



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER

**Ivy House AFH**

LICENSE NUMBER

**326402**

**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.

A safe and comfortable living environment; nourishing and pleasing food; adequately staffed care on 24 hour basis to meet the needs of each individual will be provided by Ivy House Staff. Our goal is to enhance the quality of life for each individual Resident; honor their choices and respect their rights. We will maintain a quality work environment for our Staff and other outside entities ensuring continuity in care for our Residents. We will stay in compliance with current state mandates; WAC's and RCW's while operating Ivy House AFH in a manner that is consistent with good business and community practices.

#### 2. INITIAL LICENSING DATE

**07/20/2000**

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

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

#### 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:

**Modified or specialized diets; tube feeding**

### 2. TOILETING

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

**Incontinence of bladder and bowel; catheter care**

### 3. WALKING

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

**All stages; we are wheelchair accessible; no motorized W/c inside home**

### 4. TRANSFERRING

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

**We are able to assist and transfer Residents; assistance/gait belt or Hoyer/total care (depends on height/weight)**

### 5. POSITIONING

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

**Able to do all positioning and repositioning (depends on height/weight)**

### 6. PERSONAL HYGIENE

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

**Able to assist with all hygiene tasks**

### 7. DRESSING

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

**Able to assist with all dressing needs**

### 8. BATHING

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

**Able to assist with bathing and give bed baths; shower chair available**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**“All” means normal requests; special accommodations will be discussed individually with the Provider.**

## 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:

**We except all medications; we do NOT do injections of any kind; we have Nurse Delegation in place**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We prefer to use Ready Meds Pharmacy; otherwise family must maintain and fill supplies.**

## 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:

**Home Health and Hospice with entity of your choice; Nurse Delegation for medication assistance.**

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

**Oxygen; Nebulizer; Medication assistance; Catheter Care; other requests welcome. NO DIABETICS**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**We are not delegated for Diabetes care.**

**Specialty Care Designations**

We have completed DSHS approved training for the following specialty care designations:

Developmental disabilities [X]

Mental illness [X]

Dementia [X]

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

**Our DD specialty training will be complete on 02/11/15**

**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 upon request

Licensed practical nurse, days and times: available upon request

Certified nursing assistant or long term care workers, days and times: 1:6 ratio (Caregiver to Residents)

Awake staff at night [No]

Other: **We have call bells to wake staff; we honor choice of sleeping/waking per individual**

ADDITIONAL COMMENTS REGARDING STAFFING

**Staff does routine rounds at night and will assist with night care and turning schedules**

**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

**English is the primary language of all Caregivers**

**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:

**Immediately and/or after funds run out from private pay**

ADDITIONAL COMMENTS REGARDING MEDICAID

<b>Activities</b>
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: <b>mobile Library services (books {standard and large print}; videos; music Cd's and books on tape); daily Seattle Times News paper; assistance to those who qualify for Adult Day Health; variety of cards and board games; ability to assist with chores (watering; folding clothes; food prep/menu and meal planning; ironing with monitoring/assistance); daily Exercises</b>
ADDITIONAL COMMENTS REGARDING ACTIVITIES <b>We are open to suggestions and encourage Residents to continue activities that they are accustomed to and comfortable with; we are located on a dead end street and our cross street is a dead end street (good for walks); ACCESS is available at your expense for Para-transit.</b>

