



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER RIEDEL ADULT FAMILY HOME	LICENSE NUMBER 18400
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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.

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

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.

OUR HOME IS A LOVING, SAFE PLACE FOR YOUR FAMILY TO CALL HOME.

2. INITIAL LICENSING DATE

02/27/1979

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

5333 Greg Court Olympia, Wa

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Lakeview Senior Home

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- 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:

ALL OF OUR MEALS ARE HOME COOKED AND PREPARED WITH RESIDENTS INDIVIDUAL PREFERENCES AND DIETARY REQUIREMENTS IN MIND. WE PROVIDE MONITORING AND MINIMAL ASSISTANCE SUCH AS CUEING UP TO TOTAL ASSISTANCE. WE ENCOURAGE OUR RESIDENTS TO MAINTAIN AS MUCH INDEPENDENCE AS POSSIBLE WHILE FOCUSING ON THEIR INDIVIDUAL NEEDS.

2. TOILETING

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

WE PROVIDE TOILETING TO EACH RESIDENT ACCORDING TO THEIR INDIVIDUAL NEEDS FROM CUEING, MONITORING WITH PERSONAL CARE AND HYGIENE, TO FULL INCONTINENCE CARE.

3. WALKING

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

WE HAVE AN WHEELCHAIR ACCESSABLE HOME. OUR CAREGIVERS PROVIDE ASSISTANCE WITH WALKING INSIDE AND OUTSIDE AS NEEDED OR REQUIRED, INCLUDING USING ASSISTIVE DEVICES SUCH AS WALKERS, GAIT BELTS, OR ANY OTHER DEVICES THAT WILL AID OUR RESIDENTS TO MOVE SAFELY AND CONFIDENTLY.

4. TRANSFERRING

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

OUR CAREGIVERS PROVIDE ASSISTANCE BY CUEING AND MONITORING, OFFERING ASSISTANCE BY USING WALKERS, WHEELCHAIRS, SLIDING BOARDS, OR OTHER DEVICES THAT WILL HELP OUR RESIDENTS TRANSFER SAFELY.

5. POSITIONING

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

WE ENCOURAGE, CUE AND MONITOR RESIDENTS TO REPOSITION THEMSELVES ON A REGULAR BASIS, OR IF NEEDED WITH A ONE OR TWO PERSON ASSIST.

6. PERSONAL HYGIENE

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

OUR CARE GIVERS PROVIDE INDIVIDUAL PERSONAL HYGIENE CARE FROM CUEING TO TOTAL ASSISTANCE. INCLUDING BUT NOT LIMITED TO BRUSHING TEETH, COMBING HAIR, AND WASHING FACE, HANDS, ETC.

7. DRESSING

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

WE PROVIDE ASSISTANCE FROM CUEING TO TOTAL ASSISTANCE IN HELPING OUR RESIDENTS DRESS IN THEIR OWN CLEAN, COMFORTABLE CLOTHING AND NIGHT CLOTHES. OUR STAFF ENSURE THAT OUR RESIDENTS WEAR APPROPRIATE FOOT COVERINGS WHEN APPLICABLE

8. BATHING

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

OUR CAREGIVERS PROVIDE MONITORING AND CUEING UP TO TOTAL ASSISTANCE IN HELPING OUR RESIDENTS WITH A REGULAR BATHING ROUTINE ACCORDING TO EACH INDIVIDUAL RESIDENTS DESIRES AND NEEDS.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

FOR OUR DIABETIC RESIDENTS OUR CAREGIVERS DO NOT PROVIDE NAIL CARE. A REGISTERED NURSE CAN COME IF DECIDED BY RESIDENT AND OR FAMILY

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:

ASSISTANCE WITH OR PROMPTING ORAL, TOPICAL, EYE OR EAR DROPS, NOSE SPRAYS, INHALERS, NEBULIZERS, OINTMENTS. OPENING CONTAINERS, REMINDERS TO TAKE MEDICATIONS, ENSURING RESIDENTS RIGHTS OF MEDICATION ASSISTANCE, AND DOCUMENTATION OF SCHEDULED AND PRN MEDICATIONS.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

NURSE DELEGATION FOR SPECIFIC MEDICATION ADMINISTRATION PER RESIDENT NEEDS

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:

NURSE DELEGATION.

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

APPLYING OINTMENTS, CRUSHING AND ADMINISTERING SPECIFIC MEDICATIONS, CHECKING BLOOD GLUCOSE LEVELS, ORAL, TOPICAL, INHALERS, EYE DROPS.

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: **WHEN NEEDED**

- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 HOURS A DAY / 7 DAYS A WEEK**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

ONE OR MORE STAFF ON DUTY AT A TIME.

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:

ENGLISH,

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

ALL BACKGROUNDS ARE WELCOME AND RESPECTED.

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:

AVAILABILITY, AND THAT THE NEW RESIDENT DOES NOT TAKE AWAY FROM EXISTING RESIDENT CARE

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:

BINGO, PUZZLES, MOVIE NIGHT, ASSORTED GAMES, OPPORTUNITIES TO GO OUT TO EAT, ATTEND LOCAL EVENTS,

ADDITIONAL COMMENTS REGARDING ACTIVITIES

WE TRY TO ACCOMMODATE RESIDENT REQUESTS THAT ARE WITHIN OUR CAPABILITIES.

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