

Information Memorandum Transmittal Aging and People with Disabilities



Sarah Odell

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Number: APD-IM-22-051

Issue date: 06/08/2022

Topic: Long Term Care

Due date: 06/08/2022

Subject: Nursing Facility Change of Ownership and Name Change

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: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Previous

Name: **CORNERSTONE CARE OPTION (38E173)**

New

Name: **AVALON CARE CENTER – Portland (38E173)**
12640 SE BUSH
Portland, OR 97236

New

Owner: **AVALON CARE CENTER – PORTLAND, LLC**

Operator: Avalon Health Care Management of Oregon

Effective

Date: 06/01/2022

If you have any questions about this information, contact:

Contact(s): Nursing Facility Licensing Unit	
Phone:	Fax:
Email: NF.Licensing@dhsosha.state.or.us	