

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

HOME / PROVIDER <b>Cedarwood Home Care / Branislava Kuzminac - Avramovic</b>	LICENSE NUMBER <b>697000</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)

**We thrive to provide expert quality care as well as a safe, comfortable and loving environment for vulnerable adults and seniors. Individualized plans are developed with the assistance of medical providers, home care services, specialized in home providers and delegating nurses. Enhancing the quality of life for our residents is the priority in our AFH.**

2. INITIAL LICENSING DATE

**04/29/2005**

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:

**The AFH will alter food that are required for heart health and diabetic diet. We will physically feed the resident, provide tube feeding, dysphagia diet and bring meals to the resident's room if needed.**

2. TOILETING

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

**The AFH will provide supervision to full assistance with toileting in the restroom and at the bedside.**

3. WALKING

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

**The AFH will provide supervision to full assistance with walking with or without a walker.**

4. TRANSFERRING

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

**The AFH will provide hands-on physical assist with transfers utilizing transfer boards, gait belts, the transfer pole and the hoist lift.**

5. POSITIONING

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

**The AFH will provide supervision to full assistance with positioning in the bed or wheelchair according to the schedule.**

6. PERSONAL HYGIENE

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

**The AFH will provide supervision to full assistance with personal hygiene.**

7. DRESSING

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

**The AFH will provide supervision to full assistance with dressing.**

8. BATHING

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

**The AFH will provide supervision to full assistance with showers or perform bed baths if needed.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We respect your habits and preferences and encourage you to do as much as you can. Our caregivers will help with the rest.**

**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:

**The AFH will order, keep track of and administer medications per physicians orders from supervision to full assistance. The medication is delivered to the AFH by the pharmacy.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**All medications need to be prescribed and are given per physicians order. Over the counter medications need to be approved by the 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:

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

**PRN assistance, insulin administration, BG monitoring, ulcer care, wound care, eye and ear drop administration, inhalator use and ointment use.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The AFH utilizes the services of In Home Care Physicians, In Home Podiatrist services and other skilled nursing services that can be delegated to the care-givers by law.**

**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: on call
- Licensed practical nurse, days and times: monthly visits and on call
- Certified nursing assistant or long term care workers, days and times: 24 hours per day, 7 days per week
- 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:

**We accept residents with a diverse background and languages.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**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:

**On a case by case basis.**

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:

**Cable in each resident's room at no additional charge; weekly meetings with provider to discuss menu, activities and any questions or concerns; monthly In Home Library Services.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities are on a case by case basis. It is up to the resident what they love and are able to do. We can accommodate activities with the instructor; outdoor activities (bird watching and feeding, gardening, walking), indoor activities (arts and crafts, exercise, games, books). It all depends on what the resident likes, wants or is able to do.**

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

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