



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER GOLDEN AFH / BRENDA KDEP	LICENSE NUMBER 497103
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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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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>provide 24hrs care for dementia, DDA, mental illness and diabetes. provider had experience w/ health care field for 20 years.</i>	
2. INITIAL LICENSING DATE <i>May 8th 2008</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: License # <i>632100</i> <i>1322 south 90th st Tacoma, WA 98444 (Relocation)</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>13306 72nd AVE E Puyallup, WA 98373</i> 4/13/2006	
5. OWNERSHIP	
<input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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"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: prepare food choice preference assist cutting food, feed resident if needed.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Assist resident cleaning after toileting, and help with clothing adjustment if needed.

3. WALKING

If needed, the home may provide assistance with walking as follows: Keep pathway clear, and ambulating resident if needed.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Talk through resident when assist w/ transferring if needed or total assist transfer to w/chair.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Assist resident reposition every 2 hrs if needed. or total care.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Assist resident comb hair, brush teeth, wash face and hands, trim fingernail as needed if not diabetic.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Assisted resident w/lower, upper extremity or total assist as needed.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Care resident w/bathing or total assist if needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The home will provide assistance depend on the assessment or the condition by the care and personal changes that determine

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 388-76-0430)

The type and amount of medication assistance provided by the home is: we will assist or administer medication to resident by prescriber or by a legally authorized person.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We will observe, report of any behavioral or side effect to the care professional prescriber.

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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: *Tube feeding, wound care changes, dressing, topical, check blood sugar, that delegate by RN.*

The home has the ability to provide the following skilled nursing services by delegation: *provide by RN, Topical, wound care dressing, check blood sugar for diabetes.*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Tube feeding delegate by nurse currently licensed in WA state.

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

We also had diabetes training

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: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

provider is available 24 hrs.

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, Cambodian, Vietnamese, Thai and Loatian

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

provide cultural (Asian) dancing,

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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

No deposit require for medicaid resident

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:

Day trips, movies, TV programs, cooking, music, exercise, etc

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Sometimes, we have Asian cultural dancing.

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