

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Hindbaugh Adult Family Home	LICENSE NUMBER 179400
---	---------------------------------

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](#)

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. Hindbaugh Adult Family Home has been in business for 30 years, with full time care for the elderly . We serve our residents with a level of care and concern while receiving respect and dignified care. We conduct our lives based on Christian ethical principals.</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">4-2-87</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p style="text-align: center;">none</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p style="text-align: center;">N/A</p>	
<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>	
<p>1. EATING The home helps Residents with cueing feeding, special diets such diabetic, salt free</p>	

blended, We also respect and honor ethical dishes.

If needed, the home may provide assistance with eating as follows: The home will set up the meal, cut up meat, will feed if needed, maintain cueing. Do special diets, soft food diet, diabetic, & salt free diets

2. TOILETING

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

Provider assists with the toilet room (commode, bed pan, or urinal) transfers on/off toilet, cleanses, changes incontinence pads, manages ostomy or catheter, and adjust clothes.

3. WALKING

If needed, the home may provide assistance with walking as follows: Providers are on standby and will assist the resident with wheel chair transfer, walkers, or any mobility device when needed.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Provider will help Resident move between surfaces, to and from bed, chair, wheelchair, standing position, and from toilet and bathroom

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: total assistance in positioning resident in bed or every two hours or as needed for comfort, preventing body wounds.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: providers will assist in maintaining personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing /drying face hands and perineum

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Provider will help when needed with putting on and taking of clothing, fasten or button clothing, including donning/removing prosthesis

8. BATHING

If needed, the home may provide assistance with bathing as follows: Showers will be provided Mondays and Fridays or anytime in between as needed. Some residents need cueing, or assistance or total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE try and make sure resident is happy and satisfied including her in family sociables and outings.

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: independent to total assistance, will be given as indicated by DR. logged in med. file and signed, making certain medicine has been taken. All meds. will be locked.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Medication will be given according to DR. instructions, and follow the laws that indicated in the WAC.

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: Will do oxygen therapy, catheter and cleaning, wound care, etc. all will be done with nurse delegation.

The home has the ability to provide the following skilled nursing services by delegation: catheters, wound care, diabetic diets, nail care, medications, and ointments.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We have total nurse 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: RN on payroll but only comes as needed
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: Every day
- Awake staff at night As needed
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

The home has night staff if needed

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:

Our home is English speaking

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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: We accept one Medicaid resident at a time

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: Piano player and singer comes every Friday puzzles when wanted deer, elk, and bird watching, different types of crafts, socializing, and outings

ADDITIONAL COMMENTS REGARDING ACTIVITIES The outings or for those who are interested and are able to participate.

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