

APPLICATION for RESIDENTIAL CARE FACILITY LICENSE
Application is hereby made for a license to operate a Residential Care Facility

RECEIVED
\$60
OCT 20 2000

New Renewal New Owner

Long Term Care
Quality Section

1. Name of Facility OREGON CITY RETIREMENT CENTER
2. Facility Street Address 515 10th St.
City OREGON CITY Zip 97045 County CLACKAMAS
Mailing Address (if different) _____

3. Telephone # (503) 656 - 0855 Fax # (503) 657 - 4212

4. Projected Opening Date 1 / 1 /

5. Administrator's Name: MARTINA SIEBENEICH-CANALES Hire Date: 10 / 1 / 99

6. Name of Owner of Business SIEGFRIED SIEBENEICH

7. Address / Owner of Business 505 10th St.

City OREGON CITY State OR Zip: 97045

Contact Name MARTINA SIEBENEICH-CANALES Tel (503) 656 - 0855
Cell # (503) 997 - 1963 Fax (503) 657 - 4212

8. Name of Management Co., if applicable: _____

9. Business is operated by (check one)

Corporation Limited Liability Company _____
Governmental _____ Limited Liability Partnership _____
Public Agency _____ Individual _____
Other (specify) _____

Include organization chart with application.

List partners, directors, majority stockholder, ownership interests, etc.

(1) Name SIEGFRIED SIEBENEICH Title PRESIDENT
SSN 544 - 96 - 4104 Address 505 10th St.

OREGON CITY OR 97045
(2) Name FRIEDA SIEBENEICH Title VICE PRESIDENT
SSN 544 - 96 - 3906 Address 505 10th St.

OREGON CITY OR 97045
(3) Name MARTINA SIEBENEICH-CANALES Title SECRETARY
SSN 630 - 24 - 8883 Address 505 10th St.

Class I

Class II

OAR 411-55-061 requires a Class I license which provides basic residential care services to people who require only assistance in activities of daily living. Class I licensed facilities cannot serve persons who are non-ambulatory, require feeding or are dependent in any activity of daily living. The facility must meet the minimum staffing requirements as outlined in OAR 411-55-161. All residents will be in stable medical condition. Nursing tasks may be delegated to the staff by a Registered Nurse under the Board of Nursing Rules.

The Division may grant an exception which allows the resident to be admitted or remain in a Class I residential care facility if the provider establishes the criteria can be met in OAR 411-55-161.

A Class II license is required for a facility which provides basic residential care services to people who require assistance in activities of daily living; and, in addition wish to serve people who are aging in place, have increased in medical acuity or, due to impairment, are dependent in one or more activity of daily living. Staffing levels shall meet the needs of all residents at all times. The facility shall meet the minimum staffing requirements outlined on OAR 411-55-161. In addition to the minimum direct care staffing, please indicate that the following requirements have been met:

- Regularly scheduled Registered Nursing available on staff or through contract; or regularly scheduled Licensed Practical Nursing available either on staff or through contract with Registered Nurse available to provide nurse delegation.
- Meets Minimum direct care staffing requirement for Class II facility.
- Administrator has two years successful experience or equivalent education in providing care for persons in a long term care setting.

If corporation, indicate exact corporate name and, if applicable, registered facility assumed business name (ABN).

Corporate Name MSKS INC.

ABN OREGON CITY RETIREMENT CENTER

Corporation Registry Number 713770-80

A corporation *must* be registered with the State of Oregon Corporations Division in order to do business in Oregon.

Federal Tax ID Number [REDACTED]

Workers' Comp. Ins. Co. Liberty Northwest Workers Comp Policy # WC4-INC-009965-029-R2

Number of Units 42 Maximum Capacity 50

Facility Level of Evacuation (Check one): SR-1 (Impractical)
SR-2 (Slow) ✓

Do you plan to admit Medicaid residents? Yes ✓ No

If yes, a contract for services will be mailed to you for signature. Medicaid payments *will not* be made to a facility until a Medicaid contract has been signed by the facility *and* Senior and Disabled Services Division. Medicaid clients shall not be moved into a facility prior to contract execution. Provide current Certificate of Authorization or a listing of individuals authorized to sign on behalf of the owning entity.

I declare under penalties of perjury that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct and complete. I certify that I am authorized by the applicant to sign on behalf of the applicant. *I understand that I must receive written notification of license effective date prior to moving residents into the facility.*

Tristina Aronoff-Lorralis
Authorized Signature

Administrator
Title

10/13/00
Date

ALZHEIMER'S CARE UNIT FEES

If you are renewing the Residential Care Facility license, the ACU renewal fee is due at this time. The amount of the fee depends upon the number of beds:

16 or fewer ACU beds.....	\$ 50
17 - 50 ACU beds.....	\$ 75
51 or more ACU beds.....	\$ 100

Please make a separate check for the amount to: SDSD