



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER<br><b>Fairview Home and Marino Home</b> | LICENSE NUMBER<br><b>506300 and 750414</b> |
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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

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| 1. PROVIDERS STATEMENT (OPTIONAL)<br>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.<br><b>Residents receiving care are mostly independent and ambulatory. They receive assistance with walking, general mobility and with transfer and positioning. These residents are ambulatory, but may need occasional assistance with walking. They may receive assistance with occasional incontinence. We help with scheduling transportation (doctor, clinic) for these residents. We provide medication reminders and assistance with medication using enablers (cups, thickened liquid formulas).</b> |   |
| 2. INITIAL LICENSING DATE<br><b>03/01/1998</b>   | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:<br><b>Marino Home 6934 35<sup>th</sup> St W University Place WA 98466</b> |
| 4. SAME ADDRESS PREVIOUSLY LICENSED AS:  |   |
| 5. OWNERSHIP<br><input checked="" type="checkbox"/> Sole proprietor<br><input type="checkbox"/> Limited Liability Corporation<br><input type="checkbox"/> Co-owned by:<br><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:

**Special or diabetic diets. Therapeutic diets are prepared if required.**

### 2. TOILETING

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

**Full assistance with wiping and hygiene**

### 3. WALKING

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

**Residents receive assistance with walking, general mobility and with transfer and positioning if needed. Our residents are mostly ambulatory, but may need occasional assistance with walking (canes , walkers)**

### 4. TRANSFERRING

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

**We do not provide assistance with Lifts but we will help Residents with transferring to chairs and beds**

### 5. POSITIONING

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

**We will provide assistance with positioning in bed for minor skin problems**

### 6. PERSONAL HYGIENE

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

**We provide full assistance and supervision with showers and dental hygiene**

### 7. DRESSING

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

### 8. BATHING

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

**We will supervise and assist with dressing ( clothes , footwear and choice of clothing)**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We pay a great deal of attention to personal grooming**

## 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:

**all oral and topical medications. Not ports,ostomiesor dressing of major skin condtions. We are delegated for insulin injections**

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Our services are limited to normal oral (pills) and topical (creams,ointments) medications**

**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:

**We do not provide skilled nursing services**

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

**Where allowed by WAC , we provide delegated services**

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

**We do not provide openings for persons with advanced dementia. We do not provide openings for persons who have severe mental problems or serious mood disorders. We do not accept or offer placement to individuals exhibiting a tendency to hit or strike themselves or others.**

**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: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **7.00am to 7.00pm**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**We do not normally have an awake staff person at night , but, each home is equipped with a Nurse Call System**

**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:

**Middle Class American of any race**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We currently do not have staff with language skills other than English**

**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:  
**always**

ADDITIONAL COMMENTS REGARDING MEDICAID

**all residents at Fairview and Marino Home receive 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:

**TV/Games/picnics, camping, trips to a movie theater**

ADDITIONAL COMMENTS REGARDING ACTIVITIES