

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Cone Adult Family Home	LICENSE NUMBER 586300
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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. Please see attachment	
2. INITIAL LICENSING DATE 02/19/2002	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 2125 SW 338th St. Federal Way, WA 98023
4. SAME ADDRESS PREVIOUSLY LICENSED AS: 2125 SW 338th St. Federal Way, WA 98023	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

CONE ADULT FAMILY HOME

1. PROVIDER'S STATEMENT

The mission of CONE Adult Family Home is to provide resident focused comprehensive healthcare to persons needing home care services to prolong life by “tailoring” their individual care management. Services are provided without regard to age, sex, race, creed or color and an obligation to protect resident Rights and Responsibilities and explain these rights in a way it can be understood before treatment begins or during the initial evaluation visit and on an ongoing basis, as needed. A family member or legal guardian may exercise these rights in the event that the resident is not competent or able to exercise this for him/her self. If there will be a communication gap or cultural difference, access to an interpreter or family member intervention should be done. The need for an Advance Directives will be taught to the resident and family to document treatment wishes known in advance. Thus, this agency is cost effective as residents have minimized being admitted in the hospital and have reduced the frequency of medical appointments.

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:

Residents are unable to prepare any light meals or reheat any delivered meals. Most residents requires meal set-up or intermittent assistance or supervision from another person to provide safety in eating.

2. TOILETING

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

Residents are able to get to and from the toilet and transfer independently with or without a device or a caregiver to assist. If unable to manage toileting hygiene and clothing management, a caregiver should assist especially in peri-care.

3. WALKING

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

To prevent injury with the use of a one-handed device, e.g. cane, single crutch or semi-walker or with the use of a two-handed device, e.g. walker or crutches to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces should be provided. No rugs, cluttered items nor wavy railings should be observed.

4. TRANSFERRING

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

Residents are able to transfer independently. If not, should be assisted by a caregiver or should use an assistive device. A well-lighted rooms, hallways, ramp or steps should be observed.

5. POSITIONING

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

A Caregiver should be provided to residents who are bedbound. Turning resident's every two-hours will prevent upper respiratory infection and pressure sores and will provide skin inspection.

6. PERSONAL HYGIENE

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

Peri-care will be taught to ambulatory residents and caregivers to prevent urinary infection and skin irritation.

7. DRESSING

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

If the ability to dress upper and lower body safely is impaired, clothing and shoes, grooming utensils must be placed within reach or is laid out or handed to the resident or someone must help put on the clothing and shoes. Clothing and shoes must be well fitted to prevent injury.

8. BATHING

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

At all times, caregiver should render intermittent assistance with the use of a safety belt, shower stool with rubber tips so as to prevent the stool in moving and use of grab bars. Special attention will be rendered to wash appropriately between the inguinal and oval area.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Please see attachment

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:

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Please see attachment

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

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Please see attachment

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

Will provide Developmental Disabilities, Dementia, Chronic Disabilities but of limited admissions.

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: PRN/On-call
- Licensed practical nurse, days and times: PRN/On-call
- Certified nursing assistant or long term care workers, days and times: Full time/7 days a week
- Awake staff at night

9. Additional comments regarding personal care

Fall dizziness and safety measures should be observed. Recreation and ROM exercises is being done. In-Services to caregivers will be given and hand outs will be provided. ER drill will be done. Diet that is low fat, salt and concentrated. Carbohydrate is provided.

MEDICATION SERVICES

Medication profile with side effects will be documented, should observe medication safety and medication purpose, dosage and frequently should be taught and handed to the resident. Observe if there is allergic reaction and know if there is known allergy. Caregivers should be alerted on this. An R.N. must monitor medications every 90 days and medication list must be shown to the resident's primary doctor for updating, e.g. change or add every clinic visit. Whether there should be a change or not, this must be documented on the resident's medical record, an R.N. should sign and date after each medication review and ask questions.

Skilled Nursing Service and Nurse Delegation

Whenever an M.D. order a Certified Home Care Service based upon the resident identified care needs, homebound status and the type of services required that can be provided directly or through coordination with other organizations should do the referral. After the initial visit assessment and evaluation by the R.N., will refer the resident to a registered physical therapy, occupational therapy, MSW, speech therapy and certified home health aide. A referral to the County Health Department of nursing, MSW, immunization needed and community resource will be provided.

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Other staff will be provided as needed and/or requested.

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:

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Filipinos, Hispanic, Caucations will provide language interpreter. Caregivers should be instructed to speak slowly, pronounce words distinctly, speak louder or with gesture if necessary.

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

Cone Adult Family Home also accepts Private Pay Clients with a conditonal agreement

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:

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Federal Way Community Center has a magazine that offers varieties a recreational activities both based on age and culture. Residents can shoose what activities which will suite their interest, then can participate in home activities encouraes resident's to participate on daily exercise, do crafts, painting, draw, solve puzzles and others. Mobile Resident's can participate to do groceries and shopping.

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Valerie's Place Valerie Hahler</i>	LICENSE NUMBER <i>750450</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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Cultural or Language Access

Medicaid

Activities

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. <i>Valerie's Place owned and operated by a RN with 20 years experience, who is specialty in helping the mental ill.</i>	
2. INITIAL LICENSING DATE <i>1997</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>8831 240th SW Edmonds 98026</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
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:

meet dietary needs can puree food and feed resident

2. TOILETING

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

help clean resident and pull down/up clothing

3. WALKING

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

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4. TRANSFERRING

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

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5. POSITIONING

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

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6. PERSONAL HYGIENE

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

clean up after Toileting

7. DRESSING

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

putting on/off clothes and shoes

8. BATHING

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

have shower chair can wash hair, back, and lower body

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Residents most be able to do most of Their ADL's

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:

order meds when needed, provide assistance as needed with meds

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

RN is in charge assist ed supervise as needed,

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:

welcomes home care companies as needed for residents

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

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

has RN who lives there able to do light nursing services

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

now only doing mental health illnesses

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: *lives in the home*
- 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

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:

home is assisting mental health residents

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

home is a medicaid home all residents are 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:

supervision as needed RPh for counseling residents are very self

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*sufficient - we have sing along - very 12th man seahawks fans
have cable internet go for walks celebrate holidays &
birthdays*