

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>EVERGREEN PARK / JANET RHODE, ARNP, MN</i>	LICENSE NUMBER <i>AH 463900</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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Received

APR 07 2016

RCS/Public Disclosure

About the Home

1. PROVIDER'S STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>we specialize in dementia care. we are capable of giving care to all levels of need. we provide the structure & security for individuals with dementia to feel safe & comfortable.</i>	
2. INITIAL LICENSING DATE <i>8/21/98</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>11520 17th Ave NE, 11526 17th Ave NE, 11000 15th Ave NE, 11339 A 8th Ave NE, 11339 B 8th Ave NE</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>N/A</i>	
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: *assist as necessary - staff trained to work with peg tube*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *able to provide full incontinence care. Toileting q 2 hr. or PRN*

3. WALKING

If needed, the home may provide assistance with walking as follows: *1-2 person assist as needed. Walking outside in courtyard part of daily routines.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *1-2 person transfers. We will use sit to stand lift, hoist lift as needed for both staff and resident safety*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *positioning provided to meet resident needs.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *every to full assist to meet resident needs.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *every to full assist with dressing to meet resident needs*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *no bath tubs in home. Showers prn - every to full assist to meet needs*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

resident independence is encouraged but staff available for whatever care needs require.

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: *staff are delegated to meet resident needs for medication use.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

staff are delegated/trained for diabetic care to include insulin injections

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: *Our staff include one nurse practitioner, one RN, one LPN. We do own staff training and delegation*

The home has the ability to provide the following skilled nursing services by delegation: *all delegation covered by WAES*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Because of our professional nursing staff we provide a minimum of 40 hrs. of nursing supervision each week.

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

we accept residents with dementia diagnosis.

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: 40 hrs. /wk. availability
- Licensed practical nurse, days and times: 40 hrs. /wk. availability
- Certified nursing assistant or long term care workers, days and times: 2 caregivers on 3 shifts a day - 2- 7-3
- Awake staff at night 2- 3-11
- Other: activity personell 2- 11-7

ADDITIONAL COMMENTS REGARDING STAFFING

our staffing ratio is a minimum of 1:3

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: 4-5 yrs. private pay

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 services: *we have an activity director for 56 AFMs with one act. assist. we bring in live musical entertainment at least 2 times/mo*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

we have a 16 passenger WC accessible bus 3x a week is an outing day.