



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER

MARDANA ADULT FAMILY HOME

LICENSE NUMBER

691700

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 [Washington Administrative Code](#).

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RCS/Public Disclosure

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 goal is to provide the highest level of professional, compassionate care to our residents to enhance the quality of their lives physically, mentally, emotionally, and socially. Residents will be treated with respect, love and encouragement throughout their residency.

2. INITIAL LICENSING DATE

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

n/a

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other:

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)

The home provides the following skilled nursing services:

Vital Signs: blood pressure, pulse, respiration, temperature, pulse oximeter reading, pain management.

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

medication administration including crushed meds, PRN meds, eye drops, inhalers, nebulizer, ointments, blood sugar monitoring, protime/INR monitoring, simple wound dressing change, ostomy care, catheter care, oxygen administration.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Nurse Delegation is done by a registered nurse every 90 days or more frequently if needed.

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

Provide care for residents with dementia from early to late stage dementia.

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)

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

Licensed practical nurse, days and times: as needed

Certified nursing assistant or long term care workers, days and times: 24 hours a day for 7 days a week

Awake staff at night

Other: **Bed side motion monitors, wheelchair alarm, call buttons are used to notify caregivers when help is needed.**

ADDITIONAL COMMENTS REGARDING STAFFING

Qualified and trained staff.

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 _____)

1. EATING

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

Eating assistance from cueing and monitoring to total assistance. Special dietary needs will be accommodated and individual food preferences will be taken into consideration.

2. TOILETING

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

Toileting assistance fro cueing to monitoring to total 1-2 person assistance, including incontinence of both bowel and bladder.

3. WALKING

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

Walking assistance from cueing, monitoring, stand-by for safety and supervision to 1 person total assistance.

4. TRANSFERRING

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

Transfer assistance from cueing and monitoring to total assistance.

5. POSITIONING

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

Assistance with positioning from cueing, reminders to total positioning.

6. PERSONAL HYGIENE

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

Assistance with personal hygiene from cueing and set up to total assistance. Personal hygiene includes: combing hair, brushing teeth, washing/drying face, hands and perineum, shaving, applying body lotion.

7. DRESSING

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

Assistance to dressing from cueing and set up to total assistance. Resident will be involved in the process of choosing his/her clothes if he/she is able to do so.

8. BATHING

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

We provide assistance with bathing from cueing and set up to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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 _____)

The type and amount of medication assistance provided by the home is:

self-administration of medication and medication administration under delegation by a RN

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

When a resident can no longer self-administer his/her medications, Nurse Delegation will be set up to facilitate Medication Administration as required by Washington State Laws.

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds () 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:

English

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English

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)

The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

contact provider

ADDITIONAL COMMENTS REGARDING MEDICAID

A 90 days noticed is required prior to a private client changing to 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).

The home provides the following:

local news paper, magazines, Cable TV, WI-FI internet, movie rentals, table games, puzzles, music, visit from local church for communion, holidays ans birthday parties.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Our objectieve is to work and discover new and different interests that are pleasant and stimulating for our residents while recognizing their rights of self - determination and the choice to not participate in any activities if they so choose.

Please Return the completed form electronically to

The form may also be returned by mail at:

RCS - Attn: Disclosure of Services

PO Box 45600

Olympia, WA

provider: M. Warr [Signature]