## **Information Memorandum Transmittal Aging and People with Disabilities**



| Dave Allm  |   | <u>Number</u> : APD-IM-22-081  |  |
|--|---|--|--|
| Authorized sig   | nature  | <u>Issue date</u> : 08/10/2022   |  |
| <u>Topic</u> : Long Term Care  |   | <u>Due date</u> : 08/10/2022   |  |
| Subject: Nursin  | g Facility Change of Ownersh                                | nip and Name Change  |  |
| Applies to (che  | eck all that apply):  |  |  |
| <ul> <li>☐ All DHS employees</li> <li>☑ Area Agencies on Aging: Types A and B</li> <li>☑ Aging and People with Disabilities</li> <li>☐ Self Sufficiency Programs</li> <li>☐ County DD program managers</li> <li>☐ Support Service Brokerage Directors</li> <li>☐ ODDS Children's Residential Services</li> <li>☐ Child Welfare Programs</li> </ul> |   | <ul> <li>☐ County Mental Health Directors</li> <li>☐ Health Services</li> <li>☐ Office of Developmental Disabilities Services (ODDS)</li> <li>☐ ODDS Children's Intensive In Home Services</li> <li>☐ Stabilization and Crisis Unit (SACU)</li> <li>☐ Other (please specify):</li> </ul> |  |
| Message:<br>From:  | Aging and People with Disa<br>Office of Safety, Oversight a | ,  |  |
| Date:  | August 5, 2022  |  |  |
| Subject:   | Nursing Facility Change of Ownership and Name Change        |  |  |
| Previous<br>Name:  | Creekside Rehabilitation Nursing Facility                   |  |  |
| New Name:  | Belmont Care and Rehabilitation                             |  |  |
| New Owner:   | Sapphire at Belmont, LLC                                    |  |  |
| Effective date:  | 08/01/2022  |  |  |

## If you have any questions about this information, contact:

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|---|------|--|--|
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