



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Freier House LLC DBA Goldenview Adult Family Home</b>	LICENSE NUMBER <b>AH279502</b>
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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.

**The mission of Goldenview Adult Family Home is to provide caring, sensitive care to our Residents and to communicate this to them by our caring about them. This is extended to all Residents who come to Goldenview Adult Family Home no matter their race, sex, religion, or sexual orientation.**

**2. INITIAL LICENSING DATE**

**12/27/2005**

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

**3011 NW 69<sup>th</sup> St Seattle 98117-"Freier's Inn" sole proprietor**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**5. OWNERSHIP**

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

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## 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:

**Assistance with eating is provided by ;1.All meals being prepared by AFH staff . 2. Hands on assistance will include a.tray set -up meaning food cut up, liquids with straws if need be. 3. Partial or total assist physical with feeding depending on Residents' needs. 4. Tube feedings as per MD orders and LN delegation.**

### 2. TOILETING

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

**1.Standby assist of one staff. 2. Assist of one to toilet or commode if Resident able to walk to toilet/commode using transfer belt if necessary for safety.3. Assist of one for a pivot transfer to toilet or commode using transfer belt for safety and positioning wheelchair/commode correctly for the transfer.4. Staff correctly using stand up transfer lift for transfers on and off toilet/commode.**

### 3. WALKING

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

**1. Standby assist of one with transfer belt and walker. 2. Assist of 2 staff if needed with one staff walking behind Resident with wheelchair and the other CG next to Resident -transfer belt in place and CG with one hand in back of Resident holding onto the transfer belt for safety. 3. Independent ambulation for those Residents deemed safe to do so.**

### 4. TRANSFERRING

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

**1. One or two caregiver assist with transfers if Resident weight bearing and transfer belt in place for transfers. 2. Standing transfer lift if Resident able to bear weight and maintain balance on floor of lift and is deemed safe to be on device by RN AFH Provider .Staff is trained in it's use.**

### 5. POSITIONING

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

**Caregivers are required to provide position changes not less than q 3 hrs ATC. If individual Resident's skin requires, every 2 hr ATC position changes will be initiated. Caregivers are taught proper positioning for each client by RN provider including the use of pillows for same and safe positioning strategies.**

### 6. PERSONAL HYGIENE

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

**Caregivers will provide am /pm care qd for all Residents everyday. This includes face,hands torso LE's and peri rectal areas (wash,rinse and dry and apply appropriate creams as indicated). Showers will be provided by assist of one or two caregivers (depending in Residents'needs) as scheduled every week. Hygiene such as pericare is performed q 3 hrs ATC for incontinent needs .**

### 7. DRESSING

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

**Partial or total assist of one or two caregivers based on individuals' needs. Standby assist of one also provided.**

8. BATHING

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

**Showers are provided at least weekly per partial/total assist og one or two caregivers. Bedbaths are provided daily for those unable to be placed in shower on shower chair.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Nail care is provided weekly / prn by AFH staff. Toenail care is provided by a Podiatrist who comes to the AFH. RN provider "gifts" haircuts for Residents who want a haircut prn**

**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:

**Oral pills , liquid meds, inhaled meds, topical meds , rectal meds and eye meds are all appropriatley nurse delegated for AFH staff by AFH provider.**

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:

**RN AFH provider lives on site at Goldenview AFH. RN /LN only functions are performed by same.**

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

**Medication administration, certain dresssing changes ( as nurse delegated), rehab PT/OT exercises as ordered by PT/OT. tube feedings and tube care as per ND.**

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: **I live on site and available 24/7 per phone if not on site.**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **ATC caregivers with one awake all night staff 24/7. Three CG on day shift Mon-Fri and 2 on Sat/Sun.**
- 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:

**We focus on Residents who require much hands on care / who have dementia needs that can be safely managed in our setting.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We have Staff who speak Spanish and Romanian.**

#### 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:  
**If the AFH does not have a Medicaid Resident at the time an already in home Resident is at spend down, then the AFH will maintain the Resident. Resident and Family have been apprised that a room change may be required.**

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:

**Music in home once a week, a daily activity such as reminiscence , listening to music together and a discussion of same, short walks outside -weather permitting, nail care weekly , painting by those who wish to do so and outings for those able to do so.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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