

Department of County Human Services



Aging, Disability & Veterans Services • Adult Care Home Program

Adult Care Home Relocation Form

Directions to Operator: Within 24 hours of an adult care home evacuation and relocation of residents, complete the Adult Care Home Relocation form. A complete form should be readily available to Adult Care Home Program staff. A planned relocation site has to be reasonably anticipated to meet the needs of the residents MCAR 023-100-865 (d) (3). The Adult Care Home Program will conduct a safety visit to the relocation site to ensure compliance with the Multnomah County Administrative Rules.

If you are unable to secure a safe relocation site for your residents after the evacuation of your adult care home, notify the ACHP immediately at 503-988-3000 during business hours, and 503-988-3646 outside business hours. ACHP Email: advsd.adult.carehome.program@multco.us

Operator's Name:	Date of Relocation:
Relocation Address:	Phone:
Reason for the relocation: <input type="checkbox"/> Fire <input type="checkbox"/> Disaster: _____ <input type="checkbox"/> Other Emergency: _____ Briefly, in your own words explain the reason for the relocation:	
Residents relocation information Indicate if the residents are present at the relocation site or were transported to a different location. Name: _____ <input type="checkbox"/> At relocation site <input type="checkbox"/> Other (explain): _____ Name: _____ <input type="checkbox"/> At relocation site <input type="checkbox"/> Other (explain): _____ Name: _____ <input type="checkbox"/> At relocation site <input type="checkbox"/> Other (explain): _____ Name: _____ <input type="checkbox"/> At relocation site <input type="checkbox"/> Other (explain): _____ Name: _____ <input type="checkbox"/> At relocation site <input type="checkbox"/> Other (explain): _____	
Providers present at the relocation site providing care to residents: (Mark all that apply) Name: _____ <input type="checkbox"/> Operator <input type="checkbox"/> Resident Manager <input type="checkbox"/> Back-Up Operator Name: _____ <input type="checkbox"/> Operator <input type="checkbox"/> Resident Manager <input type="checkbox"/> Back-Up Operator Name: _____ <input type="checkbox"/> Operator <input type="checkbox"/> Resident Manager <input type="checkbox"/> Back-Up Operator Name: _____ <input type="checkbox"/> Caregiver <input type="checkbox"/> Caregiver Working Alone <input type="checkbox"/> Awake Staff Name: _____ <input type="checkbox"/> Caregiver <input type="checkbox"/> Caregiver Working Alone <input type="checkbox"/> Awake Staff Name: _____ <input type="checkbox"/> Caregiver <input type="checkbox"/> Caregiver Working Alone <input type="checkbox"/> Awake Staff Name: _____ <input type="checkbox"/> Caregiver <input type="checkbox"/> Caregiver Working Alone <input type="checkbox"/> Awake Staff	

