

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <p style="text-align: center;">Cascade Caregivers/ Karen Bertrand</p>	LICENSE NUMBER <p style="text-align: center;">AFH 139300</p>
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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.

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About the Home

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.

Cascade Caregivers personally tailors each Resident's care. Designed to foster dignity, self-confidence and individuality. We provide a nurturing family setting that guarantees the security, respect and sense of belonging of each Resident living in our home.

2. INITIAL LICENSING DATE

4/7/1998

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

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

Personal Care

"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

If needed, the home may provide assistance with eating as follows:
Nutritionally balanced and delicious home-cooked meals individually tailored to each Resident's dietary needs. Self-feeding needs from cuing and monitoring to total assistance.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:
We provide toileting assistance from cuing and monitoring to total assistance to ensure cleanliness and safety.

3. WALKING

If needed, the home may provide assistance with walking as follows:
We provide standby assistance to two-person assist when walking to ensure safety.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:
We provide standby assistance to two-person assist when transferring to ensure safety.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:
We provide assistance with positioning from cuing and monitoring to one or two person assist.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:
We provide assistance with personal hygiene from cuing and set-up to total assistance.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:
We provide assistance with dressing from cuing and set-up to full assistance.

8. BATHING

If needed, the home may provide assistance with bathing as follows:
Stand-by assist and full assistance bathing for safety. Due to safety, Resident's are never left alone in the shower.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Bathtub bench and grab bars are available for use. Bed and chair alarms are available to alert staff when Resident's are getting up. Diabetic care is available.

Medication Services

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:
Medication assistance and Nurse Delegated medication is provided, i.e. if a Resident is unable to take medications due to swallowing, or mobility to place in mouth, Caregiver will administer.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Skilled Nursing Services and Nurse Delegation

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: Consulting RN

The home has the ability to provide the following skilled nursing services by delegation: Yes

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Specialty Care Designations

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

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Staffing

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: Consulting RN as needed.
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24 hours a day-at least 1 Caregiver
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Two Caregivers at busy times of the day, i.e. Mornings

Cultural or Language Access

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)

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

We provide care to all backgrounds and/or languages.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We will cater to all cultures and Religions

Medicaid

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:

Each case is individually assessed, i.e. 1) level of care of individual 2) case load of other Residents 3) Two years of private pay.

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

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:

Parties, BBQ's, baking, rides, puzzles, cards. There is a garden available for gardening.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Staff will assist with set-up of activities an individual Resident enjoys, such as knitting, crocheting, painting, etc.