

James Toews
Authorized Signature

Number: SPD-AR-10-109
Issue Date: 12/2/2010

Topic: Provider Information

Due Date:

Subject: Change of Ownership (Eldorado Heights Assisted Living)

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: Eldorado Heights
New Facility Name: Same
Address: 2130 Eldorado Blvd., OR 97601
Mailing Address: PO Box 13089, Salem, OR 97309

Old Provider Number: 512022
New Provider Number: 522280

The Effective date of this change is: November 22, 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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