Check ✓ for each verified item that is in compliance. Add a due date for pending/incomplete items.		
Verified:	Due by:	Relocation Site- Compliance with the MCARs:
<input type="checkbox"/>		<i>Adult Care Home Program Relocation form</i> completed within 24 hours of relocation.
<input type="checkbox"/>		EPP Relocation Notification Page completed, notified: ACHP, APD Case Manager or I/DD Service Coordinator or MHA Residential Specialist, Legal Representatives, Family Members and other appropriate parties of the relocation. MCAR 023-100-865 (d) (1,6)
<input type="checkbox"/>		Postings: Current Staffing Plan and Emergency Phone List. MCAR 023-070-818, 023-090-405
Verified:	Due by:	General Criteria for Providers
<input type="checkbox"/>		Completed Incident Report form submitted within five working days to resident's APD Case Manager or I/DD Service Coordinator or MHA Residential Specialist. MCAR 023-080-137
<input type="checkbox"/>		Providers and others present have approved roles with the ACHP. MCAR 023-070-525, 410
<input type="checkbox"/>		Approved First Aid & CPR for Operator, Resident Manager and left alone Caregivers. MCAR 023-070-630
<input type="checkbox"/>		Record keeping B training for left alone Caregivers or Caregivers working 20+ hours per week. MCAR 023-070-125
Verified:	Due by:	Fire Safety, Heating & Cooling Equipment, Hazardous Materials
<input type="checkbox"/>		Evacuation Plan with exits and evacuation routes identified. MCAR 023-090-405
<input type="checkbox"/>		Smoke alarms appropriately installed in required locations. MCAR 023-100-710
<input type="checkbox"/>		Carbon monoxide alarms installed. MCAR 023-100-712
<input type="checkbox"/>		2Aa-10BC Fire extinguisher visible & accessible. MCAR 023-100-730
<input type="checkbox"/>		Functional plug-in, rechargeable flashlight on each level. MCAR 023-100-735
Verified:	Due by:	Bathrooms
<input type="checkbox"/>		One toilet, one sink, one tub and/or shower, and one mirror for each six household residents. Toilet and sink on each floor occupied by residents. MCAR 023-100-310
<input type="checkbox"/>		Grab bars present and barrier-free access to toilet and bathing facilities. MCAR 023-100-315
<input type="checkbox"/>		Hot water (between 105° & 120°) & cold water each tub, shower and sink. MCAR 023-100-335
<input type="checkbox"/>		Adequate supplies, toilet paper, shampoo, soap, individual towels, and racks. MCAR 023-100-345

Verified:	Due by:	Bedrooms
<input type="checkbox"/>		Bedroom door present; finished walls from floor to ceiling. One door or window leading directly outside. Bedroom min 70 sq.ft for 1 resident or minimum of 120 sq.ft. for 2 residents; adequately ventilated & lighted; 2 safe means of exit. MCAR 023-100-405
<input type="checkbox"/>		At least one window or exterior door for emergency escape or rescue, clear opening, free of obstacles. Windows opening/min 20" W, min 24"H, window sill height <44 inches. MCAR 023-100-465
<input type="checkbox"/>		Bed with frame at least 36 inches wide, mattress in good condition, clean pillow/bedding. MCAR 023-100-460
<input type="checkbox"/>		Adequately heated with a permanent source of heat. MCAR 023-100-445
<input type="checkbox"/>		Drapes and shades in good condition, allow for resident privacy. MCAR 23-100-455
<input type="checkbox"/>		No caregivers or family members sleeping in common areas or sharing rooms with residents. MCAR 023-100-415
<input type="checkbox"/>		No more than 2 people per room, excluding children under the age of 5. MCAR 023-100-420
<input type="checkbox"/>		Single action lock on resident bedroom door. MCAR 023-100-608
<input type="checkbox"/>		Proximity of caregiver, or intercom or call bell to alert caregiver of nighttime needs. MCAR 023-100-425
Verified:	Due by:	Conditions
<input type="checkbox"/>		The setting is physically accessible to each resident. MCAR 023-040-125
<input type="checkbox"/>		Doors used by residents have readily visible simple and easy to operate hardware; obvious single motion to unlock; cannot be locked to prevent exit; hardware mounted 34- 48" from the floor. MCAR 023-100-605
<input type="checkbox"/>		Barrier free common areas, corridors. Stairs unobstructed. Bedroom windows identified as exits are free of obstacles at least the width of the opening. MCAR 023-100-840
<input type="checkbox"/>		Adequately lighted. Light bulbs shatterproof or with appropriate covers. MCAR 023-100-145
<input type="checkbox"/>		Surfaces, floors and rugs are regularly cleaned. Property stored in neat and orderly manner, free of clutter and obstructions. MCAR 023-100-240
<input type="checkbox"/>		Temperature minimum 68°during the day and 65°at night; not to exceed 78°at any time. MCAR 023-100-510
Verified:	Due by:	General Requirements
<input type="checkbox"/>		HCBS: Right to control own schedule, access to community, access to own food any time, visitors of the resident's own choosing at any time, privacy in the room, lockable doors, choice of roommate in shared rooms. MCAR 023-040-120

