



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

HOME / PROVIDER <b>Prestige Park Adult Family Home/Ana Elekes</b>	LICENSE NUMBER <b>680100</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**

**12/01/2004**

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

**N/A**

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

**N/A**

**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:

**Meal preparation, plating, cutting, cueing. Special diets including special consistencies (e.g. dysphagia ground, mechanical soft, etc....) 1:1 feed**

2. TOILETING

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

**Partial/Total care including cues/reminders; assist with ambulation to/from; peri care.**

3. WALKING

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

**Fall risk prevention including use of gait belt and walker. Stand by assist, 1 to 2 person hands on assist as needed for safety in ambulation.**

4. TRANSFERRING

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

**Use of gait belt, walker, standing lift/hoyer lift. Standby assist to 1 - 2 person total assist as needed for safe transfers**

5. POSITIONING

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

**For independently mobile residents, frequent reminder of position changes and shifting weight while sitting including turns while in bed. Dependent assistance including every 2 hour turning schedule.**

6. PERSONAL HYGIENE

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

**Independent: No assistance required;**

**Set-up and cue: set up supplies needed for personal hygiene needs. Cue for oral care, bathing, hand hygiene, brush/comb hair, etc...**

**Minimal to total assist for all personal hygiene needs per resident level of care**

7. DRESSING

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

**Set up and cueing to total dressing as required**

8. BATHING

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

**Set-up and cueing to maximum assistance provided based on resident level of care**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Additional services may be provided as determined by resident need.**

**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:

**Oral and subcutaneous medication administration provided by delegation. Medication delivered by pharmacy monthly.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medication may be supplied by POA provided adequate amount on hand.**

**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:

**Certified Nursing Assistant**  
**Registered Nurse for delegation**

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

**Oral medication administration**  
**Blood glucose monitoring**  
**Insulin injections**  
**Wound dressing changes**

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

**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: **Live in Provider, C.N.A.**
- Awake staff at night
- 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: <b>English</b>
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
<b>Medicaid</b>
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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions:
ADDITIONAL COMMENTS REGARDING MEDICAID
<b>Activities</b>
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: <b>Walk around premises</b> <b>Board games</b> <b>Puzzles</b> <b>Balloon toss</b> <b>Reading</b> <b>Story telling</b> <b>Bingo</b>
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