

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Olympia's AFH - Olympia Harris	LICENSE NUMBER 650700
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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	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">11/30/2003</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p style="text-align: center;">11847 SE Alder st. Portland Oregon 97216</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p style="text-align: center;">7301 Mississippi dr. Vancouver WA 98664</p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	

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:

we provide assistance with eating, from hand on assistance with food/drinks, cueing and cutting up food. We also provide care to those who require total dependency of a feeding tube. We provide diets suitable for diabetic patients.

2. TOILETING

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

We provide bathroom assistance, from cueing to total assistance for all toileting tasks. We also provide assistance for those with catheters.

3. WALKING

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

We provide assistance with walking using assistance devices, stand-by assistance for safety, cueing and monitoring.

4. TRANSFERRING

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

We provide assistance with transferring such as stand-by for safety, cueing, encouragement and hand-on guiding. We also provide transferring with mechanical devices such as hoist lifts, gait belts and transferring boards.

5. POSITIONING

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

We provide positioning assistance such as cueing, monitoring, stand-by for safety and repositioning the patient every few hours in certain situations.

6. PERSONAL HYGIENE

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

We provide assistance with personal hygiene such as set up, monitoring, cueing and hands-on assistance to guide the patient through task completion for total dependent patients.

7. DRESSING

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

We provide assistance with dressing such as cueing, hands-on guidance with upper and lower body and complete assistance to completion.

8. BATHING

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

We provide assistance with bathing such as cueing, set up, partial assistance to total dependent from bed baths to daily showers if needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide beauty shop and podiatrist services, house keeping and laundry.

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:

We provide medication assistance for one or more medications and for medications that require medication administration through nurse delegation. We order, monitor, prepare, document and store medication in properly locked cabinets. RN available for special care or concerns.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We provide blood pressure and pulse rate monitoring and blood sugar tests if necessary.

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:

The home provides skilled nursing services including PT, speech ST and OT through contracted home health agencies and hospice care services.

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

The home provides skilled nursing services by delegation that includes blood glucose monitoring, insulin injections, catheter and wound care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our staff is trained and certified to perform nurse delegated tasks by MD orders.

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: Available as needed or upon request.
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: We provide at least one caregiver per shift.
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Staff is certified in Dementia, mental health, first aid/CPR and diabetes care.

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 respect all cultural, ethnic and religious backgrounds.

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

We will accept medicaid clients after being private pay for at least 48 months.

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:

Planned individualized and group activities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We enjoy doing puzzles and playing bingo and cards. We also decorate for holidays and Birthdays, give each patient a special gift on Christmas; In the summer we take them outside on the patio to enjoy the sunshine. We encourage visitors such as family members, friends and church colleagues.

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