

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

HOME / PROVIDER <b>TINA'S EXCEPTIONAL CARE</b>	LICENSE NUMBER <b>593000</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.

**Providing exceptional care is our primary mission. We are dedicated to quality care for our residents and their families. Professional and dedicated staff are available 7 days per week, 24 hours - day and nights, awake staff for safety. Residents receive hearty and healthy meals, loving support, and individual supervision. All employees are trained and meet state requirements. Offering an alternative to a nursing home placement, Tina's Exceptional Care prides itself in loving and faithful care.**

**2. INITIAL LICENSING DATE**

**03/11/2002**

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

**NONE**

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

**5. OWNERSHIP**

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other:

Received

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## 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:

**Home made/fresh meals served daily. Assist with feeding, experience with thickeners and puree. Allowing independence when possible. The Care Plan regarding diet restrictions and menu planning is followed. Discuss nutrition and food choices with resident, legal representative, DSHS social worker, and physician while respecting client rights. Watch for over and under eating and dehydration. Encourage social dining, watch for swallowing difficulties. Purchase healthy snacks, fruits, and vegetables.**

### 2. TOILETING

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

**Offer assistance to and from bathroom allowing resident to be as independent as possible. Ensure privacy and dignity at all times. Use of bedpans, urinals, and commodes for clients that cannot get out of bed, have difficulty walking or at night. Use disposable pads and undergarments for incontinence. Control stains, wetness, and odor by monitoring toileting habit (fluids/diet/exercise/meds). Document & Report signs & symptoms of elimination that is not normal. Keep client clean and dry.**

### 3. WALKING

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

**Assist client with walking using assistive device to and from destinations for safety. Allow independence. Stay alert of mobility problems. Make sure resident uses walker, cane, rails, inside and outside of home. Respect preference and rights. Prevent falls, allow plenty of time for movement. Be uplifting and encouraging even for small success. Report and document any signs of difficulty with walking or mobil. Explain need and benefit of movement. Maintain positive attitude.**

### 4. TRANSFERRING

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

**Staff trained to use transfer aids such as wheelchair, gait belt, hoist lift, sheets, or transfer board and bars. Ensure safety and comfort for resident by identifying their preference. Watch for signs of pain or discomfort. Explain and use cues, stay calm be patient and respectful. Provide privacy. Ask for help when necessary. Make sure equipment is safe and secure. Move client close, let him/her know what task you will be doing and reassure them. Document and report any changes.**

### 5. POSITIONING

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

**Explain to client why reposition is frequently needed to avoid pressure sores and increase circulation. Staff will help to ensure resident is well-positioned in chair or bed with proper support using pillows or wedges to protect their body and asking questions about comfort; Avoiding friction to skin; making client and environment as comfortable as possible, shifting weight often. Watch for incontinence and report any unusual skin conditions or pressure sores to RN immediately for care.**

### 6. PERSONAL HYGIENE

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

**Be personable while watching for any sudden changes in resident hygiene. Keep skin clean and dry to**

**fight infection, assist and provide personal hygiene care that prevents injuries to the skin, removes dirt from the skin that might promote growth of germs, bacteria or fungus. Allow client to do care independently if possible. Watch for foul orders. Explain need, boost spirit and self-esteem. Offer alternatives to accomplish goals. Respect preferences and provide privacy.**

7. DRESSING

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

**Be flexible - allow client choice and independence. Allow enough time, do not rush, and remain calm and cheerful. Simplify choices to avoid confusion or frustration. Assist or remind resident to dress. Start on the weaker side so client can assist with stronger side. Ask questions about choices, consider health, culture, and weather conditions. Use clothing that is comfortable and easy to put on/take off. Give privacy and respect. Complement and praise to build self esteem.**

8. BATHING

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

**Talk with and listen to client to accommodate preference and routine. Always consider his/her level of independence & modesty, never leave alone. Make sure bathroom is comfortable temperature (room and water). Provide privacy. Ensure safety to prevent falls, use a bench for sitting in the tub. Assist with getting in and out of bath allowing him/her to do and move on their own as much as possible. Check skin while reassuring - Report/Document any concerns.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Establish routine schedule, explaine need, allow independence, respect rights and choice. Report concerns**

**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:

**Medication Assistance: cueing, reminding, explaining medication type and need, guiding hand, opening containers, follow 5 rights of medication, making sure client takes meds as prescribed, reporting refusal, documenting. Medication Administration by nurse delegation guidelines, and state regulations. Making sure RN and employee have current training.**

