

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

HOME / PROVIDER <i>GERIATRIC CARE HOME LLC</i>	LICENSE NUMBER <i>751 258</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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Received

DEC 14 2017

RCS/Public Disclosure

About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>WE HAVE A STRONG COMMITMENT TO PROVIDE SERVICES THAT ALLOW OUR RESIDENTS TO MAINTAIN INDEPENDENCE IN A SUPPORTIVE CARING ENVIRONMENT. OUR MISSION IS TO ENHANCE THE QUALITY OF LIFE AND ASSURE THE SAFETY OF THE PEOPLE WE SERVE. OUR LOVING, CARING, FRIENDLY STAFF ARE CERTIFIED SKILLED WORKERS THAT PUT THEIR HEARTS INTO THEIR WORK.</i></p>	
2. INITIAL LICENSING DATE <i>03-13-2009</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>N/A</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	

### 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 PROVIDER HAS A DEGREE IN NUTRITION AND DIETETICS. WE ARE DEDICATED TO  
If needed, the home may provide assistance with eating as follows: PROVIDE DELICIOUS AND NUTRITIOUS HOME COOKED MEALS. MODIFIED TO OUR CLIENT NEEDS LIKE CUT-UP, MECHANICALLY SOFT, PUREED FOODS AND TO ASSIST SPON FEED THE RESIDENTS IF NEEDED.

2. TOILETING ASSISTING RESIDENTS TO MAKE SURE THEY ARE CLEAN IN ANY FORM  
If needed, the home may provide assistance with toileting as follows: OF LEVEL OF CARE. FROM CURING SUPERVISION TO TOTAL CARE.

3. WALKING

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

CURING TO FULL ASSIST

4. TRANSFERRING

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

HOMER LIFT AVAILABLE. ONE ARM TRANSFER, LIFT UNDER ARM

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: REPOSITIONING Q2HRS SIDE TO SIDE

Pull them up in BED USING DRAW SHEETS, OR ONE USING EQUIPMENTS PROVIDED

6. PERSONAL HYGIENE

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

CURING TO FULL ASSIST

7. DRESSING

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

CURING TO FULL ASSIST

8. BATHING

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

CURING TO FULL ASSIST

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

MAKING SURE THEY ARE PRESENTABLE ALL THE TIME IF NEEDED. (COMBING HAIR CLEAN CLOTHES, SHIRT)

### 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 ASSISTANCE, 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: PN DELEGATES THE CARE GIVEN TO DO.

BG monitoring, insulin administration, psychotropic meds, PRN

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

BG Testing, eye drops, ear drops, inhaler, PRN pain pill, ostomy care, insulin administration

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: \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: every day - 24 hours a day
- Awake staff at night
- Other: CALL BUTTON AT NIGHT / AVAILABLE FEW FEET AWAY. STAFF IS DOING ROUNDS AT NIGHT EVERY 4HRS.

ADDITIONAL COMMENTS REGARDING STAFFING

The provider is available 24/7 and have a care giver ALTERNATES.

### 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:

Any language or background

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:

IF THERE IS A <sup>MEDICID</sup> BED OPEN

ADDITIONAL COMMENTS REGARDING 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: ARTS COLORING, BINGO, PUZZLE, YATZEE, SCRABBLE, KARAOKE MOVIES, OUTINGS, PARTIES, PICNIC, ROADTRIP, GO TO ATWOOD, GO TO SENIOR CENTER

ADDITIONAL COMMENTS REGARDING ACTIVITIES

ONCE A MONTH PARTY. WE INVITE A MUSICIAN TO PLAY MUSIC AND WE SING SONGS.

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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