



Party



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Party Of Six, Inc Adult Family Home	LICENSE NUMBER 606501
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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.

We strive to give loving care and individual attention to each resident. We believe each resident has abilities and talents that can make a positive contribution in our family home. We have a strong desire to give the quality of care that we would want for ourselves. We are a non-smoking, non-drinking home.

<p>2. INITIAL LICENSING DATE</p> <p>July 19, 2005</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>N/A</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>N/A</p>	
<p>5. OWNERSHIP</p> <p>Sole proprietor Limited Liability Corporation Co-owned by: Other: Corp</p>	
<p>Personal Care</p>	
<p>"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)</p>	
<p>1. EATING</p> <p>If needed, the home may provide assistance with eating as follows:</p> <p>Care includes preparation and cooking of meals . Eating assistance from set up to total assistance that requires cuing and physical help. Monitor changes in eating habits, weight changes , or any eating/ nutritional issues and report it to their family and physician.</p>	
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows:</p> <p>Care includes verbal reminders through to residents that require total supervision and assistance. Monitoring for any bowel and bladder problems and report any issues to the resident's family and physician.</p>	
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows:</p> <p>Assistance in mobility through the use of walker/ cane/ crutches of more independent residents. Standby assist, cuing and physical assist as needed for safety inside and outside the facility.</p> <p>Monitor and report any issues to the resident's family and physician.</p> <p>Our goal is to encourage and assist residents to stay strong and mobile as long as possible.</p>	

4. TRANSFERRING

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

Standby cuing and physical assistance as needed to ensure the safety of the residents according to the resident's capabilities.

5. POSITIONING

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

Assistance includes frequent cuing to physical assistance to guard resident from skin breakdown.

Bed-bound resident's will be turned/repositioned every 2 hours, 24 hours a day.

Monitor and report any issues to family and physician.

6. PERSONAL HYGIENE

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

We assist in setting up personal hygiene items, cuing and monitoring the residents to promote good personal hygiene.

7. DRESSING

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

Assistance as needed to meet each individual resident, from helping a resident choose their outfit, to total assistance in dressing. Laundry is usually done every 2-3 days.

8. BATHING

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

We provide assistance with bathing from setting up supplies, monitoring, encouragement and cuing, including partial assistance to total assistance. Transfer bench, grab bars and hand held showers are used for safety and comfort.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide assistance for oral and denture care, hearing aids, cleaning glasses and shaving.

Meals are primarily vegetarian, but resident requests and special dietary needs are accommodated.

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:

**Assistance with medications will be provided as identified in the full assessment and care plan.
Caregivers will assist residents with self-administered medications by reminding resident to take medications at the right time, pouring medication in a cup or handling medications to the resident for self administration. Nurse delegation will be set up when a resident can no longer self-administer medications or treatments within the scope allowed by law**

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:

**Medication assistance, administration/ management.
Diabetes management specifically monitoring of blood sugar.
Oversight of oxygen administration, if required.
Hospice care.**

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

**Oral and topical medications and ointments.
Nose, ear, eye drops, and ointments.
Simple non-sterile dressing changes as directed by physician.
Blood sugar checks and insulin injections.**

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

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** _____

Licensed practical nurse, days and times: _____

Certified nursing assistant or long term care workers, days and times: **We provide 24 hour care and supervision** _____

Awake staff at night

Other: **We do not provide awake night-time staff, but with the use of a quiet monitoring system we can meet your loved ones care and safety needs.**

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:

We believe that every person deserves to be treated with respect, regardless of race, religion, culture, lifestyle, gender or ethnicity.

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:

If a Medicaid designated bed is available at that time.

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:

Activities are designed to meet resident's interest and capabilities. Some activities include making cookies and baked goods, various games, mobility exercises, music therapy, birthday celebrations.

Outdoor activities can include walks, and relaxing on our large outdoor deck.

Television is provided for favorite programs.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Our family home has cats and dogs for resident therapy and interaction.

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

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