



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

HOME / PROVIDER <b>Apple Creek Adult Family Homes</b>	LICENSE NUMBER <b>621402</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.

**2. INITIAL LICENSING DATE**

**07/22/2005**

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

**513, 517, 521, 525 of W. Washington Ave. Yakima, WA. 98903**

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

**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:

**Staff will monitor residents eating behavior, provide assistance with direct feeding if needed and per assessment. Staff will record amount of consumption and report any alteration to RN.**

2. TOILETING

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

**Staff will assist with taking the resident to restroom before and after meals and as needed. Staff will record frequency and characteristic of void on M.A.R and notify RN if there are any changes out of the norm. Staff will provide assistance based on level of assessed need.**

3. WALKING

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

**Staff will monitor and provide assistance according to level of assessed need.**

4. TRANSFERRING

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

**Staff will monitor and provide assistance according to level of assessed need. Mechanical lift may be used.**

5. POSITIONING

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

**Staff will monitor and provide assistance according to level of assessed need.**

6. PERSONAL HYGIENE

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

**Staff will monitor and provide assistance according to level of assessed need. Personal hygiene will be performed routinely, daily.**

7. DRESSING

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

**Staff will monitor and provide assistance according to level of assessed need. Staff will assist resident to pick out proper attire. Staff will launder soiled clothing.**

8. BATHING

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

**Staff will monitor and provide assistance according to level of assessed need. Home does not provide for "bathing in a bath tub."**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Staff will provide daily grooming, apply make up, style and or comb hair for residents who request it.**

**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:

**General assistance, to administration by RN and or qualified-nurse delegated caregivers.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Home does not provide one-to-one care. Resident may bring in a personal caregiver at his/her expense**

**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:

**Skilled nursing services must be assessed for and negotiated with the Staff RN prior to admit or discharge from hospital or rehabilitation facility.**

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

**Glucose testing, Insulin subcutaneous injection, and ophthalmic, oral, rectal, and topical administration of medicine.**

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

**Apple creek is not a "lock down" facility and cannot accommodate potential residents with severe behavioral characteristics such as nonredirectable tendency to exit seek, combative or violent tendency that may threaten the safety of other residents and or staff, and or tendency to commit self-harm.**

**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: Weekdays, and on call 24/7
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: Daily, 24/7
- Awake staff at night
- Other: Medical Assistant/Resident manager is also available weekdays, and on call 24/7

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:

**Eldery residents with varying backgrounds and ethnicities.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We try hard to accommodate culturally diverse populations and practices.**

#### 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:

**Resident has resided in the home under "Private Pay Contract" and meets the minimum stay requirement as stated in the contract; and, has converted to Medicaid; and has entered into a new "Medicaid Pay Contract" and agrees to move to a private or semi-private (which ever is available) medicaid bed; and the home has a current contract with DSHS to provide care to Medicaid clients.**

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 available week days and may vary from "arts and crafts", music, mild exercise, social time, reading, movies, pet therapy, gardening and outside recreation (when weather permits).**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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