

ADULT CARE HOME BACK-UP OPERATOR AGREEMENT

See MCAR's 023-040-320(m) and MCAR 023-090-405(k): All adult care home Operators in Multnomah County are required to provide the name of another currently licensed Operator or approved Resident Manager who has agreed to oversee and monitor the adult care home in the event of an emergency.

Adult Care Home

License #: _____

Operator/Applicant Name: _____

Adult Care Home Address: _____

Adult Care Home Phone: _____

The individual named below has agreed to respond in person in the event of an emergency where the licensed Operator is incapacitated or absent from the home. We the undersigned attest that the individual named below has the ability to temporarily oversee and monitor this home and has been:

- ☐ Introduced to all residents and staff
- ☐ Oriented to resident care plans and location of resident records
- ☐ Delegated for all currently required skilled nursing tasks
- ☐ Oriented to resident medications and means to access locked medication storage
- ☐ Oriented to the Emergency Preparedness Plan for the home

Back-Up Operator or Resident Manager

Print Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Back-Up Operator's ACH License No: _____

Please note: Only Multnomah County licensed operators or approved resident managers can serve as a backup operator. Also, the individual serving as the backup operator must be in the same classification as the home. For example: an individual licensed as a DD operator cannot be the backup for an APD or MHA home. Important: an individual cannot be both the resident manager and backup operator for the same home.

Signature (Back-up Operator or Resident Manager): _____ Date: _____

Signature (Operator/Applicant): _____ Date: _____

This agreement shall remain in effect through the current expiration date of the adult care home license unless revoked in writing by either party or the ACHP.

FOR ACHP USE ONLY

Approved by:

Signature (Licensor): _____ Date: _____