



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Heaven Shall Wait AFH	LICENSE NR 655000
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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

12/02/2003

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

NONE

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

NONE

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: Prepare 3 meals and snacks according to doctor's orders and client's preferences. Set up table and serve meals according to client's preference (eg dining room or own bedroom). Per client's preference assist with cutting food in small pieces, alter food/ fluid's textures per doctor's orders, butter bread, open containers, place client at the table, put on protective bib, etc. Monitor appetite, PO intake, weight, chewing and swallowing and report changes from baseline to family/ doctor (eg poor appetite, weight loss, etc.). Assist with or feed client as appropriate and needed.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Encourage and attempt toileting client at regular intervals during awake hours. Assist with/ transport client to the bathroom, assist with/ transfer client on the toilet. Cue client to eliminate. Allow privacy but also monitor for safety. Monitor elimination and report to family and doctor changes from baseline (eg constipation, difficulty urinating, signs of UTI, etc.). Change soiling (clothing/ diapers) promptly and cleanse skin thoroughly, apply barrier cream to peri area and monitor/ report changes from baseline (eg irritation/ skin breakdown, etc.).

3. WALKING

If needed, the home may provide assistance with walking as follows: Stand by (arm length distance from client) or contact assist (hand on client) when client ambulates. Use Gait belt and w/c behind client as appropriate. Keep floors clutter free, provide good lighting. Remind/ encourage client to use appropriate equipment (cane, walker, w/c) and to take rest breaks. Give instructions using simple wording and repetition (eg keep head up, walk closer to the walker, etc.). Monitor and report changes in client's ability to ambulate to family/doctor.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Evaluate client's ability to bear weight and pivot and assist accordingly: give instructions using simple wording and repetition, give initial push to stand up and steady and assist client to complete the transfer. Use Gait belt, transfer pole, board or Hoyer lift. Remind client to call for assistance with transfers and check frequently to ensure client does not attempt transferring unattended (forgetful/ Dementia). Monitor and report changes from baseline to family and doctor.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Encourage client that can participate to do so (use simple language and repetition). Assist with reposition (use pillows to steady body in good alignment, keep the heels off the mattress). Reposition client every 2-3 hours when he/ she is in bed. Use alternating air pressure overlay mattress and cushions in the chairs. Monitor skin appearance especially over the bony prominences for redness that persists after 5 min and report to family/ doctor.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Set up toiletries. Cue client to perform as much as able. Assist with or perform all aspects of personal hygiene, as needed. Monitor skin and nails' appearance and report changes from baseline to family/ doctor.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Encourage and cue client to participate in dressing/ undressing. Assist with/ dress and undress client daily and as needed when clothes are soiled. Monitor clothes' appearance and fitting and report to family if they need mending or replacing.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Encourage client to take showers at least weekly. Accommodate preferences (time of the day, water and environmental temperature). Prepare bathroom before bringing client in (have equipment/ toiletries ready). Assist with transporting/ transferring client on the shower chair. Bathe client without rushing per known/ expressed preferences. Allow client to participate as able. Ensure safety by keeping floors dry and clutter free as much as possible. Dry client and dress before taking to own room after the bath.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Clients with known resistive behavior will be encouraged and redirected without being forced before/ during the care (eg reminded, kept routines and staff, backed off when behavior escalated, returned at a later time, give pain medication/ antipsychotic medication prior the care, involving family/ doctor to making plan of care, etc.).

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: *per WAC 388-76-10430 (2)(a)(b)(c)(d) and (3)*

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: *we have on call access to RN as needed*

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

WAC 388-76-10405 (2)

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
- X Mental illness
- X 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)

- X 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: *daily M-F and weekends*
- Awake staff at night *as needed*
- Other:

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 are working very close with residents and their families to accommodate WAC 388-76-10415*

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: *As of today we have just Medicaid paid residents*

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: *each resident it's provide with a list per WAC 388-76-10530*

ADDITIONAL COMMENTS REGARDING ACTIVITIES