

Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER <i>MAMA'S HOME</i> | LICENSE NUMBER <i>628900</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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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. *MAMA'S HOME PROVIDED SERVICES AS OF ; NURSING SERVICE ; PERSONAL CARE ; SOCIAL SERVICES ; NUTRITIONAL SERVICES ; INCONTINENT CARE ; CHORE SERVICES HOME DOCTOR ; MEDICATIONS ASSISTANCE ; THERAPY (PT) EXERCISE / range of motion (w/ PT or DR's order) MEDICAL SUPPLIES .*

2. INITIAL LICENSING DATE

03/23/2003

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

28839 144th AVE. S. DES MOINES, WA 98198

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: Assist cutting food into small pieces; bring food to client; cue client to feed self; Encourage liquids; encourage to eat salad & vegetables; regardless of the skills or how client's strengths & limitations.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Provides regularly to help clients transfer on/off toilet cleanse; changes incontinent pads; adjust with poor safety awareness.

3. WALKING

If needed, the home may provide assistance with walking as follows: Assist regularly (e.g. walker, chair) when client unsteady walking or limited activity, afraid of falling, poor safety awareness; unable to exit in emergency.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Help extensive assistance w/ client strengths awareness transfer w/ some support from bed, chair wheelchair, standing position; bring walker to client, maintain contact until steady, transfer slowly.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Turn side to side & position body while in bed, aware of need to reposition; lift legs into bed/recliner; maintain contact until client are steady.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Help maintain personal hygiene wash client's face; combing hair; brushing teeth/clean denture; shaving; applying makeup; washing drying face & perineum; trim fingernails as needed; groom facial hair as needed.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Provides extensive assistance; Help dress lower and upper body; Help select clean clothes; Put on/take off footwear; fasten & takes off all items of street clothing.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Help full-body shower; sponge bath; transfer in/out of shower; wash back, legs & feet; Shampoo client hair; Monitor water temperature. Assist drying & dressing; cannot be left unattended.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Performed ordinary work around house; dishes; dusting; making beds; tidying up; laundry & personal shopping occasional trips.

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 daily, umet & a single pharmacy; Document each medication take; Hand medication in small cup; Open container/multi pack meds; Reorder. Reports adverse reactions; Obtained medical records w/ administration of medications.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Obtained medical records w/ Administration of medications.

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: *when a delegated medication or treatment is ordered change or is discontinued.*

The home has the ability to provide the following skilled nursing services by delegation: *when there are any changes in the resident's condition, hospitalization or death.*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION *Home Health Services: Fidelis Home Dr, provides transportation; Linicare (oxygen service); Podiatry (Foot Dr); Physical Therapy / exercise / range of motion w/ Drs order; Nurse Assistance if needed*

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: _____
- 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

Provides 24/7 staffing 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:

No issue; No cultural background, No language barrier.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

No issue as of now.

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: *COMBATIVE; OBESITY (200 lbs + above.)*

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: *MUSIC; TV Show/games; chess, checkers; puzzle; color dot markers; walking indoors/outdoors; sit fit exercise every morning; sit outside when nice; daily watching birds; socializing birthday parties/holiday parties*

ADDITIONAL COMMENTS REGARDING ACTIVITIES
client declined activities; client only performed part of activities; weight-bearing; client not capable of performing or participating activities.