



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER
St. Ann Carrington

LICENSE NUMBER
AH176104

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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RCS/Public Disclosure

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.

2. INITIAL LICENSING DATE

01-2006

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

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

New Beginnings AFH LLC

5. OWNERSHIP

Sole proprietor

Limited Liability Company

Co-owned by:

Other:

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: *A caregiver will sit with the resident and spoon feed them 3 times a day plus snacks.*

2. TOILETING

Residents will be on a Every 2 hour toileting schedule
If needed, the home may provide assistance with toileting as follows: *A caregiver will walk with or transport the resident to the toilet or commode and assist them with toileting needs*

3. WALKING

If needed, the home may provide assistance with walking as follows: *A caregiver will stand by or provide hands on assistance to ensure safety in walking.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *A caregiver using proper body mechanics to lift and move a resident from one seat to another*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *A caregiver will turn & reposition a resident in bed or a chair every 2 hours to prevent skin break down.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *A caregiver will help a resident with washing body parts, brushing, teeth, combing hair ect.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *Caregivers will do hands on assist or full assistance in dressing or changing clothing.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *A caregiver will provide a warm and safe environment and assist the resident in washing their hair + entire body.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Residents are encouraged to do as much as their able, to do for themselves to aid in maintaining some independence for as long as possible.

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: *Caregivers assist or administer Pills, liquid meds, topical creams, Insulin injections and suppositories as prescribed by Physicians*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All meds are packed + delivered by a Pharmacy or family member. Meds can be crushed and given in ice cream, Apple sauce or pudding per doctors instructions and approval.

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:

The home has the ability to provide the following skilled nursing services by delegation: *Crushing meds to administer, Changing dressings on wounds, diabetic assistance, suppositories, topical creams, suppositories*

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: *Every 3 months and as needed*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *2 caregivers 24/7*
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

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:

Residents of all background are welcomed. English is our language only. We have caregivers of other cultures + language. The caregivers are instructed to speak English only with the residents.

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:

ADDITIONAL COMMENTS REGARDING MEDICAID The home will allow ^{for} Medicaid residents only after 5 years of private pay.

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: Gardening, music therapy, visiting pets, parties, outings to lunch, walking in the neighborhood, ect.

ADDITIONAL COMMENTS REGARDING ACTIVITIES Activities are also tailored to the residents likes + needs.

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

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA [98504-5600](tel:360985045600)