



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

NOV 05 2014

RCS/Public Disclosure

HOME / PROVIDER

730200

Emily Peia

EDEN PLACE LLC

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.

Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

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.

WE ARE A CARING AND COMPASSIONATE HOME. WE TAKE EVERYONES CARE NEEDS INTO CONSIDERATION AND WE CUSTOMIZE OUR CARE FOR EVERYONES INDIVIDUAL CARE NEEDS.

2. INITIAL LICENSING DATE

2006

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

206 NW 98TH CIRCLC
VANCOUVER WA 98604

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

Sole proprietor

~~Limited Liability Corporation~~ Emil & Emily Peia

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:

WE PROVIDE FROM CUEING TO MONITORING
WE PROVIDE ONE PERSON PHYSICAL ASSIST WITH EATING

2. TOILETING

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

WE PROVIDE TOILETING ASSISTANCE FROM CUEING / TO MONITORING
WE PROVIDE A ONE PERSON PHYSICAL ASSIST WITH TOILETING

3. WALKING

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

WE ARE ABLE TO PROVIDE A ONE PERSON PHYSICAL ASSIST
TO MONITORING AND CUEING.

4. TRANSFERRING

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

PROVIDE TRANSFER ASSISTANCE FROM CUEING AND MONITORING TO A
ONE PERSON ASSIST

5. POSITIONING

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

WE PROVIDE ASSISTANCE WITH POSITIONING FROM CUEING AND MONITORING
TO A ONE PERSON ASSIST.

6. PERSONAL HYGIENE

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

WE PROVIDE ASSISTANCE WITH PERSONAL HYGIENE FROM CUEING AND SETUP
TO TOTAL ASSISTANCE.

7. DRESSING

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

PROVIDE ASSISTANCE WITH DRESSING FROM CUEING TO SET UP / TOTAL ASSIST.

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 ASSIST

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

OUR FACILITY HAS A ROLL IN SHOWER, SHAMPOO BOWL, FAN IN HOME
HAIR DRESSER, EACH ROOM HAS ITS OWN HALF BATH

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 are able to adm. meds but if its topical, int, or anything else the
resident is not able to do on own we need to
be delegated. HAVE A NURSE COME EVERY
three month or as needed.

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)

Received

The home provides the following skilled nursing services: Injection checking
ABLE TO PASS OUT MEDICATIONS

The home has the ability to provide the following skilled nursing services by delegation:
INJECTIONS, TOPICAL, PRN, ORAL MEDS IF RESIDENT IS NOT ABLE TO ADMIN
OWN, EYE-EAR DROPS

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
NURSE TO COME IN EVERY 3 MONTHS OR OFTEN IF THERE ARE CHANGES

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:

N/A

Licensed practical nurse, days and times:

N/A

Certified nursing assistant or long term care workers, days and times:

OWNERS EMIL & EMILY ARE IN THE HOME AND ARE AVAILABLE AS NEEDED
2 caregivers M-T 7am-3pm 2 caregivers M-T 3pm-10pm 2 caregivers F-S 7am-10pm 2 caregivers 7-3pm
Awake staff at night YES / ONE STAFF 10pm-7am F-S 3pm-10pm 3pm-10pm

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:

FOCUSED FOR ENGLISH SPEAKING RESIDENTS

Received

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:

IN SOME INSTANCES WILL ACCEPT MEDICAID AFTER BEING THREE YEARS PRIVATE PAY -

ADDITIONAL COMMENTS REGARDING MEDICAID - PIANO MUSIC, MUSIC CONCERTS WEEKLY
BIBLE STUDY WEEKLY, EXERCISE ROOM, CARD GAMES, OUTDOOR ACTIVITIES

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: → NEWSPAPER, TALKING ABOUT CURRENT EVENTS, BALL GAMES, MOVIES (OLD) ANIMAL VISITS (HAMA THERAPEUTIC) SINGING, TEA TIME

ADDITIONAL COMMENTS REGARDING ACTIVITIES

CELEBRATE BIRTHDAYS AND HOLIDAYS

Received

NOV 05 2014