

Cathy Cooper  
Authorized Signature

Number: SPD-AR-10-113  
Issue Date: 12/16/2010

Topic: Provider Information

Due Date: 12/1/2010

Subject: Change of Ownership (Necanicum Village MCC)

**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: Necanicum Village Memory Care Community  
New Facility Name: Same  
Address: 2500 S. Roosevelt Dr., Seaside, OR 97138  
Mailing Address: PO Box 13089, Salem, OR 97309

Old Provider Number: 516816  
New Provider Number: 522327

The Effective date of this change is: December 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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