

## Notice of Involuntary Move or Transfer of Resident

First and Last Name of Resident: \_\_\_\_\_

Adult Care Home Operator (*name*): \_\_\_\_\_

ACH address: \_\_\_\_\_

Adult Care Home telephone number: \_\_\_\_\_

Where resident is moving to, if known: \_\_\_\_\_

Date of proposed move (at least 30 days): \_\_\_\_\_

***Failure to move within 30 days does not invalidate this notice.***

### Resident's Rights

The Operator is required to give you at least 30 days written notice when requiring you to transfer to another room in the adult care home, or moving involuntarily from the adult care home to another setting, or when selling the home.

The written notice must state the specific reasons why you are being asked to move.

The written notice must be provided to you, your legal representative, your case manager and any other appropriate persons at least 30 days prior to the proposed move out date.

You have the right to object to the notice and to the right to request a conference or hearing. To request a conference or hearing, call the Multnomah County Adult Care Home Program at 503-988-3000, or contact us at 421 SW 4th Avenue Suite 650, Portland OR 97204, or email us at [advsd.adult.carehomeprogram@multco.us](mailto:advsd.adult.carehomeprogram@multco.us).

If you do not want to move or if you have questions about your right to disagree with this notice, you may also contact the Oregon Long-Term Care Ombudsman at 1-800-522-2602, or 3855 Wolverine Street NE, Suite 6, Salem, Oregon 97305, or email at [LTCOinfo@oregon.gov](mailto:LTCOinfo@oregon.gov).

You may waive your right to a 30 day notice, in *writing*.

### Requirements for issuing less than 30 days' notice:

Only the Director of the Aging, Disability & Veterans Services Division, or his/her designee, may issue *less than* 30 days notice, and only if the Division finds that an emergency exists. This emergency finding will only be made if there is a medical emergency, or if there is an immediate threat to the life, health, or safety of the resident, other residents, the Operator, employees, or other household members. The finding will be made from documented evidence.

**Written notice: This action is based on:**

- Behavior that poses an imminent danger to self or others, including acts that result in the resident's arrest or detention.
- Behavior or actions that repeatedly and substantially interferes with the rights, health or safety of residents or others.
- Use of illegal drugs or a criminal act that places a resident or others at risk of harm.
- Unable to meet evacuation standards
- Resident care needs exceed the license classification of the Adult Care Home.
- Non payment
- Closure of Adult Care Home
- For Medicaid residents only: Medicaid Provider Enrollment Agreement or
- Use of medical or recreational marijuana in violation of the home's residency agreement or contrary to Oregon Law under ORS 475B.
- The home was not notified prior to admission, or learns after admission, that the resident is on probation, parole or post-prison supervision for a sex crime defined in ORS 181.805.

**Describe the specific documented reasons for this notice:**

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Adult Care Home Operator's signature

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Date signed

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Resident or Resident Representative's signature

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Date received

Name of resident: \_\_\_\_\_

**Operators are required to provide a copy of this notice to ACHP. In addition, please provide any information relevant to the reasons on the move notice, including but not limited to:**

- Current staffing plan
- Resident care plan or ISP
- Progress notes, incident reports
- Behavior support plan
- Rescreening form, if relevant

**Date the required copies of notice were sent to:**

- Resident: \_\_\_\_\_ Date: \_\_\_\_\_
- Resident Representative: \_\_\_\_\_ Date: \_\_\_\_\_
- Case Manager Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** If the resident lacks capacity and there is no legal representative, a copy of the notice must be immediately submitted to the State's Long Term Care Ombudsman by email at [LTCOinfo@oregon.gov](mailto:LTCOinfo@oregon.gov) or by fax to 503-373-0852.

**Licenser Determination: MCAR 023-090-600 to 023-090-695**

- Involuntary move notice appears to meet the rules requirements
- Involuntary move notice does not appear to meet the rule requirements:

**Reason why notice does not meet rule requirements:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Required corrections:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Licenser Signature

\_\_\_\_\_  
Determination Date

**Operator Rights to Appeal:**

Operators have the right to request an Administrative Conference, if they do not agree with the licenser's determination. Please call ACHP at 503 988-3000 or email to [ADVSD.adult.carehomeprogram@multco.us](mailto:ADVSD.adult.carehomeprogram@multco.us) to schedule an administrative conference.