

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

HOME / PROVIDER <b>Grandma's House Adult Family Home</b>	LICENSE NUMBER <b>543000</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

**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 focused on each resident's needs to provide quality and compassionate care. We strive to keep our residents healthy and happy in a peaceful and loving environment.**

**2. INITIAL LICENSING DATE**

**11/21/2000**

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

**N/A**

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

**N/A**

**5. OWNERSHIP**

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- 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 may provide assistance with eating from supervision, cueing, reminders, cutting up monitoring, hands-on assistance to guide or hand food/drink to total dependent feeding assistance .We may provide low-sodium diet, mechanical diet, diabetic diet.**

### 2. TOILETING

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

**We may provide assistance with toileting from setting up, monitoring, cueing, assistance with cleansing care, pads/briefs and stand-by assistance for transfer to total dependent .We may provide assistance with foley catheter care or suprapubic catheter.**

### 3. WALKING

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

**We may provide assistance with walking from stand-by for safety ,cueing ,using cane, walker, wheelchair ,one person assist to bed bound.**

### 4. TRANSFERRING

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

**We may provide assistance with transferring from stand-by for safety, cueing, hands-on guiding, one person assist using hooyer lift ,gait belt.**

### 5. POSITIONING

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

**We may provide assistance with positioning from stand-by for safety, cueing, guiding or one person total dependent in a recliner/ hospital bed.**

### 6. PERSONAL HYGIENE

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

**We may provide assistance with personal hygiene from supervision ,set-up, monitoring ,cueing, hands-on assistance to total dependent of all tasks.**

### 7. DRESSING

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

**We may provide assistance with dressing from supervision, cueing to total dependent.**

### 8. BATHING

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

**We may provide assistance with bathing from supervision, set-up supplies, monitoring, cueing to total dependent ,sponge/bed bath.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We may provide assistance with oral and denture care, glasses, hearing aids, applying lotion, nails care. Also we have hair dresser coming weekly.**

## 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 may provide assistance with medication for one or more medications and medication administration through nurse delegation. We may order, monitor, document and store all medications in properly locked cabinet or containers.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We may provide medication services to include pain management, health monitoring, blood pressure, blood glucose per doctor's order.**

#### 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:

**The home may provide skilled nursing services to include home health nurse, physical, occupational and speech therapies through contracted home health agencies and hospice care services.**

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

**The home may provide skilled nursing services by delegation to include blood glucose monitoring, insulin injections, catheter care, oxygen, simple wound care, eye drops, suppository.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**These services are contracted with outside home health or hospice agencies and/or nurse delegators. Our staff is trained and certified to perform nurse delegated tasks.**

#### 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 may provide services for individuals with mild to moderate dementia or other memory loss. We may provide services to individuals receiving hospice care.**

#### 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: **Registered nurse available only as needed or upon request**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24/7**

Awake staff at night

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**All staff are certified in dementia, mental health, nurse delegation/diabetes, 1<sup>st</sup> Aid/CPR, annual training and background check**

**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 respect all cultural, ethnic and religious backgrounds. The home is non-smoking.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**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:

**Home will accept private pay residents to convert to medicaid payments.**

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:

**We encourage each resident to participate in the activities that they enjoy based on their capability. We enjoy celebrating life and look for creative ways to recognize holidays, birthdays and special events and occasions. We enjoy singing hymns, listening music, watching TV shows /movies, playing table games, bingo, cards, puzzles, reading, reminiscing,**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**The main objective is to continually work to discover new and different interests that are pleasant, stimulating and purposeful for our residents.**