

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Arletta's Adult Care Home, Inc.	LICENSE NUMBER 173701
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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	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p style="padding-left: 40px;">Over 15 years of experience providing care. Specializing in Dementia.</p> <p style="padding-left: 40px;">The facility is 100 % wheelchair accessible and tobacco smoke free.</p> <p style="padding-left: 40px;">Our exquisite family home is located in beautiful Spokane South Valley.</p> <p style="padding-left: 40px;">Excellence neighborhood for strolling.</p>	
2. INITIAL LICENSING DATE 02/05/1996	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: NA
4. SAME ADDRESS PREVIOUSLY LICENSED AS: 4126 S. Adams Rd. Veradale, WA 99037	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	
Personal Care	
<p>"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)</p>	
1. EATING	

<p>If needed, the home may provide assistance with eating as follows: Total assistance will be provided, including: preparing food containing ingredients as a special diet, low sugar diet, blending, cutting food to small portions.</p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows: We are provide assistance from cuing and monitoring as well total assistance with all toileting issues.</p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows: We are provide one person assistance with walking, safety supervision, scrutinize devices such as walker.</p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows: We are provide transfer assistance from: cuing and monitoring, one person assistance as well total assistance will provided with all transfers, Falls associated with transfers will be prevented.</p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows: Total assistance and care will be provided with all positioning tasks.</p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows: Total assistance and care will be provided And all necessary care for this task, good personal hygiene will be maintained.</p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows: Total assistance and care will be provided, Selecting appropriate dress and help resident with dressing tasks.</p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows: Total assistance will be provided with all bathing tasks.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE We have especially designed bathroom with a roll-in shower, if necessary we are using shower chair.</p>
<p>Medication Services</p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is: Resident will receive assistance to take medications prescribed by his/her doctor. All medications are monitored in resident medication log file. RN delegation will be provided.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES RN delegation will be provided.</p>
<p>Skilled Nursing Services and Nurse Delegation</p>
<p>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)</p>
<p>The home provides the following skilled nursing services: RN delegation is provided for all residents. for all residents. Monitoring sugar level, insulin injections for residents with diabetes, tube feeding, wound care.</p>
<p>The home has the ability to provide the following skilled nursing services by delegation: All skilled nursing tasks by WAC, Contracting with VNA Gentiva Home Health.</p>

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24Hr./Day 7 Days /Week
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

The facility provide awake staff.

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:
Resident's cultural / ethnicity background will be respected and accommodated.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We are using languages: English, Polish, Russian, Sign.

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:

No conditions.

ADDITIONAL COMMENTS REGARDING MEDICAID

We are accepting Private Pay and Medicaid payments.

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:

Playing Cards, Puzzles, Birthday and Holidays Celebrations, Books, Karaoke.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Holidays activities, pet therapy.

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