



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Ivy Manor AFH</i>	LICENSE NUMBER <i>695701</i>
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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. *Ivy Manor AFH mission is to provide quality care, safety and feeling in a home like environment for each every client's needs + meet all their needs, treated with respect + dignity; meet their family members expectations of best possible care they receive provided by staff*

2. INITIAL LICENSING DATE

*8/2/2005*

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

*IVY MANOR AFH 2509 91st St. S  
Lakewood, WA 98499*

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)

**Received**

1. EATING

If needed, the home may provide assistance with eating as follows:	Provide total assistance, limited, cueing or supervision & independent assistance
2. TOILETING If needed, the home may provide assistance with toileting as follows:	accept tube feeding clients. provide assistance from independent, to total care include cueing & supervision
3. WALKING If needed, the home may provide assistance with walking as follows:	Provide assistance from independent - total care, extensive, limited
4. TRANSFERRING If needed, the home may provide assistance with transferring as follows:	provide assistance in 1-2 person - independent, cueing, supervision, limited, total, extensive
5. POSITIONING If needed, the home may provide assistance with positioning as follows:	all levels of care
6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows:	Provide assistance for independent, lim, extensive, total care, cueing, supervision
7. DRESSING If needed, the home may provide assistance with dressing as follows:	Independent, limited, extensive, cueing, & supervision, total
8. BATHING If needed, the home may provide assistance with bathing as follows:	Independent, total, limited, extensive cueing & supervision
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE	home care services for hair cuts

**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: assist in meds crush, whole, per tube; insulin shots

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES: staff are nurse delegated with insulin shots, Blood sugar testing

**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: Or administration, tube feeding, administration of nebulizer. Provider is an RN + do nurse delegation

The home has the ability to provide the following skilled nursing services by delegation: yes; provider is RN well experience with skilled nursing - eye drops, ear drops, application of cream + ointments

change dressing + ostomy care, Foley cath

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

No charge for private pay + medicaid clients for nurse  
Specialty Care Designations delegation.

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

staff trained but accept with exemptions

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

accept developmental disabilities clients as long as ok w/ family accd. to age;

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: Am + Night
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other: staff make rounds every 2 hours alternate; clients per call light + assist clients at night when needed.

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)

serve meals any cultural + ethnic backgrounds. serve food

The home is particularly focused on residents with the following background and/or languages:

accommodate all cultural backgrounds + any languages. clients prefers

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Facility has no access to language interpreter who does not speak English but Medicaid can do sign language or have family

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:

Write commonly task + have client print certain task

assist private pay in transition to medicaid  
private + medicaid clients charges depends on assessment + care plan.

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: provide puzzles, crossword every room has own TV + ~~own~~ cable service for clients can watch programs of their choice.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Bingo cards + playing cards provided if the clients

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

Wishes. Will provide services to transportation + accompany to go to services center, adult day care if upon request depending on the availability of staff. Will arrange for transportation for shuttle services when not available. Accommodate activities according to residents wants + capabilities.