



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

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RCS/Public Disclosure

HOME / PROVIDER <i>April House Inc / Robin F. Erke</i>	LICENSE NUMBER <i>750561</i>
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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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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. <i>Doing the right thing for the right reason, and specializing in Hospice & Dementia</i>	
2. INITIAL LICENSING DATE <i>7/31/07</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>only - 7719 7TH AVE NE Mary WA</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>98276</i>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

<p>"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)</p>	
1. EATING	<p>If needed, the home may provide assistance with eating as follows: low or no salt, liquid diet, will feed res. if needed</p>
2. TOILETING	<p>If needed, the home may provide assistance with toileting as follows: as needed for preference, safety, and care needs</p>
3. WALKING	<p>If needed, the home may provide assistance with walking as follows: watch for safety, min. assist, full assist, or wheelchair (1 to 1 assist)</p>
4. TRANSFERRING	<p>If needed, the home may provide assistance with transferring as follows: watch for safety, min. assist, full assist, or wheelchair (1 to 1 assist)</p>
5. POSITIONING	<p>If needed, the home may provide assistance with positioning as follows: per assessment or therapy, or Dr. or Nurse Directs (1 to 1 assist every 2 hr or as directed)</p>
6. PERSONAL HYGIENE	<p>If needed, the home may provide assistance with personal hygiene as follows: per assessment needs or if change occur and needs change in care plan (1 to 1 assist)</p>
7. DRESSING	<p>If needed, the home may provide assistance with dressing as follows: per assessment directions or as needed if changes in care plane occur</p>
8. BATHING	<p>If needed, the home may provide assistance with bathing as follows: to watch for safety, min. assist or Full assist, or bed bath as needed (1 to 1)</p>
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE	<p>if care changes to a 2 person assist, Res. must relocate, but April House w/meat need till then</p>
<p>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)</p>	
<p>The type and amount of medication assistance provided by the home is: assist, Assist + Direct, crush and feed as directed by Dr.</p>	
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES changes may occur while res. lives in home (AFH)</p>	

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: *in Home Visiting Dr. Nurse Delegation (all caregivers CNAs), Hospice*

The home has the ability to provide the following skilled nursing services by delegation: *catheters, eye drops, topicals, crushed meds and Hospice meds*

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
Do Not do Developmental

STAFFING REQUIREMENTS

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 call 24-7*
 Licensed practical nurse, days and times:
 Certified nursing assistant or long term care workers, days and times: *CNA always in home to make decision*
 Awake staff at night
 Other:

ADDITIONAL COMMENTS REGARDING STAFFING
all caregivers have English as a first language

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 1st language

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
This is important to us

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:
after 2 years of private pay

ADDITIONAL COMMENTS REGARDING MEDICAID

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: *feminise, TV*
Newspaper, magazines, crossword, Bingo, cards, arts+crafts

ADDITIONAL COMMENTS REGARDING ACTIVITIES
finding what each res. can do and enjoys is our goal