

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

HOME / PROVIDER <b>OAK WOOD HAVEN ADULT FAMILY HOME LLC./DENISE SHERO</b>	LICENSE NUMBER <b>751188</b>
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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.

**OUR MISSION IS TO PROVIDE QUALITY CARE, LOVE AND ATTENTION TO THE PHYSICAL WELL-BEING OF YOUR LOVED ONE IN A FAMILY ORIENTED ENVIROMENT.**

**2. INITIAL LICENSING DATE**

**01/13/2009**

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

**1518 JENSEN AVE. CENTRALIA WA 98531, 1218 N. WASHINGTON  
CENTRALIA WA 98531, 1409 LOGAN ST. CENTRALIA WA 98531**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**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:

**SPECIAL DIETS, FEEDING RESIDENTS AS NEEDED HOME COOKED MEALS**

### 2. TOILETING

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

**WE PROVIDE TOTAL ASSISTANCE, INCONTINENCE OF BOTH BOWEL AND BLADDER, BRIEFS ARE SUPPLIED BY ADULT FAMILY HOME. HOME ALSO DOES CATHETER CARE**

### 3. WALKING

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

**STAFF PROVIDES HANDS ON OR STAND BY ASSIST DEPENDS ON NEEDS**

### 4. TRANSFERRING

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

**ADULT FAMILY HOME USES AND HAS HOYER LIFT, AND SIT TO STAND, PROVIDES TOTAL ASSIST IF NEEDED**

### 5. POSITIONING

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

**PROVIDER AND RESIDENT MANAGERS MONITOR SKIN CLOSELY AS WELL AS CAREGIVERS. PREVENTION MEASURES ARE IN PLACE WITH USE OF TURNING EVERY 2-3 HOURS AND POSITIONING WITH PILLOWS AND USE OF BARRIER CREAM.**

### 6. PERSONAL HYGIENE

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

**WASHING HANDS, FACE, BRUSHING OF TEETH, DENTURE CARE, HAIR CARE AND MAKE-UP IF REQUESTED. LOTION IS APPLIED AFTER ALL SHOWERS AND AT NIGHT. COMPLETE ASSIST WITH PERI CARE AS NEEDED**

### 7. DRESSING

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

**TOTAL ASSIST IF NEEDED, TED HOSE, UPPER AND LOWER EXTREMITIES SHOES AND SOCKS**

### 8. BATHING

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

**TOTAL CARE IS PROVIDED WITH SHOWERS. HOMES ALL HAVE SHOWER CHAIRS WITH WHEELS AND ALL SHOWERS ARE WHEEL IN ACCESSIBLE**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**HAIR DRESSER COMES TO FACILITY AS REQUESTED**

## 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:

**MEDICATION IS LOCKED UP AND DISPENSED BY STAFF, STAFF PREPARE AS DIRECTED BY PHISICIAN, STAFF DOCUMENT WHEN GIVEN, STAFF CAN CRUSH MEDS IF ORDERED AND DELEGATED. STAFF ARE ALL DELEGATED BY A REGISTERED NURSE**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Facility has a pharmacy that bubble wraps and delivers daily when. Facility does welcome mail orders**

#### 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:

**FACILITY USES HOME HEALTH AND HOSPICE WHEN NEEDED. PT/OT also available**

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

**MEDICATION ADMINISTRATION, CATHETER CARE, TOPICAL PERSCRIBED MEDICATION, EYE DROPS, ETC.**

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: **AS NEEDED**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **HOME IS STAFFED ACCORDING TO THE NEEDS OF THE RESIDENTS OF 1-2 CAREGIVERS TO 6 RESIDENTS DEPENDING ON LEVEL OF CARE.24 HOUR AWAKE STAFF**
- Awake staff at night
- Other: **Provider or Resident managers are available 24 hours a day for additional help when needed**

ADDITIONAL COMMENTS REGARDING STAFFING

**All caregivers are licensed with state all passed background checks and specialize in dementia and mental health**

**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**

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:

**RESIDENT MUST BE PRIVATE PAY FOR AT LEAST 2 YEARS GIVE A 60 DAY NOTICE THAT CONVERTING TO MEDICAID.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**THE HOME HAS TWO BEDS IN EACH HOME THAT ARE FOR MEIDCAID. IF BEDS ARE FULL MAY HAVE TO FIND OTHER PLACEMENT**

**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:

**CRAFTS, BINGO, CHURCHES, HOLIDAY FESTIVITIES, GAMES, CARDS AND ANYTHING THAT THE RESIDENT MAY HAVE A PERSONAL INTEREST IN THAT THE FACILITY CAN PROVIDE.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**FACILITY DOES HAVE A WHEELCHAIR ACCESIBLE VAN THAT CAN BE USED TO TAKE RESIDENTS TO APPOINTMENTS AT A EXTRA COST TO THE RESIDENT OR RESPONSIBLE REPRESENTATIVE. Home celebrates Birthdays, Thanksgiving and Christmas with family gatherings all other holidays or special occasions are also recognized.**