



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Katherine's Harmony House</i>	LICENSE NUMBER <i>A 484800</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.	
2. INITIAL LICENSING DATE <i>04/19/1999</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>N/A</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:

From A VERY soft diet to cutting up food, Diabetic Diet to tube Feeding. 3 homestyle meals daily with nutritional snacks and drinks provided

2. TOILETING

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

Full Assistance with toileting if needed, Goal to keep all residents clean and comfortable

3. WALKING

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

The home will provide one on one or two on one Assistance with walking. Use of a GATEBELT AS needed, Also keeping floors clear of clutter for safety

4. TRANSFERRING

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

All Ranges of transferring are provided by the home, wheel chair to bed w.c. to toilet to Bchair, and vice versa one or two people assist.

5. POSITIONING

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

For All Residents that are unable to position self, staff will position and reposition every 2 hrs 24 hrs a day or more if it is needed

6. PERSONAL HYGIENE

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

Staff will remind our residents to do oral hygiene or help them from simple set up to complete assistance. Also with daily grooming, Baths, and handwashing

7. DRESSING

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

The home staff will make sure the residents clothes are clean and weather appropriate. We can help pick out outfits to full assistance with dressing

8. BATHING

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

Home and staff will provide set-up to full assistance Bath chair hand held shower safety mat provided

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

AT HARMONY HOUSE WE ENCOURAGE OUR RESIDENTS TO DO WHAT THEY CAN AND WE WILL HELP THEM WITH WHAT THEY CAN'T

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: Medication Assistance to Delegated Medication Administration with a speciality for diabetes

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Ointments, skin, eyes, Administer medication crushed or not, Rectub Feedings, stomach Feeding, NASH + EAR medications The Home DOES NOT DO colostomy Bags

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: Assessments, Diabetic Foot (NAIL) CARE

The home has the ability to provide the following skilled nursing services by delegation: SEE #9 PG 2

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

WE HAVE A REGISTERED NURSE ON CALL 24-7

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: on call as 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:

English is spoken in the home

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

WE WOULD BE UNABLE TO CARE FOR NON ENGLISH SPEAKING

PEOPLE WITHOUT BEING PROVIDED AN INTERPRETER

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

The home accepts Medicaid Residents And Private pay

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: Board Games, Baking - our goal is to meet All of our Residents individual needs we will

ADDITIONAL COMMENTS REGARDING ACTIVITIES

provide to the best of our Ability what ever those needs are: Arranging Transportation: ect, ect,