



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

HOME / PROVIDER <b>GLENHAVEN ADULT FAMILY HOME LLC/          LORNA MILANOI SHOMPOLE</b>	LICENSE NUMBER <b>704000 AND 751432</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.  
**Living at Glenhaven AFH is the beginning of a lifetime experience of superb care.  
 We operate three facilities in Pullman WA and accept State and Private Pay residents.  
 We are licensed by the Department of Social and Health Services of Washington State.  
 We provide personalized care for up to six residents per facility with Private and Semi-Private room options for the non-State paid Residents.**

2. INITIAL LICENSING DATE <b>05/01/2002</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>2510 NW Parr Dr and 352 Johnson Rd, Pullman WA 99163</b>
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4. SAME ADDRESS PREVIOUSLY LICENSED AS:  
**YES**

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:

**Feeding assistance provided for residents who cannot feed themselves including tube feeding, pureed feeding**

### 2. TOILETING

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

**We assist with all toileting.**

### 3. WALKING

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

**Walking devices are allowed including wheelchairs and walkers.**

### 4. TRANSFERRING

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

**Where necessary lifts and two-person assist are available**

### 5. POSITIONING

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

**Two-person assistance provided as needed**

### 6. PERSONAL HYGIENE

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

**Provided at all levels and as needed**

### 7. DRESSING

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

**Assistance provided at all levels and as needed**

### 8. BATHING

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

**Assistance provided at all levels and as needed**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Care is provided as required in the negotiated care plan as needed from time to time**

## 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:

**Passing medicines as needed and administration of medicines with nurse delegation**

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**The home stores and re-orders all medications on time. Also notifies the physicians of adverse reactions.**

**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:

**A nurse is available for nurse delegation and other nursing care services on demand. Home Health nurses are available too**

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

**Medicine delegation, Insulin administration, blood sugar monitoring, blood pressure monitoring**

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

**We provide respite care**

**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 demand** \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **Full time** \_\_\_\_\_
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Two caregivers (CNA) available fulltime**

**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:

**NONE**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

N/A

**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:

**As full payment**

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:

**Activities of Daily living**

ADDITIONAL COMMENTS REGARDING ACTIVITIES