

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Hillside adult family home	LICENSE NUMBER 415100
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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 home committed to provide quality care each day to exceed the expectations of our clients and their families. The house is owned and managed by RN. The home is inviting, loving and comfortable. Home is designed for the safety of the residents .

2. INITIAL LICENSING DATE

07/31/1998

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

14619seattle hill Rd, Bothell, WA 98012

5. OWNERSHIP

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

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:

supervising and cueing clients who are at risk for choking/aspiration

Altering texture of food eg. cutting into bite sized pieces, chopping and/or pureeing of solid foods

Feeding clients as indicated

Providing diets and food choices specific to client needs and preferences.

2. TOILETING

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

Remind clients to visit the bathroom regularly, supervise or provide standby assistance while toileting, assistance with the use of bedside commode, bed pan or urinal, changing of briefs/pads and incontinence care as needed.

3. WALKING

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

Reminding clients to use their assistive devices, cueing clients on correct use of all medical devices, standby or contact assistance with or without the use of gait belt during walking.

4. TRANSFERRING

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

supervision or standby assistance with transfers, one person assistance with transfers, provide hoist lift transfers as indicated

5. POSITIONING

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

cueing and reminding clients to change position or turn, one person assistance and provide turning on a regular two hours schedule for clients at high risk for skin breakdown/bedsores.

6. PERSONAL HYGIENE

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

Assistance with oral care, assistance with shaving and hair styling, application of lotion, make-up and deodorant, assistance with nail care,

7. DRESSING

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

supervision and standby, total assist as per client need. provide cueing to promote self reliance

8. BATHING

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

supervision during showers, cueing clients during showers, provide total assistance with showers, bed bath will be provided if resident unable to take shower,

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Home will encourage clients to be as independent as possible, they will be treated with respect.

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:

Reminding clients to take their medications as scheduled, assist clients with administration or oral medications, total assistance with medication administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The AFH have been trained to be delegated in various tasks.

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:

Hillside adult family home is owned and managed by a RN. When deemed appropriate by the provider, the AFH may have RN on site and on call as needed to supervise, instruct caregivers or to deliver hands on care.

The cost associated with nurse delegation and assessments are the responsibility of client. when deemed appropriate by the provider the AFH may provide care to a more clinically complex client that might require things like wound care, end of life care or diabetic management.

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

The AFH may have delegation put into place to include medication assistance and/or administration of various medications.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure their is appropriate staffing in the home

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: _____

<input type="checkbox"/> Licensed practical nurse, days and times: _____ <input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>All the time qualified caregiver like CNA, homeaid or provider will be present</u> <input type="checkbox"/> Awake staff at night <input type="checkbox"/> Other: When deemed appropriate by the provider, the AFH may have awake staff
ADDITIONAL COMMENTS REGARDING STAFFING The home will hire the staff who has received all required Washington state training
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: The home doesn't discriminate client's ethnicity, culture and race. Home will provide equal care to all the residents.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS Provider does speak, hindi and punjabi beside english.
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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions:
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: The home does offer various appropriate activities and consider client's preferences
ADDITIONAL COMMENTS REGARDING ACTIVITIES AFH may try to provide activities that would match with what a client's interests, abilities and desires.

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