



# Uniform Disclosure Statement Assisted Living/Residential Care Facility

The purpose of this Uniform Disclosure Statement is to provide you with information to assist you in comparing Assisted Living and Residential Care facilities and services. Oregon Department of Human Services requires all Assisted Living and Residential Care facilities to provide you with this Disclosure Statement upon request. Facilities are also required to have other materials available to provide more detailed information than outlined in this document.

The Disclosure Statement is not intended to take the place of visiting the facility, talking with residents, or meeting one-on-one with facility staff. Please carefully review each facility's residency agreement/contract before making a decision.

The Assisted Living and Residential Care facility licensing rules, Oregon Administrative Rule 411-054-0000, are available on the DHS website [www.oregon.gov/DHS/spd/index.shtml](http://www.oregon.gov/DHS/spd/index.shtml)

Facility Type:

Assisted Living Facility     Residential Care Facility     Alzheimer's Endorsed

Facility Name: Oregon City Residential Care

Address: 515 10th st. Oregon City, Oregon, 97045

Telephone Number: 503-656-0855

Number of Apts/Units: 50

Administrator: Arthur Johnson

Hire Date: September 2006

Facility Owner: Valley View Care Centers

Address: 505 10th st.

City/State/Zip: Oregon City, OR, 97045

Telephone: 503-880-1853

Facility Operator: Arthur Johnson

Address: 505 10th st

City/State/Zip: Oregon City, OR, 97045

Telephone: 503-880-1853

Does this facility accept Medicaid as payment source for new residents?     Yes     No

Does this facility permit residents who exhaust their private funds to remain in the facility with Medicaid as a source of payment?     Yes     No

Does this facility require the disclosure of personal financial information?     Yes     No

Does this facility allow smoking?     No     Yes    If yes, in what location?

designated indoor area     designated outdoor area, covered

designated outdoor area, uncovered

Does this facility allow pets?     Yes     No    Specify limitations: \_\_\_\_\_



# Oregon

Theodore R. Kulongoski, Governor

**Department of Human Services**

*Seniors and People with Disabilities*

500 Summer Street NE, E13

Salem, OR 97301-1074

(503) 945-5832

1-800-232-3020

Fax (503) 378-8966

January 20, 2011

Art Johnson, Administrator  
Oregon City Residential Care  
515 10th St  
Oregon City, OR 97045

Re: Provider # 50M094

Dear Ms/Mr Johnson:

Enclosed is your Residential Care Facility License which expires on January 31, 2013. If you have any questions, please feel free to call me.

Sincerely,

Carolyn Ramus, Licensing Specialist  
Office of Licensing and Quality of Care  
503-945-5853

cc: Local Unit: Clackamas AAA  
Fire Marshall  
CCMU: Tualatin  
Files

*"Assisting People to Become Independent, Healthy and Safe"*  
An Equal Opportunity Employer



ALF  RCF

### LICENSE RENEWAL

Oregon City Residential Care \_\_\_\_\_  
515 10th St \_\_\_\_\_  
Oregon City OR 97045 \_\_\_\_\_

Expiration date of prior license: 1/31/2011

Date of last survey in file: 5/1/27/10 Rev.

Forms / Letters To	Date Mailed	Date received	Fee	Alz Fee
Facility	11-19-10	12-29-10	✓	
Fire Marshal	11-19-10	9-8-10		

CCMU # 50m094

CP / Complaints

Secretary of State

Credit Check OK

Criminal History OK

OIG

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Decision:  Approve

Deny

Hold

Comments: \_\_\_\_\_

Rebecca Mapes  
Program Reviewer

1/21/2011



**Oregon**  
Theodore R. Kulongoski, Governor

**Department of Human Services**  
*Seniors and People with Disabilities*  
500 Summer St NE, E13  
Salem, Oregon 97301-1074  
Voice/TTY 1-800-282-8096  
Fax (503) 378-8966

Oregon City Residential Care  
515 10th St  
Oregon City OR 97045

11/19/2010

Dear Art Johnson:

This letter is notice that the Residential Care Facility license is due to expire. The exact date is on the license. Complete the enclosed License Application(s) for Residential Care and Assisted Living Facilities to continue to operate as a Residential Care Facility. If there are separate Owner and Operator please complete an Owner application (SDS0570) and Management Application (SDS0570M). Return these forms to SPD 45 days prior to the expiration date along with the required fee.

