



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Vintage Years AFH	LICENSE NUMBER 750-247
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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.

Our mission is to provide the highest quality of care to our senior citizens as they live out their last years. This is a Registered Nurse owned and operated home with top quality certified nursing assistants. We strive to meet the needs of our residents and advocate for all residents who reside in our adult family home

2. INITIAL LICENSING DATE

01/01/2006

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

18905 NE 121st Ct., Battle Ground WA., 98604

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other: **Inc.**

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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 need can range from independent to total care in eating & feeding including gastric tube feeding, nasogastric tube feeding

2. TOILETING

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

All toileting needs including total care, colostomy care & incontinent care

3. WALKING

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

Independent walkers to all levels of ambulation assistance

4. TRANSFERRING

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

Independent transfers to total care transfers using 1-2 person transfers, stand-pivot and/or mechanical lift transfers

5. POSITIONING

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

All level of repositioning from cuing to total assistance

6. PERSONAL HYGIENE

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

All levels of assistance independent to total care assistance

7. DRESSING

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

All levels of assistance from independent to total care assistance

8. BATHING

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

All levels of assistance from independent to total care assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

All caregivers trained by the R.N. owner either retrained if trained by other school or who have been trained at the owners caregiver training business, at Northwest NAC Training

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:

All levels of assistance from independent to total dependence. Caregivers are delegated to assist with all levels of assistance to include administering med directly into the mouth and/or through a g-tube or nasogastric tube

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ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

Annual Assessments, Nurse Delegation for all delegated tasks: medications (oral,topical,inhaled,g-tube & insulin administration,catheter care, colostomy care etc

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

All of the above

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The AFH has its own R.N. who owns, runs and can delegate to the caregivers all required & necessary delegatable tasks

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: **24 hour access, R.N. lives across the street from the AFH. R.N.works 1-3 shifts a week as a caregiver to ensure quality care**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 hours a day**
- Awake staff at night
- Other: **staff able to sleep atleast 5 hours a night without interrupted sleep. Night time care available**

ADDITIONAL COMMENTS REGARDING STAFFING

Home cannot take aggressive or exit seeking residents inorder to ensure the safety of the residents and staff

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)

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

All cultures are welcomed, however residents must be able to understand and speak English

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:

New residents must have atleast one year of private funds before converting to Medicaid assistance

ADDITIONAL COMMENTS REGARDING MEDICAID

Medicaid residents income must be atleast \$2500 per month

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:

Outdoor activity: gardening, outside sitting space. Indoor: a combo of reading, crafts, movies, visiting, music, some assist with meal prep, reminising, occassional sight-seeing car rides, holiday parties at Christmas and/or Thanksgiving - all families invited.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Many activities are on a case-by-case basis due to the changing needs of the residents

Please Return the completed form electronically to 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

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