



Department of County Human Services

Aging, Disability & Veterans Services • Adult Care Home Program

VACATION OR ABSENCE FROM HOME FOR OVER 72 HOURS

MCAR 023-070-830: At least seven business days prior to an anticipated vacation or absence, Operators shall submit for approval a Vacation-Absence from the Home form any time the Operator or Resident Manager will be out of the home or not present to oversee daily operation of the home for a continuous 72-hour period.

The Operator shall also submit the name of a back-up Operator or Resident Manager who is not currently a provider in the Operator's home(s) to oversee and monitor the adult care home, and a temporary operation plan that includes the names of caregivers who will live in the home and be responsible for providing care, backup caregivers, and verification of caregiver qualifications.

Operator's Name: _____ License Number: _____

Phone Number: _____ FAX Number: _____

Adult Care Home Address: _____

Who will be absent? _____ Role: _____

Specific Dates of Absences: From: _____ To: _____

Your emergency contact information (phone number) while you are gone: _____

Operator's Signature: _____ Date: _____

If you are the Operator of multiple homes, you must submit a separate vacation/absence request and temporary operating plan for each home.

BACKUP OPERATOR OR RESIDENT MANAGER

What is the name of the Multnomah County licensed Operator or Resident Manager who has agreed to oversee/monitor the home during your absence? The person named must be an Operator or Resident Manager in Multnomah County who is not currently a provider in the home and who meets or exceeds the requirements for the classification of the home.

Name: _____ Phone: _____ License #: _____

Does this Backup Operator have approval to admit new residents while you are away? Yes No

Has this Backup Operator signed a backup operator agreement? Yes No

The Backup Operator shall:

- Be in the home at least 3 times per week
• Monitor residents' health, safety & welfare
• Document their visits to the home
• Rescreen if a resident has been hospitalized or transferred to another care setting
• Provide care & supervision while in the home
• Monitor recordkeeping
• Ensure the home is in compliance with rules

TEMPORARY OPERATING PLAN

Provide a temporary operating plan that includes the names of qualified caregivers who will live in the home and be responsible for providing direct care in the home and back-up caregivers. The temporary operating plan should address any special staffing needs.

Special Staffing Needs:

- Do any residents require 2-person transfers? Yes No
- Do any residents have one-on-one care or supervision needs? Yes No
- Do any residents have delegated nursing tasks? Yes No
- If yes, do all caregivers have current delegations for these tasks? Yes No
- Do any residents have specialized services such as direct nursing services? Yes No

Who will be left in charge of the home? _____

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

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

CAREGIVER QUALIFICATIONS

- All caregivers listed on the temporary operating plan must have a current ACHP role approval and background check for this role and for the population served in this home.
- Caregivers left in charge of a home for multiple 24-hour periods during a month or for any period that exceeds 48 hours may be required to complete all Resident Manager testing requirements and meet the Resident Manager experience requirements. MCAR 023-070-105
- All caregivers shall have Adult CPR and First Aid certification before being left alone with residents. MCAR 023-070-630
- Any caregiver who works in a home 20 or more hours per week as the sole caregiver for the home must take Recordkeeping "Part B – Medication Management" before being allowed to administer any medications, including possible administration of PRNs. MCAR 023-070-125
- Caregivers under 21 years of age shall not have sole responsibility for resident care or supervision for more than two hours during any 12-hour period. MCAR 023-070-130

SUBMIT REQUIRED DOCUMENTS WITH THIS VACATION/ABSENCE FORM

- Staffing plan/schedule reflecting the temporary operating plan. If one-on-one staffing is required, please submit the second page of the staffing plan with one-on-one caregiver assignments.
- A copy of the signed backup operator agreement, if the designated backup operator for this vacation or absence is someone other than your regular backup operator
- Submit documentation of qualifications for all caregivers who may work during your absence.
 - Proof of Caregiver(s) completion of Workbook or Basic Training
 - Completed Care Provider Checklist (orientation to the home)
 - Proof of completion of mandatory abuse report training
 - Care providers' current CPR and First Aid Certificates
 - Care providers who work alone 20 or more hours/week have completed Recordkeeping B
 - Care providers, including back-up caregivers, have delegations for nursing tasks if needed

ACHP Use Only: Approved Denied

ACHP Signature _____

Date _____