



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Country Manor AFH	LICENSE NUMBER 489500
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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. Country Manor was established in 1993 with the goal of providing quality care for seniors and disabled in our community. We are dedicated to providing your loved one with the care and attention they need to live the rest of their life to the fullest. With over 20 years of experience we are confident that we can meet your needs as well. We are happy to provide you with a list of references. Our home is located in a quiet, country setting yet only minutes to Silverdale, Poulsbo or Bremerton.	
2. INITIAL LICENSING DATE 1993	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 14987 Levin RD NW Poulsbo, Wa 98370
4. SAME ADDRESS PREVIOUSLY LICENSED AS: Country Manor AFH	
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:

We have a prepared weekly menu which offers great variety and is approved by a registered dietician. We are able to provide feeding assistance from simple cues to total assistance including feeding, puree and tube feedings with Nurse Delegation. We are also able to accomodate special diets such as diabetic, dysphasia, low salt, high calorie, low fat as well as special requests.

2. TOILETING

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

Residents are taken to the restroom as necessary with assistance provided according to their needs, including bowel training programs. We also provide full peri care for those who are no longer able to use the restroom including changing of incontinence pads, briefs and tracking of bm's.

3. WALKING

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

We provide assistance with walking from cueing to one on one assistance. We will monitor residents at risk for falls and escort anyone who needs assistance to help ensure their safety.

4. TRANSFERRING

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

We provide assistance with transfers from standby assist to 1 person total transfer. We also have a hooyer lift that staff members are trained to use as necessary.

5. POSITIONING

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

We provide assistance with positioning as needed to ensure resident is comfortable whether they are in their bed or chair. We use pillows, seat cushions, booties and special air mattresses as needed to keep our residents not only comfortable but to aide in preventing pressure sores.

6. PERSONAL HYGIENE

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

We provide personal hygiene assistance ranging from set-up and cueing to total assistance. We ensure that each resident is provided with personal care on a twice a day basis including hair combed, teeth brushed, face washed, and body lotion is applied.

7. DRESSING

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

We provide assistance with dressing from set-up and cueing to total assistance. We ensure that each resident is dressed appropriately for the day and changed into night clothes before bed. All clothing is washed daily and our residents are always clean and presentable.

8. BATHING

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

We have a fully equipped handicapped bathroom with a roll in shower allowing us to provide assistance from standby for safety to total care. We have a bath chair that allows us to transfer resident from bed

onto the chair and roll straight into the shower without having to transfer when wet, increasing safety while in the shower. We are also able to take the hooyer lift right into the shower allowing those residents who are unable to sit up to still be able to get a full shower.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide nail care including trimming and polish for those who are not diabetic, for those who are we will arrange for a podiatrist to come in. We also can arrange for a beautician for those who desire
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 are nurse delegated to provide assistance with medication from cueing to total assist. With Nurse Delegation we are able to apply topical medications, check blood sugar levels, give insulin injections as well as crush medications as ordered by their personal physician.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We use a very reliable pharmacy and use a computer (RMS system) to ensure our residents medications are given according to doctors orders. This system allows the owner or manager to access data via laptop
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 are all Nurse Delegated allowing us to provide many tasks under RN direction. When extensive skilled nursing services are required we will contact the residents personal Dr to get orders for Home Health services to come to the house. We have also worked very closely with Hospice and find their services very valuable.

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

Our staff are all Nurse Delegated allowing us to provide care with: Eye drops, topical medications, nasal sprays, suppositories, blood sugar testing, insulin injections, tube feedings, Ostomy care as well as many other services.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

With the assistance of both skilled nursing services such as Harrison Home Health, Hospice and Nurse Delegation we will make every attempt to provide top quality care in our home to avoid transferring of
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

Over the past 22 years we have provided care to residents with Developmental Disabilities; mental illness; Dementia; Alzheimers;tube feedings, Cerebral Palsy; Huntington's; MS and Parkinsons to name a few. With assistance from other agencies we have been able to provide personal care for them in our home until the end, allowing them to stay in place where they are comfortable and loved.

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: as needed
- Licensed practical nurse, days and times: as needed
- Certified nursing assistant or long term care workers, days and times: 7 days per week 24 hours per day
- Awake staff at night
- Other: **Arrangements for awake staff at night can be made if needed.**

ADDITIONAL COMMENTS REGARDING STAFFING

We are fully staffed and meet all licencing requirements. We have a manager (with over 17 yrs exp.) on call at all times and the owner (with 22 yrs exp) lives on the property.

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:

We do not discriminate based on background or language, however all staff currently employed are only English speaking.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We will make every effort to allow/follow cultural traditions including holidays, food and dress.

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 have a capacity to accommodate 6 residents of which we dedicate 2 beds for mdicaid clients. We require private pay residents to have been in the home for a minimum of 1 year before converting to medicaid. We also require a minimum 6 months notice before converting to medicaid. At that time we will make every effort to accomodate the resident converting to medicaid based on bed availability.

ADDITIONAL COMMENTS REGARDING MEDICAID

To this point we have never requested a private pay resident that converts to medicaid to vacate. When a resident moves in we do our very best to keep them until the end

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:

We have tv's; dvd's; craft projects, cards; puzzles or will provide various projects that residents are

interested in doing. Based on the residents interests we will make every effort to keep them active.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We are located on 5 acres and have two large decks allowing for gardening, long walks or just a place to sit in the sun and enjoy the birds. We also have chickens and bunnies that the residents love to watch.