

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>CARING HANDS AFH (Charlene K. LeVaux)</i>	LICENSE NUMBER <i>750624</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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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. <i>my AFH offers private rooms - comfortable clean family living environment personal touch available at all times. All clients are treated w/ respect & compassion</i>	
2. INITIAL LICENSING DATE <i>9-07-2007</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>NONE</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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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: *1 on 1 Assistance, setup preparation of feeding client - food & fluids*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *1 on 1 Assistance to & from Bathroom - or to commode, help w/ bottoms assist on/off dressing after - cleaning private areas*

3. WALKING

If needed, the home may provide assistance with walking as follows: *1 on 1 Assistance - gait belt if needed - steady walker. Keep client safe to & from*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *1 on 1 Assistance - gait belt if needed. Supply & steady make client explaining proper move to client*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *1 on 1 Assistance - Reposition every 2 hrs*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *1 on 1 Assistance - bathing - brushing of teeth on dentures - deodorant - powders - lotions*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *1 on 1 Assistance - help client choose cloths assist w/ dressing & undressing - buttons - zippers*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *1 on 1 Assistance aide w/ undressing setup shower chair hygiene products aide w/ washing missing drying off dressing*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

each client may have different needs, I will adjust care to client

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: *ordering meds - inventory setup of meds per client - can be delegated if needed - keep all meds stored properly & locked up at all times*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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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:

The home has the ability to provide the following skilled nursing services by delegation: *eye drops NASAL sprays - catheters - wound care*

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

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: _____
- Awake staff at night
- Other: *monitors provided in rooms - Bed Alarms*

ADDITIONAL COMMENTS REGARDING STAFFING *Home provides total care - hospice if needed. Clients can stay until end of life if they wish on family choice.*

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

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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:

no specific conditions

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: *Board games - computer games - Bingo puzzles - coloring - reading - music - TV - Movies - cards*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

will set-up rides & appointments for outside of home activities

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