

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

HOME / PROVIDER <b>Rolling Hills Adult Family Home LLC/ Delia Madsen</b>	LICENSE NUMBER <b>663300</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.

**Our home provides quality care to residents who need special supervision and monitoring of medication, from minimal to total physical assistance. We offer safe personal care to meet individual needs for all activities of daily living (ADL's), a bed in private or shared room, chores/ laundry, and assist with other social service activities to ensure enjoyment and quality of life in later years while living in a home environment. (As defined in RCW 70.128.010)**

**2. INITIAL LICENSING DATE**

**09/13/2004**

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

**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:

**We prepare food as directed by current care and service plan, delivering a healthy array of food to the client, encouraging appropriate liquid intake, eating with others in a calm supportive environment, monitoring client’s ability to chew and swallow, encouraging client participation to feed self if able to do so. Include intake of nourishment by other means as prescribed by physician with close monitoring.**

### 2. TOILETING

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

**We maintain a full inventory of toileting supplies, tools, and apparatus for convenience with toileting. Full to partial assistance is provided from monitoring and cuing to full transfer on/off toilet, changing and securing of soiled disposable incontinence garment, further assistance with physical ability to encourage self toileting.**

### 3. WALKING

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

**Our facility provides walking assistance from cuing and monitoring to one person assistance.**

### 4. TRANSFERRING

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

**We provide client transferring needs, machine lift capability, and other apparatus or tools (i.e. transfer belts) to ensure safety and comfort (to bed, wheelchair, recliner, etc.) while cuing/assisting the client in accordance with the transfer needs enumerated in the individual care and service plan.**

### 5. POSITIONING

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

**We follow applicable guidelines to monitor pressure points and ergonomic positioning consistent with client needs. The client is repositioned every two hours checking for any rashes/sores and applying Desitin cream for relief as prescribed by physician. Resident is cued and encouraged to position themselves properly and maintain comfort by alternating positions.**

### 6. PERSONAL HYGIENE

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

**We assist with oral hygiene care, denture care, shampoo/combing hair, shaving, applying body lotions/deodorants, peri care, nail care (except where diabetic or other clients require a podiatrist), washing of hands and face as needed, encourage participation during activity, ensure personal grooming supplies available for resident's use.**

### 7. DRESSING

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

**Dressing according to client's preference offering reasonable selection of available attire that is appropriate for the the weather. Encourage client as much as possible with all aspects of dressing offering assistance with items such as shoes & socks if desired by resident.**

8. BATHING

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

**We provide the assistance for bathing appropriate to the client's needs from cuing and setup to total bathing care.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Rolling Hills AFH can accommodate clients with valuable one-on-one care where needed.**

**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:

**Our caregivers and aides are qualified Nurse-Delegated to prepare & administer medication where the client has difficulty on their own in accordance with medical directives and the WAC. Nurse delegation is checked and recertified every 3 months (quarterly).**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Safe prescription storage, and organized assistance with medication refills & medical supplies.**

**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 maintain close contact with client's physician who write orders for home health nurses who can readily respond in near proximity to our adult family home to meet specialty nursing needs.**

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

**Our staff is certified ready for RN delegation assistance tasks and medication administration as needed.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**A plan for skilled nursing needs is set up for new clients and incorporated in the individual Care Plan.**

**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

**Rolling Hills maintains up to date certifications in all three AFH Specialty Training for all caregivers. We proactively meet yearly required CNA/HCA licenses, registrations, authorized background checks, health and physical conditions certification while caring for clients.**

**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: as needed via the Care Plan or required by physician via Medicaid or private payment authorization.
- Licensed practical nurse, days and times: only as needed
- Certified nursing assistant or long term care workers, days and times: 7 days a week, 24 hours per day
- Awake staff at night
- Other: **If we have a resident requiring night monitoring, an aide will be on duty to monitor the client.**

ADDITIONAL COMMENTS REGARDING STAFFING

**Overnight staff after 10pm and before 6am are in standby mode to assist if needed.**

#### 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:

**The Provider is of Philipine descent and speaks both Tagalog & English fluently, but English is the main language used and spoken at the home. Our home will accommodate residents of other social, cultural and ethnic backgrounds. We endeavor to support any background with resource assistance.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**If resident/client/POA/Guardian is unable to communicate in english, the POA/Legal Guardian must provide interpreter to ensure care assesment, contract and pertinent documents regarding resident's personal care service needs are understood prior to placement in the home.**

#### 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:  
**Provider receives Medicaid and Private pay as acceptable forms of payment for care and services. Client must fully disclose source of payment before placement & anytime there is a change with resident/client's payment status while in the home to ensure continuity of care and services. Private pay clients who run out of money are allowed to stay pending approval through alternative sources such as Medicaid.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Any status change/approval will be coordinated with DSHS.**

#### 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:

**We seek to accommodate activities that best fit the client's capabilities and desires. WiFi is available in our adult family home, a large flat-screen and VCR is in the common area and cable hookup are in each**

**room in case the resident has their own television. Old time movies/musicals are available, as are puzzles and games such as Bingo. We have a quiet neighborhood setting conducive for walking during good weather. A wheelchair accessible van can be arranged for trips to the Kitsap Mall and local or State parks. We promote social involvement & activities in the elder community and safe exercise activities through the local YMCA. Residents will receive reasonable accomodation for crafts, reading, and outdoor gardening.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We are open to suggestions and frequently review family expectations and desires.**

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