requests or approves of the device and the facility has informed the individual of the risks and benefits associated with the device.

If resident is unable to request or approve of the use of the supportive device the resident’s consent will be assessed by observations of the resident’s response to the device. If at any time the resident expresses verbally or non-verbally that they do not like or want the supportive device use of the device will be discontinued.

Additionally the facility registered nurse, a physical therapist or occupational therapist must complete a thorough assessment and must document other less restrictive alternatives considered prior to the use of the device.

Prior to the use of the device the device will be service planned and care givers will be instructed on the correct use and precautions related to use of the device. The appropriateness of use will be re-evaluated at least quarterly or with a significant change of condition that impacts use of the supportive device.

Bridgecreek Memory Care has mechanical lifting devices available to assist residents who are unable to be transferred by non-mechanical means.

Date this disclosure statement was completed/revised: 4/02/2015

Bridgecreek Memory Care