



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Sylvan Crest AFH / Crina Baez</b>	LICENSE NUMBER <b>466302</b>
---	---------------------------------

**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.

**Our home is a wonderful alternative to the nursing home setting. The standards and the philosophy of "quality care in the home environment" are true for our home. Every effort is made to assist placement into our home which will fit the new resident's needs and preferences. Level entry, private phone jacks, cable hook ups and call bell system are standard in our home.**

**2. INITIAL LICENSING DATE**

**04/19/2004**

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

**7518 Heather Way Everett WA 98023**

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

**5. OWNERSHIP**

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

Received

JUN 24 2015

**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:

**Total assistance**

2. TOILETING

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

**Total assistance 1 person**

3. WALKING

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

**Total assistance 1 person**

4. TRANSFERRING

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

**Total assistance 1 person**

5. POSITIONING

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

**Total assistance 1 person**

6. PERSONAL HYGIENE

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

**Total assistance**

7. DRESSING

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

**Total assistance 1 person**

8. BATHING

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

**Total assistance 1 person**

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:

**Supervision to full assistance (with nurse delegation).**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Nurse Delegation is offered.**

Received

JUN 24 2015

**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, Registered Nurse for consulting and a Nurse Practitioner which provides home visits.**

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

**Crushing medication, eye drops, topical, inhalation and blood glucose testing.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**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: \_\_\_\_\_
- Licensed practical nurse, days and times: **routine visits every 6-8 weeks**
- Certified nursing assistant or long term care workers, days and times: **Live-in and also 7am-7pm shifts. The provider is always on call if needed.**
- 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:

**Our home is open to all cultural backgrounds.**

Received

JUN 24 2015

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**English is our primary language.**

**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:

**We currently accept Medicaid.**

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:

**Monthly themed or holiday parties, crafts, games, puzzles, watch old TV shows or musicals, brush a dog or cat, march in place, look through catalogues or read the newspaper, put on jewelry, sing favorite songs, look through family photo albums, read poems aloud, rub lotion on the hands, do stretching exercises, play tic tac toe, frost and decorate cupcakes, bat balloons and hold hands.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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

JUN 24 2015