Licensing fees are based upon the number of licensed beds at the facility: 1 to 15 beds: \$360, 16 to 49 beds: \$520.00, 50 to 99 beds: \$1,040.00, 100 to 150 beds: \$1,340.00, 151 or more beds: \$1,500.00. Make the check payable to the Department of Human Services. If the facility is a Memory Care Community a renewal fee is due at this time. This requires a separate check.

Mail all forms and checks to:

SPD Office of Licensing and Quality of Care  
Attn: Carolyn Ramus  
500 Summer St. NE, E13  
Salem, OR 97301-1074

The State Fire Marshal has been notified that a survey of the facility is needed. Please send a copy of the most recent Fire Marshal Survey with the application. Facility license renewal requires that a copy of the current Fire Marshal report be supplied. In addition, if there are items cited for correction, attach a copy of the form showing they have been corrected. It is your responsibility to ensure this office receives a copy of the Fire Marshal's report.

Receipt of the renewal application and check will keep the current license valid until a decision is made regarding regular licensure. If you have any questions, please feel free to call me at 503-945-5853.

Sincerely,

Carolyn Ramus, Licensing Specialist  
SPD Office of Licensing and Quality of Care

cc File

Clackamas AAA

0312

ALF

RCF

### LICENSE RENEWAL / APPLICATION STATUS

Oregon City Residential Care  
515 10th St  
Oregon City OR 97045

- Expiration date of prior license: 1/13/09
- Date of last survey in file: 12/3/07 Rev.

Forms / Letters To	Date Mailed	Date Received	Fee	Alz
Facility	10/30/08	12/31/08	✓	
Fire Marshal	11/20/08	3-3-08		

CP / Complaints  CCMU# 50M094  OIG

Secretary of State  ABN inactive ok 2/9 Credit Check OK  Criminal History OK

Comments:

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DECISION:  Approve  Deny  Hold for survey or \_\_\_\_\_

Rebecca Mapes 2/13/09

Program Reviewer

**Carolyn RAMUS - RCF change of owners**

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**From:** Carolyn RAMUS  
**To:** Facility Changes; KenDav@co.clackamas.or.us  
**Subject:** RCF change of owners

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Morning everyone,

We have new owners at 2 facilities

**Clarendon Court Alzheimer's Residence 5MA016**

5732 SE 122nd Ave

Portland 97236

Effective 1/02/2007

new owner Gruia, Inc. new Admin. Estera Gruia

and

**Oregon City Retirement Center 50M094**

515 10th St

Oregon City 97045

effective 1/1/2007

new owner Valley View Care Centers, Inc. ( Art Johnson is also the Admin here)

new name **Oregon City Residential Care**

ACO has been updated.

Enjoy the weekend.

Carolyn



# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services

*Seniors and People with Disabilities*

500 Summer Street NE, E13

Salem, OR 97301-1074

(503) 945-5832

1-800-232-3020

Fax (503) 378-8966

January 2, 2007

Arthur Johnson, Administrator  
Oregon City Residential Care  
515 10<sup>th</sup> St.  
Oregon City, OR 97045

Provider # 50M094

Dear Mr. Johnson:

Enclosed is a Residential Care facility license showing the facility's new owner and operator is Valley View Care Centers, Inc. and the facility name is now Oregon City Residential Care. These changes are effective January 1, 2007 with the renewal date now January 31, 2009.

Please display the new license in a prominent place in the facility. If you have any questions regarding the license, please feel free to call me at (503) 945-5853.

Sincerely,

Carolyn Ramus, Licensing Specialist  
Seniors and People with Disabilities  
Office of Licensing and Quality of Care

cc: Local Office Clackamas AAA  
CCMU Tualatin  
File

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