

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? _____ ☐ Operator ☐ Resident Mgr ☐ Shift Mgr

Specific Dates of Absences: From: _____ To: _____

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

Operator's Signature: _____ Date: _____

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 ☐ NoHas 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

- Fill in the back of this form to complete your temporary operating plan. Attach a staffing plan showing 24-hour coverage and all special staffing needs during the Operator or Resident Manager's absence.
- All caregivers listed must have a current approved ACHP role and a current background check.
- One caregiver may be listed for multiple responsibilities (for example, one caregiver may be the person living in the home *and* the person left in charge).
- **If you are the Operator of multiple homes, you must submit a separate vacation/absence request and temporary operating plan for each home.**

Special Staffing Needs:

1. Do any residents require 2-person assistance for transfers/evacuation? ☐ Yes ☐ No
2. Do any residents have one-on-one care or supervision needs? ☐ Yes ☐ No
3. Do any residents have delegated nursing tasks? ☐ Yes ☐ No
 - If yes, do scheduled caregivers have current delegations for these tasks? ☐ Yes ☐ No
 - Does the caregiver left in charge or the backup operator have the information needed to contact a nurse if delegated staff are unavailable and another caregiver needs to be delegated to completed a nursing task? ☐ Yes ☐ No
4. Do any residents have specialized services such as direct nursing services? ☐ Yes ☐ No

Caregiver Left In Charge: _____

The care provider left in charge will oversee day-to-day operations in the home during the Operator or Resident Manager's absence.

Caregiver(s) Living In the Home: _____

At least one approved caregiver must live in the home during the Operator/Resident Manager's absence. A caregiver must be available at all times to provide protective awareness and care, including overnight.

Other Caregiver(s) scheduled to work during Operator/Resident Manager's absence: _____**Backup Caregiver(s):** _____

Backup caregivers do not have to be on the staffing plan, but are available to provide coverage if the scheduled caregivers are unavailable. If the backup caregiver is not familiar with the home and the resident care needs, the caregiver left in charge or backup operator must orient them if they work.

All Caregivers	Caregivers Working Alone	Caregiver Left in Charge
<ul style="list-style-type: none"> Current approved role Current background check Care home job application Caregiver workbook certificate Caregiver Checklist Mandatory Abuse Reporter Providing Inclusive Care HCBS training CPR and first aid Six Rights of Safe Medication Administration (if administering medication or working 20+ hours per week) Delegations if needed 	<ul style="list-style-type: none"> Current approved role Current background check Care home job application Caregiver workbook Caregiver Checklist Mandatory Abuse Reporter Providing Inclusive Care Six Rights of Safe Medication Administration HCBS training CPR and first aid Caregivers under 21 cannot work alone for more than 2 hours in any 12 hour period Delegations if needed English test 	<ul style="list-style-type: none"> Current approved role Current background check Care home job application Workbook/ EQC Essentials Caregiver Checklist Mandatory Abuse Reporter Providing Inclusive Care 6 Rights of Safe Med Admin HCBS training CPR and first aid Infection Prevention training Fire Safety training Food handlers card 21 or older Delegations if needed English test

SUBMIT REQUIRED DOCUMENTS WITH THIS VACATION/ABSENCE FORM

- Submit this form and a staffing plan/schedule reflecting this temporary operating plan. If one-on-one staff are required, submit the second page of the staffing plan with one-on-one assignments.
- If the designated backup operator for this vacation or absence is someone **other than** your regular backup operator, submit a copy of the signed backup operator agreement.
- ACHP maintains copies of all documents previously submitted. ACHP will acknowledge receipt of this exception request within 72 hours **and will notify you if additional information is needed, including any additional documentation for any caregivers on this temporary operating plan.**

ACHP Use Only: Approved ☐ Denied ☐

ACHP Signature _____

Date _____