Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Ginger Creek Adult Family Home/Eunice Gikaru	**751219**

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.

Ginger Creek Adult Family Home's mission is for resident's to feel most at home and received with love. The AFH strives to provide excellent care, promote healing and wellbeing, and ensure comfort for residents with different needs. The AFH assures all residents dignity, attention and respect in order for them to achieve social and fulfilling lifestyles.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
02/11/2009	**N/A**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

- ☒ Sole proprietor
- ☐ Limited Liability Company
- ☐ 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:

Ginger Creek AFH provides all levels of eating service.

--AFH provides balanced and personalized diets to suit resident needs and restrictions. AFH can monitor diabetic and low-sodium diets, in addition to monitoring food/fluid intake.

--AFH can alter texture and size of food by chopping, cutting food into smaller pieces or puree

--AFH can supervise residents at risk for choking or aspiration

--AFH can feed residents using feeding tubes, or spoon-feed residents that cannot use utensils

2. TOILETING

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

AFH is able to accommodate all levels of toilet use.

--AFH can cue or remind clients to use the bathroom and AFH can also set toileting schedules.

--AFH provides transfers to/from toilet, perineal care, and clothing adjustments

--AFH can supervise or provide stand-by assistance. AFH can accommodate bed pans, urinals or commodes.

--AFH can provide briefs/pad changes for weight bearing or bedfast residents.

3. WALKING

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

AFH supports all levels of walking ability.

--AFH provides clear and wide-sized hallways to accommodate different assistive devices like manual wheelchairs or walkers.

--AFH provides standby or contact assistance for residents, with or without the use of a gait belt. AFH can also cue or remind residents to use assistive devices, including wheelchair footrests or safety shoes.

--AFH encourages regular exercise including walks around the house or around the property.

4. TRANSFERRING

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

AFH can provide various levels of transfer assistance.

--AFH can provide supervised or 1-person contact assistance with transfers.

--AFH can assist residents using devices like trapeze or hoyer lifts.

5. POSITIONING

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

AFH can provide various levels of positioning assistance.

--AFH can cue or remind residents to turn or reposition.

--AFH can provide supervised or 1-person contact assistance to change position or turn in bed/chair.

--AFH can provide assistance using tools such as trapeze or hoyer lifts.

--AFH can provide turning on a regular, 2-hour schedule for persons at risk for skin breakdown/bedsores

6. PERSONAL HYGIENE

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

AFH can provide assistance or perform several personal hygiene tasks.

--AFH can assist or perform shaving, application of lotion or deodorant, brush hair, provide oral care, denture care and hair styling.

--AFH can assist with nail trimming or coordinate with appropriate foot-care providers.

7. DRESSING

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

AFH assists residents with various dressing needs.

--AFH can assist or perform the selection of appropriate clothing. AFH can also cue residents to change clothes on schedule or as needed.

--AFH can supervise, provide standby/contact assistance or total performance for dressing upper and lower body, including socks and shoes. AFH can also assist with buttons, zippers or shoelaces.

8. BATHING

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

AFH can meet all client needs for regular bathing.

--AFH provides various shower equipment to make bathing comfortable and enjoyable, including shower chairs, grab bars, and floor-mats.

--AFH can set shower schedules or cue residents to shower on need basis. AFH can provide supervised assistance, standby assistance, contact assist, or full assist in showers.

--AFH can provide bed baths or sponge baths for residents with limited standing or motion ability. AFH also conducts full skin assessment

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

AFH encourages independence, but supports all levels of needs for personal care services. AFH monitors resident performance to accommodate changes in ability

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:

AFH is well trained in medication services of various kinds.

--AFH can cue or remind residents to take medication as prescribed or as needed. AFH can monitor resident medication consumption, and alert physicians of medication effects.

--AFH can provide setup for medication administration (ex. crushing), or assistance with oral or other medications.

--AFH can receive nurse delegation to administer specialty medications.

--AFH can provide total assistance of medication administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

AFH contracts with home-visiting physical therapists, home-visiting occupational therapists, home-visiting speech therapists, and home-visiting registered nurse delegators

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

AFH can provide all types of nurse delegated medication administration (NO INTRAVENOUS INJECTIONS), including but not limited to blood checks (for diabetes), physical therapy, nasal/eye/ear/inhaler/spray medication administration, topical solutions, and dressing changes

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

AFH provider is a certified nursing assistant with experience receiving nurse delegation for tasks. AFH provider is well able to determine need for delegation and performance of delegated tasks proficiently

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

AFH provider has over ten years of experience working with specialty care populations.

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: **Provider staffs CNA's and long-term care workers in the AFH 7 days/week, at 24 hours/day; provider is onsite every day at various hours**
- ☒ Awake staff at night
- ☒ Other: **Home aides**

ADDITIONAL COMMENTS REGARDING STAFFING

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:

AFH provider and staff communicate primarily in English. The AFH has extensive experience accommodating English-speaking residents of various ethnic and cultural backgrounds.

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:

Medicaid residents must meet monthly rate minimums.

ADDITIONAL COMMENTS REGARDING MEDICAID

The AFH requires 6 months of private pay funds and 90 days of advanced notification prior to the start of a Medicaid conversion

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:

Basic and premium (additional charge) cable channels, puzzles and games, WIFI internet, nature (bird, duck and deer) watching, gardening, fruit picking

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600

1/8/2017