



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER FLOWER'S PLACE ADULT FAMILY HOME /DENISA MISCHIAN	LICENSE NUMBER 750808
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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.

Flower's Place AFH is a private residence where individuals will receive personalized care and support from trained certified staff. The provider has many years of experience in the medical field, specializing in Alzheimer/Dementia and Mental Health.

2. INITIAL LICENSING DATE

02/01/2008

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

10417 NE 20TH AVE ,VANCOUVER,WA,98686

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

NA

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:

We provide assistance from cuing and monitoring to total care assistance. Based on the residents needs we provide different diets as low sodium diet, fluid-restricted diet, low-protein diet, low fat/low cholesterol diet, low cal or high cal, dietary management of diabetes, liquid diet, soft diet and mechanical soft diet, 1-1 feeding, tube feeding,

2. TOILETING

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

Encourage and attempt toileting resident at regular intervals during awake hrs. Assist/provide perineal care if help is needed. . Change undergarments /soiled clothing immediately, monitor skin and elimination.

3. WALKING

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

Flower's Place will provide assistance from cuing and monitoring to a one or two person assist. Assist the resident with or without gait belt as necessary walking slightly behind and to one side of the resident while holding on o the gait belt or support residents back with your arm. Encourage /reminde resident to use appropriate equipment.

4. TRANSFERRING

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

Stand by, assist with transfer using belt, transfer board, 1-1 transfer, 2 persons transfer, mechanical lifts.

5. POSITIONING

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

The facility will provide assistance with positioning from cuing and monitoring to one or two person assst. Bed-bound residents need to be repositioned every two hours. Always check the skin for signs of irritation whenever you reposition a resident.

6. PERSONAL HYGIENE

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

Seu up toiletries .Cue resident to perform as muchas he/she can .Assist with or perform all aspects of personal hygiene as needed. Monitor skin and nails ,document and report to physician/family.

7. DRESSING

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

Cuing ,assist and encourage the resident to pick clothes to wear. Give just a few choices. Lay out clothes in order in which they are put on .Do not rush the resident ,use a friendly calm voice when speaking .Praise and encourage the resident at each step.

Total assist dress/undress , put socks on/off ,shoes on/off.

8. BATHING

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

Encourage the resident to take a shower at least once a week .Satisfy resident preferences date and time. Make sure the bathroom is well-lit and is at a comfortable temperature.Get all the supply ready towels ,wash cloth ,clean clothes.Adjust the water temperature according to resident preferences.Let the resident do as much as possible during bathe.Allow plenty of time . Ensure safety by keeping the floor dry as much as possible.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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 home will provide self medication assistance and medication administration via nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Resident and AFH provider will work with private nurse delegator.

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 house will contract and coordonate skild nursing and rehabilitation services

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

Oral medication,topical,inhalation therapies,foley catheter ,irrigation & care,wound care,diabetic care & insulin ,GT ,colostomy, would consider additional ,approved delegation training .

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Nurde Delegation Special Focus on Diabetes.

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: 24/7
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

On a case by case and per negotiated care plan higher level of support maybe provided on a short term basis

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,romanian

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Interview and accommodate personal preferences ,ethnic consideration, as able.

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

The facility will accept medicaid transition if resident resides in the home for 24 months , previously.

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:

Music on Monday , Wednesday & Friday movie night of residents choice with popcorn and beverage. Saturday game day (residents choice). Celebration of residents b-day and holidays,

ADDITIONAL COMMENTS REGARDING ACTIVITIES