

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Greenwood Point LLC, Adult Family Home / Daniel Greenwood	LICENSE NUMBER 570598, 570599, 570600
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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.

Greenwood Point AFH has been locally owned and operated since 1994, located along the southwest shore of Lake Sammamish with strong community roots dating back to the 1930's. We have three adult family homes: 2 on Lake Sammamish and 1 on nearby Lewis Creek in Issaquah. We are conveniently located 5 minutes from I-90.

We take pride in offering a warm home setting and strive to provide and treat each resident with care, respect and well-being.

2. INITIAL LICENSING DATE
02/01/1994

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- 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:

Full assistance includes: special diets, diabetic and puree, as well as: cueing, monitoring and full assistance with feeding.

2. TOILETING

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

Full assistance is offered depending on the type of client care needed, i.e. ceing and monitoring. This includes: toilet assist and incontinence of bowel and bladder.

3. WALKING

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

Full walking assistance as needed that includes: stand-by assist for safety.

4. TRANSFERRING

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

Full 1 person transfer and hoyer lifts.

5. POSITIONING

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

Assistance is provided to assist a client with positioning, as well as, monitoring and cueing.

6. PERSONAL HYGIENE

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

Full assistance. Incudes: cueing and monitoring with brushing teeth, washing face\shaving, combing hair, shower\bathing, peri-care.

7. DRESSING

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

Full assistance. Includes: cueing client to select clothes to wear, and assist them to dress as necessary.

8. BATHING

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

Full assistance offered that includes: establishing a shower schedule, cueing and full assist with showers.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We offer in-home bi-monthly services of a podiatrist that offers foot and nail cut\trimming and foot assesment through insurance and Medicare\Medicaid

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:

As bounded by the AFH Licensing requirements: all medications are kept in a locked cabinet and are self administered by the client resident as perscribed by their doctor and delegated by a Registered Nure to our certified care staff.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Hospice services are enlisted when a resident can no longer self-administer their medications and RN delegated within the rules/laws of Washington State Adult Family Home license

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:

All services are bounded by Washington State AFH rules and regulations, thank includes: blood pressure monitoring, nebulizers, PRN, blood sugar monitoring, oxygen administration, eye drops, and ointments.

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

Medication administration: inhalers, nebulizers, PRN, blood sugar monitoring, oxygen administration, eye drops, ointments.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our certified caregivers are required every 90 days to be nurse delegated of all medications and doctor prescribed tasks, such as: wound care or catheter changing

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

Our AFH provide all ranges od dementia from early on-set to late-set.

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: **on-staff; as needed.**
- Licensed practical nurse, days and times: **on-staff; as needed.**
- Certified nursing assistant or long term care workers, days and times: **Yes 24x7.**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Our caregivers are qualified and trained as required by the State of Washington, Dept of Social and Health Services

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

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English

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

A 90 day notice is required prior to private pay client changing to 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:

Our homes provide the following activities: puzzles, cable TV, music, reading, pet therapy, visits from local church, holiday and birthday parties and Wi-Fi

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We will always welcome and encourage clients to do activities they enjoy and will always try to accommodate.

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