



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Carlene Henderson HENDERSON ADULT FAMILY HOMES</i>	LICENSE NUMBER <i>13701</i>
--	--------------------------------

NOTE: The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.

Table of Contents

About the Home

Personal Care

Medication Services

Skilled Nursing Services and Nursing Delegation

Specialty Care Designations

Staffing

Cultural or Language Access

Medicaid

Activities

Received

JUL 29 2015

RCS/Public Disclosure

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. *We focus on Compassionate care with dignity. We welcome all religions & races. We assist residents on several walks in quiet residential neighborhoods several times per week weather permitting. Nice outdoor patio and sunroom.*

2. INITIAL LICENSING DATE: *May 2005* 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: *3430 S. Linke Rd Greenacres WA 99016 / 14026 E. 19th Ave Spokane Valley WA 99037.*

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other:

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING *We provide assistance from eating & monitoring to total assistance.*

If needed, the home may provide assistance with eating as follows:



2. TOILETING

If needed, the home may provide assistance with toileting as follows:

we provide assistance from cueing & monitoring to ^{total} assist.

3. WALKING

If needed, the home may provide assistance with walking as follows:

We provide walking assistance from cueing & monitoring to a one person assist. 2 person assist when 2 caregivers on shift (usually in AM)

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

We provide transfer assistance from cueing & monitoring to a one person assist. 2 person assist when 2 caregivers are on shift (usually in AM)

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

We provide assistance with positioning from cueing and monitoring to a one person assist. 2 person assist when 2 caregivers are on shift (usually AM)

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

We provide assistance with personal hygiene from cueing & set up to total assist.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

We provide assistance with dressing from cueing and set up to total assistance.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

We provide assistance with bathing from cueing and set up to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Residents receive more one on one personal care due to the low ratio of ~~one~~ resident to caregiver.

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is: We provide medication administration from reminding resident to take medication through nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services: We provide all skilled nursing services by contracts with and through nursing agencies.

The home has the ability to provide the following skilled nursing services by delegation: We provide skilled nursing services by nurse delegation with Alice Semington RN.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- The provider lives in the home.
- A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- Registered nurse, days and times: on call and only as needed
- Licensed practical nurse, days and times: on call and as needed
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night part time
- Other: non wake staff part time

ADDITIONAL COMMENTS REGARDING STAFFING

staff is available 24/7 to assist with all care needs
2 caregivers on staff in AM.

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections) HAFH serves specialty meals per resident request.

The home is particularly focused on residents with the following background and/or languages:

english

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

- The home is a private pay facility and does not accept Medicaid payments.
- The home will accept Medicaid payments under the following conditions: depending on level of care

ADDITIONAL COMMENTS REGARDING MEDICAID

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following: *Bingo card games, yatzee, puzzles, out side entertainment.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES *Youth church groups come several times per year to sing and interact with residents*

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600