



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

DEC 30 2014

HOME / PROVIDER <i>Entiat Valley Senior Home - Dan + Cindy Wood</i>	LICENSE NUMBER <i>321500</i>
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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. <i>Our residents health + happiness are important to us + we will do our best to meet all care needs. We provide a safe, clean + healthy environment. We give personal care + supervision as needed, while encouraging independence as much as possible. Our residents can enjoy a calm, relaxed + comfortable setting atmosphere in a quiet country setting.</i>	
2. INITIAL LICENSING DATE <i>May 1996</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
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)

1. EATING

If needed, the home may provide assistance with eating as follows: Provide 3 meals a day + snacks, cue & encourage to eat meals, cut foods up if needed, hand feed if needed, blend foods if needed.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: monitor or assist residents to & from bathroom if needed. Assist on + off toilet if needed. Assist with clean up if needed.

3. WALKING

If needed, the home may provide assistance with walking as follows: monitor or assist with ambulation as needed. Cue to use walker. Assist with transfers as needed.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Assist with transfers as needed. use gait belt if needed.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: assist as needed, use padding ~~as~~ where needed. No awake staff at night, although we do check on residents during the night. Exceptions made during end of life care on a case by case basis for nighttime positioning.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Set up & cue if needed, assist if needed, apply lotions if needed, trim nails if needed, monitor for skin problems.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: assist with dressing if needed, provide clean clothes - laundry done daily or as needed. Maintain neat & clean appearance.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Shower chair provided, assist in + out of shower, assist or cue to wash entire body, monitor for skin problems.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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: total assistance with meds, delegation as needed, meds kept locked up, med administration sheet in place.

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:

Nurse delegation if needed by RN.

The home has the ability to provide the following skilled nursing services by delegation: *medication assistance, topical medications, diabetic care*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Home Health & Hospice available to come to home if 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

also completed Diabetes training

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: *available for nurse delegation when needed.*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *at all times*
- 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:

American & 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: 1-2 Medicaid residents, depending on their qualifying rate. Room (2) is semi private & is designated Medicaid room. We will decide on a case by case basis if Medicaid room is full. If resident or family requests a private room, they will be responsible for the difference between Medicaid rate & our private pay base rate.

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: television, books & magazines, games & puzzles, deck outside to enjoy outdoors, visiting, field trips consisting of drives, picnics, eat out. assist with household chores or meals if Capable.

ADDITIONAL COMMENTS REGARDING ACTIVITIES