Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
The Arbor Rose,Inc Tamra Stimach	**750285/750367**

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 work hard each day to exceed expectations of our residents and their families. AFH is CNA owned and managed. The homes are very peaceful, bright, lots of roses and a has a huge outdoor space.Designed and built for the elderly in mind by the owner.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
11/01/2002	**1630 East 63 Rd Street/6301 East Q Street Tacoma, Wa 98404**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- ☒ Sole proprietor
- ☐ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other:

Received

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RCS/Public Disclosure

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:

When deemed appropriate by the provider, the AFH may provide the following:

*** Supervising and & cueing residents who are at risk for choking/aspiration**

*** Altered food texture IE : cutting into small pieces, chopping and pureeing food as needed**

*** Feeding residents as needed**

2. TOILETING

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

When deemed appropriate by the provider, the AFH may provide the following:

*** reminding residents to vivt the bathroom regularly**

*** Supervise or provide stand by assistance while tolieting**

*** Assistance with use of bedside commode,bed pan, or urinal**

3. WALKING

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

When deemed appropriate by the provider, the AFH may provide the following:

*** Reminding resident to use assistive decives**

*** Cueing resident correct use of all medical devices**

*** Standby or contact assistance without use the gate belt during walking**

*** encouraging regular excerise**

4. TRANSFERRING

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

When deemed appropriate by the provider, the AFH may provide the following:

*** Supervision or standby assist with transfers**

*** One person assistance with transfers**

*** Sit to stand lift used only in our homes assistance with transfers as indicated**

5. POSITIONING

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

When deemed appropriate by the provider, the AFH may provide the following:

***Cueing and reminding residents to change position or turn.**

***One person assistance with changing position or turning while in bed or chair**

*** Provide turning on a regular 2 hour schedule for residents who are high risk for breakdown/bedsores.**

6. PERSONAL HYGIENE

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

When deemed appropriate by the provider, the AFH may provide the following:

*** Assistance with oral care**

***Assistance with shaving and hair styling**

*** Assistance with showers weekly or if resident is able.**

*** Bed Bath given if unable to shower.**

***Application of deodorant,lotions,aand make up.**

*** Assistance with nail care and foot care done by a Podiartist. Daibetics done by family.**

7. DRESSING

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

When deemed appropriate by the provider, the AFH may provide the following:

*** Supervision and Standby assistance dueing dressing.**

*** Provide total care assistance with dressing.**

8. BATHING

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

When deemed appropriate by the provider, the AFH may provide the following:

*** Supervision and during showers.**

*** Cueing residents during showers.**

*** Provide total assistance with showers.**

*** Skin assessment during each shower when indicted.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff at AFH encourage residents to be as independent as possible.

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:

When deemed appropriate by the provider, the AFH may provide the following:

*** Reminding residents to take their medications on time.**

*** Assist Clients with Adminstration or oral meds.**

*** Total Assistance with medication administration.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff at AFH have been trained to be delegated in various tasks.

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:

is owned by a CNA with over 32 years of experience, working in AFH setting for 14 years. When deemed appropriate may contract with a RN delegator for nusing delegation nd resident assesments. The cost associated with nurse delegation and asssesments are the responsibilty of resident. When wound care is needed we use a home health agency.

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

When deemed appropriate by the provider, the AFH may have delegation put into place to include medication assistance and /or administration of various medications. The cost of these services would be the responsibilty of the resident.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is apporiate staffing in the home.

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

When deemed approriate by the provider the AFH may provide speacial care and attention to residents with a diagnosis related to metal health and/ or dementia.

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: _____
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **When the provider is not in the home, the provider will schedule the apporiate days and times for a CNA or LTC worker in the home.**
- ☒ Awake staff at night
- ☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Staff is based on needs of our residents. Our staff has required Washington State training.

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:

English is the primary langauge spoken in AFH.

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:

6301 home has two beds for the Medicaid residents.

ADDITIONAL COMMENTS REGARDING MEDICAID

... Has a medicaid policy that is disclosed to clients and famlies prior to admission.

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:

The provider will offer activites and consider residents preferences.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

When deemed apporiate by the provider, the AFH may try provide activites that would match with a resident who loved something in the past. In my experience as a CNA I have learned that each of us needs a purpose, no matter how big or small, that provides motivation and inspiration for our lives.

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