



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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RCS/Public Disclosure

HOME / PROVIDER <i>Cline AFH</i>	LICENSE NUMBER <i>751099</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>at Cline AFH, we provide a loving environment where everyone feels happy and safe. we are committed to maintain and enhance the quality of life of our residents. we respect and value their independence</i>	
2. INITIAL LICENSING DATE <i>Oct 8, 2008</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
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:	

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: *AFH will occasionally remind you to eat and drink. AFH will cut and prepare your food. AFH will feed you occasionally or routine basis. we can puree food if necessary.*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *IF needed AFH will occasionally remind or cue you to all toileting. Occasionally provide standby assistance and help you stand while adjusting your clothes. Provide urinary catheter, ostomy care cleaning and maintenance.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *IF needed AFH will occasionally remind or cue you to use the walker, provide stand up assists when needed. Physically help you walk or move about inside and outside our home.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *Routinely provide stand ^{by} assist. Our home can provide one to two person assist plus lifting with mechanical equipment. Routinely standby assist while you transfer into and out of bed or wheelchair and bed.*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *If needed we can re-position resident as needed in bed and recliner. we will monitor skin daily for any redness, and open any break skin.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *We will help and assist with ADL. Remind to comb hair, brush teeth, shave wash your face and hands. Apply make up and provide stand up assist with these activities. If we needed we can help you with all these tasks and we can paint nails upon request.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *we will help you put on and off your clothes if necessary. we will allow you dress yourself if you can but assists you when necessary.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Assists and provide assistance stand by at all time. AFH will physically assist you getting in and out of the shower. Help areas that might be hard to reach. Total bathing assistance if you cannot bathe yourself. Bed baths, sponge bath daily and frequency of shower per week depend on resident.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

we check skin daily. we can give shower as often as requested by the resident.

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: *we use Shiraz pharmacy that deliver all medication and records. we keep all medication in a locked cabinet. All medications are bubble pack for free by the pharmacy. we will dispense and give the medication on appropriate time to take it.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES: *we use nursing assistants under delegation of registered nurse to administer drops, oral and topical medications. we permit family members to supply medications to residents if they will give us medication on time with original prescription from the doctor.*

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: *Our home have a nurse delegator that help us and train us*

The home has the ability to provide the following skilled nursing services by delegation: *able to clean and change able to give PRN medications under nurse delegations. Colo Stomy bag*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our home use Alpha nursing and Gerstina nursery

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: *Wed to Sunday 7:10 am - 7:00 pm* *all day/night*
- Awake staff at night *Monitor and do rounds at night every 2 hours.* *resident manager*
- Other: *Call button at night for all residents that can call for help* *at 7:00 am*

ADDITIONAL COMMENTS REGARDING STAFFING

This home is always have 2 workers at all times. The provider and resident manager are husband and wife that live in a care home with one full time employee and part time on the weekends

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:

All background - English and Tagalog (Philippine language)

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We serve cultural foods and favorites

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:

private pay residents must pay private at least ³ months before

ADDITIONAL COMMENTS REGARDING MEDICAID

converting to medicaid pay. ^{at home}

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: Exercise in the morning - we monitor the walk that resident do inside the home and outside - we got puzzle, coloring, Bingo

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Talking book available. monthly library books
daily newspaper available. play cards. movie time - Games. music therapy
jigsaw puzzle

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