

James Toews  
Authorized Signature

Number: SPD-AR-10-108  
Issue Date: 12/02/2010

Topic: Provider Information

Due Date:

Subject: Change of Ownership (River Road Assisted Living Residence)

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                 | <input type="checkbox"/> County Mental Health Directors                  |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services                                 |
| <input type="checkbox"/> Children, Adults and Families     | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers        | <input type="checkbox"/> Other (please specify):                         |

**Action Required:** The following facility has a change in ownership and local office staff will need to update the 512 Records for all clients residing in this facility.

Old Facility Name: River Road Assisted Living Residence

New Facility Name: Same

Address: 592 Bever Drive NE, Keizer, OR 97303

Mailing Address: PO Box 13089, Salem, OR 97309

Old Provider Number: 503632

New Provider Number: 521966

The Effective date of this change is: November 1, 2010

Staff will need to close the 512 with the old provider number and open a new 512 with the new provider number.

**Reason for Action:** The listed facility has new ownership and as result a new provider number has been issued. Staff will need to update all client records due to this provider number change.

**Field/Stakeholder review:**  Yes  No

**If yes, reviewed by:**

If you have any questions about this action request, contact:

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