

Adult Family Home Disclosure of Services Required by RCW 70.128.280

| | |
|--|----------------------------------|
| HOME / PROVIDER Sand Ridge Home Care, LLC / Shawna Davis | LICENSE NUMBER A750336 |
|--|----------------------------------|

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.
Sand Ridge Home Care is a beautiful home located in a quiet neighborhood with a view of Moses Lake from the spacious front deck. "Why place your loved one in a Facility, when they can live in a Home?"

| | |
|--|--|
| 2. INITIAL LICENSING DATE 03/01/2008 | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: None |
|--|--|

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:

Cutting up or blending foods as needed, dietary needs as ordered by physician, up to hand feeding as needed.

2. TOILETING

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

From simply reminding to fully assisted to toileting and complete incontinence care.

3. WALKING

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

Walking with assistance, cane assistance and use of walker.

4. TRANSFERRING

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

Verbal queing resident to as mechanically assistive device transfers.

5. POSITIONING

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

Positioning every 2 hours, as needed with the exception of HS / overnight.

6. PERSONAL HYGIENE

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

Setup for the resident to fully assistive care by the staff for the resident.

7. DRESSING

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

Verbally queing to fully assistive care by the staff for the resident.

8. BATHING

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

Verbally queing to fully assistive care by the staff for the resident.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We offer independent living to Hospice and End of Life Care. We fully believe in Aging in Place.

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:

Assistance with medications and medication needs as identified in the Assesement and Negotiated Care Plan

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Oral queing with daily routine medications, PRN, Nurse Delegation and Diabetic Delegation

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:

Nurse Delegation / Home Health Care as ordered by the physician. Skilled nursing not on staff.

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

We are fully trained for all aspects of delegatable nursing tasks.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

No skilled nurse (RN / LPN) on staff.

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 primarily provide care for Dementia, and Mental Health diagnosis.

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: **24 hours / day - 7 days / week**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

We are a single person assist home with one staff member on site at all times.

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 speaking

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:

Based upon resident needs and the facilities ability to meet care needs identified in the assessment of the resident. Assessments are reviewed by the provider and/or resident manager, a face to face interview for suitability as an addition to the current resident population.

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:

Weekly activities - Wednesday varies, daily crossword on the dining room wall.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Each resident received individual time from the staff. Not all residents participate in the activities, nor is participation required, however it is encouraged.

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