ADDITIONAL COMMENTS REGARDING MEDICATION 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:

**Part-time or intermittent scheduled visits by a DSHS Medicaid registered nurse or appointed Private pay nurse to handle services and care needed temporarily due to an injury or illness, including attending to a post operative wound or dispensing and monitoring intravenous medication. Training credentialed workers to handle delegated task for individual resident care needs, management of chronic illness/conditions, injections wound care monitoring vital signs assessments, administering medication, and handle medical care coordination with other care team members, dressing wounds or bed sores,**

changes catheters, and perform other medical services as needed.

**Overall services include: Nursing assessment and consultation**

**Individualized nursing care plans**

**General and Specialty nursing care**

**Medical care planning with physicians and therapist**

**Medication management**

**Wellness checks**

**Nutritional assessment and diet plans**

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

**Medication administration**

**Medication assistance, cues, and set-up**

**Insulin injections**

**Diabetics management**

**Wound care**

**Proper technique for managing delegated tube feedings**

**Dressing changes (non-sterile)**

**Catheter care**

**Ostomy/Colostomy care**

**Skilled hospice emotional and transition support**

**The adult family home Provider and staff shall at or under the general direction of a registered nurse practitioner, acting within the scope of his or her license, training and certification, administer medications, treatments, tests, within the scope of nurse delegation.**

**registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient.**

**The delegating nurse shall:**

- (a) Determine the competency of the individual to perform the tasks;**
- (b) Evaluate the appropriateness of the delegation;**
- (c) Supervise the actions of the person performing the delegated task; and**
- (d) Delegate only those tasks that are within the registered nurse's scope of practice.**

**The Provider and RN will ensure that staff are properly trained and willing to take the delegated course, comfortable with the delegated task(s) to be performed and follow the delegation of the RN. The Provider will ensure the Registered Nurse meets all state requirements and hold current RN state license.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Nurse shall document routine evaluations & updates on resident condition in the care log.**

**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

**Staff are required to have current Specialty training and continue their knowledge and education on specialty care (Mental health and Dementia), communication challenges, and handling difficult behavior**

behavior through continuing education courses, workshops or seminars at least once per year. Educational books are available on careing for dementia, mental health residents and how to support and provide the best care possible in AFH setting.

#### 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: 24 hours on-call. At initial Assessment prior to admission, on-call if resident is ill, sick, or in need of nursing care that is not 911 emergency, re-evaluations, and once per year updates.
- Licensed practical nurse, days and times: As delegated by Registered Nurse
- Certified nursing assistant or long term care workers, days and times: Alternating weekly schedule with Caregiver staff. Provider On-Call 24 hours and daily operations check.
- Awake staff at night
- Other: As delegated by Phycsian and medical need.

ADDITIONAL COMMENTS REGARDING STAFFING

**24 Hour coverage and scheduling with Awake coverage.**

#### 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:

**Our home welcomes all persons, male and female and does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), handicap or disability, marital status, sexual orientation, domestic partnership, need for service animals, or military status, in any of its care, activities or operations. Staff will be sensitive and understanding in care for all persons accepted and working in the home.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Staff shall be sensitive & respect ways in which culture, food & faith impact care. Staff shall respect beliefs and practices, talking to the client directly and understanding food choices, use recipes , and visuals. Staff shall be aware of rituals such as prayer and fasting. Be able to read non-verbal cues for dislike and likes, evaluate nourishment & diet plans; the staff will offer opportunity for diversity socialization with family, friends and others in home like setting.**

#### 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:

**Individual must meet Medicaid reimbursement and supplemental benefit requirements, agree to facility policies, procedure, transfer/discharge policy, and facility rules**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Private pay residents can convert to Medicaid pay bedroom if qualifications are met.**

**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:

**Loops for interior and exterior walking, memory scrapbooks and photo albums, games, community outings (markets/festivals), puzzles, exercising with balls and minimal stretching. DVDs & movies, music, sing-a-long, dancing, community visitors, library, spiritual motivation, birthday and holiday celebrations.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**In addition to ADLs and IADL care given, other activities offered are specific to all mobility levels of independence, and individual needs. Staff will work with direction of PT, OT, exercise and other careteam members to promote quality of life, mobility, joy and enrichment to resident life.**