

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

HOME / PROVIDER <i>A NEW HAVEN AFH I / WINNIE L. ELLAZAR</i>	LICENSE NUMBER <i>751061</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>A NEW HAVEN AFH STRIVES TO MAINTAIN A FAMILY TYPE ATMOSPHERE WHERE RESIDENTS ENJOY DAILY LIFE AND FUN ENVIRONMENT.</i>	
2. INITIAL LICENSING DATE <i>SEPT. 4, 2008</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>3641 SW 317TH COURT FEDERAL WAY, WA 98023</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>EVERGREEN MANOR / UNDER GERRY STARKY</i>	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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 MONITORING, ENCOURAGEMENT, CUEING, HANDS-ON ASSIST TO  
If needed, the home may provide assistance with eating as follows: GUIDE OR HAND FOOD AND/OR DRINK, SET-UP INCLUDING CUTTING MEAT AND OPENING CONTAINERS, FEEDING, 1:1 FEEDING, TUBE FEEDING, TOTAL ASSIST.

2. TOILETING MONITORING, CUEING, ENCOURAGEMENT, BOWEL & BLADDER  
If needed, the home may provide assistance with toileting as follows: RETRAINING, ASSISTANCE  $\bar{c}$  MEANSING, CARE, PADS, UNDERGARMENTS, CLOTHING, ASSISTANCE DURING THE NIGHT, FOLEY CATHETER, OSTOMY CARE, TOTAL ASSIST.

3. WALKING MONITORING, CUEING, ENCOURAGEMENT, STANDBY ASSIST FOR  
If needed, the home may provide assistance with walking as follows: SAFETY,  $\bar{c}$  OR WITHOUT ASSISTIVE DEVICE SUCH AS CANE, WALKER, CRUTCHES, GAIT BELT, WHEELCHAIR, TOTAL ASSIST.

4. TRANSFERRING MONITORING, CUEING, ENCOURAGEMENT, STANDBY ASSIST,  
If needed, the home may provide assistance with transferring as follows: HANDS-ON GUIDING, LIFT ASSIST, TO STAND OR SIT, FULL LIFTING BY 1 OR 2 PERSON, MECHANICAL LIFT SUCH AS HOYER LIFT, TOTAL ASSIST.

5. POSITIONING MONITORING, CUEING, ENCOURAGEMENT, STANDBY, HELP TO  
If needed, the home may provide assistance with positioning as follows: GUIDE LIMBS IN ORDER TO TURN OR REPOSITION, SUPPORT WHILE MOVING OR LIFTING PART OF BODY, USES DRAWSHEET, HOSPITAL BED, SPECIAL MATTRESS, WEDGE, FOOT CRADLE, TOTAL.

6. PERSONAL HYGIENE MONITORING, CUEING, ENCOURAGEMENT, SET-UP, HANDS-ON  
If needed, the home may provide assistance with personal hygiene as follows: ASSIST TO GUIDE THROUGH TASK COMPLETION, DRY SKIN CARE, FRAGILE SKIN CARE, TARES, BRUISES, RASHES, ITCHY SKIN, NAILS, LOTION, SOAPS, SKIN BARRIER, ETC, TOTAL.

7. DRESSING MONITORING, CUEING, ENCOURAGEMENT, LAY-OUT CLOTHING,  
If needed, the home may provide assistance with dressing as follows: HELP  $\bar{c}$  SHOES, SOCKS, AND/OR TED HOSE, ASSIST/GUIDE OF LIMBS AND/OR HELP  $\bar{c}$  TYING OR BUTTONING, TOTAL ASSIST.

8. BATHING MONITORING, CUEING, ENCOURAGEMENT, SET-UP SUPPLIES,  
If needed, the home may provide assistance with bathing as follows: ASSIST GETTING IN/OUT OF SHOWER, PHYSICAL ASSIST  $\bar{c}$  PART OF BATHING OR TO COMPLETE BATH, BATH BENCH, SHOWER, BED BATH, SKIN CARE, TOTAL ASSIST.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE OUR STAFF PROVIDE THE HIGHEST QUALITY OF PERSONALIZED CARE IN A TRADITIONAL SETTING.

**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: ORAL MEDICATION, INJECTIONS, INHALATIONS, EYE, EAR, NOSE DROPS, TOPICAL / WOUND TREATMENT PER MD ORDERS & AS DELEGATED BY RN DELEGATOR.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES MEDICATIONS ARE LOCKED STORED IN A LOCKED CABINET. MAINTAIN ADEQUATE INVENTORY OF PRESCRIBED MEDS. GIVE AS DIRECTED FOLLOWING FIVE "R" OF MEDICATION ADMINISTRATIONS;

- 1. RIGHT RESIDENT 2. RIGHT MEDICATIONS 3. RIGHT DOSAGE 4. RIGHT TIME
- 5. RIGHT ROUTE. DOCUMENT  $\bar{c}$  IN AN HOUR OF ADMINISTRATION. MONITOR SIDE EFFECT / ADVERSE REACTION - REPORT TO MD.

### 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: GLUCOSE MONITORING, INJECTIONS, SKIN / WOUND TREATMENT, OSTOMY CARE, INDWELLING URINARY CATHETER CARE, DISAMPACTION/CONSTIPATION TREATMENT. TUBE FEEDING.

The home has the ability to provide the following skilled nursing services by delegation: PRN MEDICATION ADMINISTRATION, INHALATION THERAPY, TOPICAL MED., EYE DROPS, NASAL SPRAY, GLUCOSE MONITORING, INJECTION, EAR DROPS.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION THE HOME HAS AN RN/ NURSE DELEGATOR WHO DOES MEDICATIONS REVIEW AND UPDATES, SEES ASSESSMENT FOR SKIN DETAILS AND VITAL SIGNS & DOES 90 DAY NURSE DELEGATION & SUPERVISORY VISIT.

### 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: RN DELEGATOR 90 DAY NURSE DELEGATION AND SUPERVISORY VISIT.
- Licensed practical nurse, days and times: 24/7
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING NO AWAKE STAFF AT NIGHT BUT ONE STAFF WAKES UP 2 OR 3 TIMES DURING THE NIGHT & MAKES ROUNDS. CALL BELL IS PROVIDED TO EACH RESIDENT.

### 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: WE WELCOME CLIENTS FROM ALL ETHNIC BACKGROUNDS. STAFF SPEAK ENGLISH, TAGALOG & ILOCANO.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**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: *DEPENDING ON A LEVEL OF CARE, IF THE HOME CAN MEET THE NEEDS. RESIDENT WILL BE PLACED IN SEMI-PRIVATE ROOM, DEPENDING ON THE AVAILABILITY, BUT IF THE*

ADDITIONAL COMMENTS REGARDING MEDICAID

*RESIDENT OR RESIDENT'S REPRESENTATIVE WISH TO HAVE A PRIVATE ROOM, THERE WILL BE AN ADDITIONAL FEE TO WHAT IS COVERED BY 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: *RANGE OF MOTION EXERCISES (AS PERMITTED BY MD) BINGO, MUSIC, TV, BIRTHDAYS, HOLIDAYS CELEBRATION, WALKING OUT.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*RESIDENTS ARE ENCOURAGED TO BE OUT IN THE LIVING ROOM & ENCOURAGE CONVERSATION E EACH OTHER AND STAFF, ESPECIALLY AT MEAL TIMES. STAFF TO INTRODUCE TOPICS OF INTEREST*

*FOR DISCUSSION.*