

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER EchoRidge Woods AFH/ Jeanette DeWitt	LICENSE NUMBER 286000
--	---------------------------------

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. The mission of this home is to provide a safe, healthy and balanced environment in which the clients are well cared for and loved. They are cared for physically, and emotionally.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSSED AS: N/A	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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)	
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Received</div> <div style="display: flex; justify-content: space-between;"> AUG 07 2015 Page 1 of 4 </div>	
1. EATING	

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

Both hand over hand and total feeding.

2. TOILETING

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

Toileting schedule, peri-care, diapering and garment changing as needed.

3. WALKING

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

Only one person assistance if client can bear weight and ambulate.

4. TRANSFERRING

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

Only one person assistance if client can bear weight . Hoyer lift if unable to bear weight

5. POSITIONING

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

Repositioning q 2 hrs during daytime hours. Round the clock if hospice deems it needed.

6. PERSONAL HYGIENE

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

Hand over hand assistance or complete the task if client is total assist.

7. DRESSING

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

Help with choosing weather appropriate clothing, assistance and complete dressing if client is unable

8. BATHING

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

Oversight for client safety, complete bathing if needed. Scheduled and on an as needed basis.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Significant changes constitute a price change. Provider will notify Family and Social worker as needed.

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:

Oversight, assistance and task completion if client is unable.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Significant change constitutes a price change. Provider will notify Family and Social Worker as needed.

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:

Significant ability constitutes a price change. Provider will notify Family and Social worker as needed.

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

Med administration, dressing changes, eye drops, creams. NO WOUND CARE OR CATHING

Received

AUG 07 2015

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Increase in task contitutes change in price. Provider will notify Family and Social Worker as needed.

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

Clients with these diagnosis admitted on a case by case basis, as the homes status of heavy care allows.

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

ADDITIONAL COMMENTS REGARDING STAFFING

24 hrstaff is only available for hospice clients if hospice deems it needed. Price increases as indicated.

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

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:

I accept both private and medicaid clients upon admission.

Received

ADDITIONAL COMMENTS REGARDING MEDICAID

Medicaid Clients will be charged usual admission fees, & hourly fees for accompaniment & shopping.

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:

Movies & board games as time allows and is tolerated by Client.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We will encourage Clients to participate in activities of choice as tolerated by the Client.

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

Received

AUG 07 2015