

**OPERATOR VACATION (OR ABSENCE HOME) OVER 72 HOUR PLAN**

**MCAR 023-070-830** The Operator must notify the ACHP of the name of the caregiver(s) who will be responsible for the care of the residents in the home at least 48 hours prior to leaving. In addition, at least 48 hours prior to leaving, Operator shall appoint a designee, who must be approved by the ACHP, to oversee and monitor their adult care home anytime the Operator will be out of the home or not present to oversee the daily operation of the home for more than 72 continuous hours.

Operator's Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Adult Care Home Address: \_\_\_\_\_

Specific Dates of Absences: From: \_\_\_\_\_ To: \_\_\_\_\_

Your emergency contact information while you are gone (phone number)? \_\_\_\_\_

Who will live in the home and provide care to the residents? \_\_\_\_\_

Who is/are the back-up caregiver(s)? \_\_\_\_\_

Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPOINTED DESIGNEE**

What is the name of the Multnomah County licensed Operator or Resident Manager who has agreed to oversee/monitor the home during your absence?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ License #: \_\_\_\_\_

Does this person have approval to admit new residents while you are away? Yes ☐ No ☐

**ATTACH CURRENT COPIES OF CPR AND FIRST AID TO THIS FORM**

All caregivers must have the following to be approved to work in the home during the Operator's absence: If you have not previously submitted these documents, please attach them to this form:

- CPR/First Aid Certificate for all caregivers who will be left alone with residents
- Staffing Plan for Absence/Vacation
- Caregiver Approval Letter from the ACHP
- Verification of completed Workbook or Basic Training Certificate
- Completed Caregiver Checklist

Approved ☐

Denied ☐

ACHP Signature \_\_\_\_\_

Date \_\_\_\_\_