



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ARBOR ROSE Adult Family Home, Inc.	LICENSE NUMBER 588100
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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.

Full Care

2. INITIAL LICENSING DATE

01/01/2002

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

2214 E. 36, Spokane WA. 99203, 4414 S. Helena Spokane WA. 99223

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

2214 E. 36, Spokane WA. 99203

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)

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1. EATING

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

Full Care

2. TOILETING

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

Full Care

3. WALKING

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

Full Care

4. TRANSFERRING

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

Full Care

5. POSITIONING

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

Full Care

6. PERSONAL HYGIENE

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

Full Care

7. DRESSING

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

Full Care

8. BATHING

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

Full Care

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Able to care for memorycare Alzheimer's/ Dementia/ Medical, wound care / Trach/ Mechanical Ventilation

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:

Assist to administration of medications with Nurse Delegation

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All care givers are over seen by the Provider/RN Nurse Delegator to over see resident care as well as medications services

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:

Most Nursing home skills including medical, wound care, IV therapy, Tube feeding, G Tub, PEG, respiratory including breathing treatment, Trach care, and Mechanical ventilation

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

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Provider is the RN Delegator and provides nurse delegation to all above to qualified Staff.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Nurse Delegation is available based on the assessment and the residents needs.

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

Most Nursing home skills including medical, wound care, IV therapy, Tube feeding, G Tub, PEG, respiratory including breathing treatment, Trach care, and Mechanical ventilation.

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: On call 24 hours a day with visit daily to every couple days based on the care needs of the home.
- Licensed practical nurse, days and times: As needed
- Certified nursing assistant or long term care workers, days and times: 24 hours a day
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Extra staffing is based on the needs of the resident.

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:

Memory, medical, Respiratory.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Arbor Rose will strive to meet the residents needshowerver typically the language is 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.

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The home will accept Medicaid payments under the following conditions:

Based on the assessment the RN Provider will determine if the home is able to meet the residents needs.

ADDITIONAL COMMENTS REGARDING MEDICAID

If however the Arbor Rose is able to meet the residents needs and resident request the Master bed Room with attached bath and Shower private resources can make up the difference if needed

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:

Arbor Rose does have monthly and daily activities: AM arm, leg exercises, Wheel chair tennis with a balloon, Newspaper conversation up date. Tea time at 10:00 AM as resident tolerates. High Dice, Live music with requests and comedian. Sit and be fit. News TV 5pm channel 6.

The walk in the flower garden. Wheel chair, and walk around the neighbor hood as tolerated, Music and sports TV as requested, Sunday church visitors as available, and as tolerated.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Arbor Rose Adult family Home does strive to meet the residents needs as request as the resident is able and as tolerated.

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600

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