Verified:	Due by:	Record Keeping
<input type="checkbox"/>		Resident Information Sheet present and up-to-date. MCAR 023-100-865 (e) (1)
<input type="checkbox"/>		End of life documentation available (POLST, Advance Directive, DBR). MCAR 023-080-145
<input type="checkbox"/>		Legal Representative documentation on file. MCAR 023-090-220 (d) (4)
<input type="checkbox"/>		Care plan or Individual Support Plan current, complete and signed. MCAR 023-100-865 (d)(5)
<input type="checkbox"/>		Behavioral Support Plan, if applicable. MCAR 023-100-865 (e) (3)
<input type="checkbox"/>		Records stored in locked, central location; readily available. MCAR 023-090-210
Verified:	Due by:	Medications, Treatments, Therapies, Nursing Tasks, Restraints
<input type="checkbox"/>		Available orders signed by the prescribing licensed health care professional for all Medications, treatments, therapies, equipment and home remedies. MCAR 023-080-515
<input type="checkbox"/>		Residents who self-administer medications have a signed order, medication is locked and managed by residents. MCAR 023-080-597
<input type="checkbox"/>		A written order for restraints in use, including specific parameters. MCAR 023-080-720
<input type="checkbox"/>		All currently prescribed medications including PRNs are on hand. Refills attempts to obtain the medication have been documented. MCAR 023-080-523
<input type="checkbox"/>		MARs identify all medications/treatments/therapies, dosage, route, date, and time of administration. Immediately initiated in blue/black ink by the person administering medications, and contains legible signatures for each set of initials. MCAR 023-080-594 (a-e)
<input type="checkbox"/>		Documentation of current RN Delegations for all skilled nursing tasks present. MCAR 023-080-615
<input type="checkbox"/>		Medication prescribed “as needed” or “P.R.N.” have on file additional written directions- ACHP PRN Guidelines form. MCAR 023-080-545
<input type="checkbox"/>		Administration of controlled substances documented on ACHP approved controlled substance log. MCAR 023-080-524
<input type="checkbox"/>		New, changed or discontinued verbal orders were followed up by written orders within 72 hours or attempts documented in resident records. MCAR 023-080-540
<input type="checkbox"/>		All medications stored in a locked, centrally located place, separate from chemicals and according to manufacturer specifications. MCAR 023-080-575 (b)
<input type="checkbox"/>		Over The Counter medications clearly marked with resident’s names. MCAR 023-080-575 (e)
<input type="checkbox"/>		All medications and supplies have been fully accounted for and used only by the resident. MCAR 023-080-590

Verified:	Due by:	Meals
<input type="checkbox"/>		Residents have access to adequate quality and quantity of food served, consideration of resident preferences. MCAR 023-080-815
<input type="checkbox"/>		Residents have access to three nutritious meals, two snacks, resident preferences considered, no more than 14-hour span between meals. MCAR 023-080-805
<input type="checkbox"/>		Special diets followed as prescribed by licensed health professionals. MCAR 023-080-820
Verified:	Due by:	Outdoor space
<input type="checkbox"/>		Wheelchair ramps ADA compliant for handrails, slope and surface for non-ambulatory residents. MCAR 023-100-855
<input type="checkbox"/>		Accessible outdoor area; partially covered; all-weather surface. MCAR 023-100-153
<input type="checkbox"/>		Smoking/vaping areas restricted to designated areas, ashtrays of noncombustible material. Prohibited in all sleeping areas and where oxygen is in use. MCAR 023-100-740
<input type="checkbox"/>		Pools, hot tubs, spas equipped with safety barriers. MCAR 023-100-160
Verified:	Due by:	Other Rules

ACHP Disclaimer: The ACHP reserves the right to require the Adult Care Home Operator to meet additional licensing requirements as deemed necessary to ensure compliance with the Multnomah County Administrative Rules.

Operator's Signature: _____ **Date:** _____

ACHP Staff only. Comments:	
ACHP Staff Signature: _____	ACHP Safety Visit date: _____
ACHP Staff Signature: _____	ACHP Safety Visit date: _____
ACHP Staff Signature: _____	ACHP Safety Visit date: _____