

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER The Berg's Adult Family Home/Phoebe Berg (Provider)	LICENSE NUMBER 682900
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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. 'Assisted Living with Dignity'	
2. INITIAL LICENSING DATE 02/01/2005	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 5609 239th Pl. SW Mountlake Terrace, WA 98043
4. SAME ADDRESS PREVIOUSLY LICENSED AS: 310 NE 174th St. Shoreline, WA 98155	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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 will provide assistance with modifying meals suggested by their attending Physician as per individual's diet plan. For example: mechanically soft meals/snacks, thickend liquids, tube feedings, food sensitivities and physical assisting including set up, cutting and feeding if needed to complete task for every meal/snack times, daily. Provider will monitor and supervise for any swallowing problems and will contact PCP as needed for any problem which might occur.

2. TOILETING

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

We will provide assistance with toileting, including total incontinence care, bed side commode and will provide assistive grab bars around toilet for safety. All toileting tasks will be accomplished.

3. WALKING

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

We provide ambulatory aides such as gait belts, grab bars in the bathroom and railing in the hallway for safety.

4. TRANSFERRING

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

We will provide assistance with transferring in and out of bed to chair/commode/bath/couch and or vehicle. Gait belt for transfers shall be used at all times for safety.

5. POSITIONING

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

We will provide assistance with positioning in bed, chair and or commode/toilet/shower.

6. PERSONAL HYGIENE

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

We will provide assistance with personal hygiene including showering, washing, shaving, shampooing/rinsing, combing/brushing hair, soaking, denture care, oral care, foot care, and pericare. All personal hygiene tasks will be completed daily. Hair dresser shall be summoned as needed. Podiatrist will visit routinely every 90days or sooner as needed.

7. DRESSING

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

We shall provide assistance with dressing including choosing of clothes if needed, applying underwear, sipping, buttoning, tying and undressing. All dressing tasks will be completed, resident will be appropriately dressed daily.

8. BATHING

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

We will provide a walk in shower complete with a shower chair and grab bars for safety, we will provide assistance with all bathing tasks including showering, washing and rinsing. All bathing tasks will be completed safely.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Other personal effects such as jewelry, prosthetics, stockings, hearing aides, glasses, etc. will be assisted.

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 have a designated Pharmacy (Pavillion Home Care Pharmacy) who supplies all medications unless resident has other means. Provider will monitor and record into MAR (Medication Assistance Record) of all the residents medications taken daily. Provider will store all medications in a safe place, follow instructions as directed by attending Doctor and handle/offer daily medications as well as needed medications including eye/ear drops, creams, inhalers, sprays and syrups, etc.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All residents shall be in medication compliance as directed by their attending Physician.

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 contracted with a licensed nurse in the State of Washington to provide nurse delegation.

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

We have a Delegating Nurse who has trained us with breathing treatments; inhalers, nebulizers and Cpap machine. Including the use of nose sprays, eye drops,. ear drops, topical cremes and rectal suppositories.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Nurse Delegator routinely reviews every 90 days, Providers will notify him/her when a new medication has been prescribed

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

Provider and caregiver have completed DSHS approved training for all special 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: **PHOEBE BERG/TERRY**
BERG/ANNIE DY TIOCO

<input checked="" type="checkbox"/> Awake staff at night <input type="checkbox"/> 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 will welcome all residents regardless of cultural background, we are fluent in English and Tagalog.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS We will serve meals that accommodate cultural and ethnic backgrounds and provide materials understood by residents and prospective residents. Negotiated care plans will be established with each resident and will be based on their own preferences/cultural beliefs to ensure they will be available daily.
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)
<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: We will accept Medicaid payments as long as the resident will be in compliance with their care plan and will agree to policies of our AFH upon admission.
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: We have large TV with cable and each room have their own TV for viewing pleasure, also we have karaoke for entertainment. Do manicure/pedicure depends on each resident. Coffee and ice cream socials. Phone assistance, writing/sending letters and movies.
ADDITIONAL COMMENTS REGARDING ACTIVITIES Other outings like going to church, shopping or bingo may be arranged.

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