



Assisted Living Facility Certified Memory Care Disclosure

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| Facility Name: |
| Facility Address: |
| Facility Phone: |

This document reflects the number of caregivers and direct care staff that are awake and available on each shift to serve residents in occupied licensed beds. The memory care facility or memory care unit is required to provide notification when a significant change in staff has occurred.

Number of License beds:

| | Position* | Number of Staff |
|---------|-------------------------|-----------------|
| Day | Caregiver | |
| | Other Direct Care Staff | |
| Evening | Caregiver | |
| | Other Direct Care Staff | |
| Night | Caregiver | |
| | Other Direct Care Staff | |

*Other Direct Care Staff: Individuals who meet training requirements and can provide personal care to residents.

This disclosure must be posted and made available upon request to residents, resident representatives, visitors, and interested consumers.