

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Vining Villa, Inc. Bradley P. Snowder MEd, NAR & Cheri J. Wells BA, LPN	LICENSE NUMBER 750595
--	--------------------------

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	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p>Vining Villa is a husband and wife owned Mediterranean style home nestled in the heart of the Alabama Hill neighborhood of beautiful Bellingham Washington. We at Vining Villa are dedicated to creating a home with a genuine family environment. We believe in the beauty of human diversity. All of our client’s religious and ethnic traditions are honored and respected. We excel in birthday, holiday, and other festive decorating, cooking, and celebrations.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>June 1, 2007</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>None</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>None</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input checked="" type="checkbox"/> Co-owned by: Bradley P. Snowder & Cheri J. Wells</p> <p><input checked="" type="checkbox"/> Other: S-Corp.</p>	
Personal Care	
<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>	
<p>1. EATING</p>	

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

Assistance ranges from timely meal reminders to set-up with clothing protectors and total assist. Verbal/physical cues to feed self, assistance with utensils/adaptive devices, close supervision and assistance to eat safely are provided. Staff trained to accommodate special diets/textures, intake monitoring and swallowing impairments.

2. TOILETING

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

Assistance ranges from toileting reminders, changing/disposing of incontinence products 1-3 times per week to several times daily/nightly. Assistance is provided with bedside commodes, catheters, bed pans, ostomy bags and cleaning of incontinence in inappropriate places/receptacles and clothing/linens due to cognitive deficits.

3. WALKING

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

Assistance ranges from occasional reminders to use ambulation aid (walker/cane/wheelchair), occasional standby assistance, frequent hands-on standby assistance, constant hands-on supervision and assistance with wheelchair. Total assistance with wheelchair ambulation is provided for non-self propelling or non-ambulatory residents.

4. TRANSFERRING

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

Assistance ranges from standby assist/cues, hands-on guidance, required lifting and total dependence for non-weight bearing status. Locations and devices: bed, wheelchair, shower bench, gurney and public/private vehicles. Equipment used: grab bars, gait belts, transfer boards, walkers and wheelchairs.

5. POSITIONING

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

Assistance ranges from minimal-maximum assist/cues for repositioning to: promote comfort, prevent skin breakdown/muscle atrophy, maintain mobility and independence. Routine daily/nightly repositioning for anatomically correct and functional body positioning, offloading from vulnerable pressure points provided as needed.

6. PERSONAL HYGIENE

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

Assistance ranges from minimal standby assist with cues and/or set-up with oral/denture care and hygiene products to total assistance with hygiene/grooming tasks (e.g. haircare, oral care and basic nail care).

7. DRESSING

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

Assistance ranges from minimal-moderate set-up/cueing for dressing/grooming to special assistance required due to cognitive deficits or special behaviors. Total assistance for dressing/grooming is provided for bed rest residents.

8. BATHING

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

Assistance with bathing includes daily basin baths 6 times a week each morning. Shower/shampoos provided once weekly or more often by request/need. All basin baths/showers are assisted by staff. Residents on bed rest are provided with daily bed baths. Residents on Hospice are assigned an additional bath aide 2 times weekly.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Assistance with Activities of Daily Living (ADL) range from independent, minimal, moderate, significant or special assist. Each ADL is included in the negotiated careplan/assessment and reviewed/revised as needs change. Implementations of careplan/assessments are customized to meet the resident's individual needs.

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:

The LPN staff can provide injectables, IV monitoring, catheter monitoring and ostomy care. The delegated nursing assistant staff can provide cues, reminders, assistance or full administration for scheduled and PRN (as needed) medication in the form of oral, topicals, patches, eyedrops, fingersticks, insulin, suppositories and powders.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The nursing assistant staff at Vining Villa are RN delegated/trained by a licensed RND to ensure proper medication administration.

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:

Contracted RND for delegation and intake assessments. Outpatient RN coordinator for post-rehab follow-up PT, OT and ST. Foot and Nail RN. Hospice RN.

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

RND delegates for wound care, scheduled/PRN medications: oral, topicals, patches, eyedrops, fingersticks, insulin injections, suppositories and powders.

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

The AFH providers are DSHS approved instructors for Mental Health and Dementia Specialty training (WA750595). All staff have completed the mandatory training.

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: RN Delegator (quarterly and on-call)
- Licensed practical nurse, days and times: LPN (7 days a week, 12-18 hours daily and on-call)
- Certified nursing assistant or long term care workers, days and times: NAC/HCA/NAR (7 days a week from 0600-1900)
- Awake staff at night
- Other: On site/semi-awake NOC staff on duty from 1900-0600.

ADDITIONAL COMMENTS REGARDING STAFFING

Bed and perimeter checks provided 5 times each night and more often as required/determined by resident's needs.

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:

The average resident speaks English and has US and/or Canadian citizenship. Every effort is made to honor and communicate all languages and backgrounds.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Care plans are designed to accommodate special needs regarding language and cultural diversity. Other languages understood: Spanish, French and body language/ASL.

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

AFH requests that POAHC provide 60 days prior written notice of final spenddown to qualify for medicaid. This allows AFH to assist resident in securing appropriate medicaid accomodations.

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:

Activities are available on a daily basis. Set-up and cues are provided according to each resident's ability/desire to participate.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

For more information please visit AFH website: www.viningvilla.com

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