

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b style="text-align: center;">KENTRIDGE ELDERLY LIVING 2	LICENSE NUMBER <b style="text-align: center;">751294
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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	
<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.</p> <p>Kentridge Elderly Living 2 provides a loving atmosphere in a non-institutionalized environment. We offer a safe and comfortable place where our professional caregivers are dedicated to meet the Residents needs. Our care team works together to provide the highest quality of nurturing care.</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">04.16.2009</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p style="text-align: center;">N/A</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p style="text-align: center;">N/A</p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	
Personal Care	
<p>“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)</p>	
<p>1. EATING</p>	

<p>If needed, the home may provide assistance with eating as follows: We provide a tailored diet to Residents with diabetes, high blood pressure. We have a caregiver one on one to feed Resident if needed. We encourage independence with eating but also offer one on one support for our Residents needs. Pure food.</p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows: We provide a caregiver one on one assist with toileting needs and incontinence needs. Transfer assistance with standing, sitting, positioning bathing and toileting. Stand by assistance with locomotion. Cueing, reminders, hands on assist every day.</p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows: We provide assistance one on one with walking within the Adult Family Home and outside if desired on the deck or the side walk.</p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows: We assist with one person total transfers. Hoyer Lift.</p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows: We assist with repositioning every 2-4 hours if needed for Resident with fragile skin or bed sores, etc.</p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows: 1.oral hygiene and denture care daily 2.showers and shampoos(weekly and as requested) 3.dressing/undressing 4.cueing and assistance 5.reminders, hands on assist every day.</p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows: We give our Residents the right to choose their clothing, we provide one caregiver to assist with dressing. Supervision included and monitoring, set up total assistance.</p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows: We provide one caregiver to provide total assistance with bathing.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p>Treated with respect and dignity.</p>
Medication Services
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is: Medication assistance and Medication administration as delegated by the Registered Nurse.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p>
Skilled Nursing Services and Nurse Delegation
<p>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)</p>
<p>The home provides the following skilled nursing services: Hospice Care, Stroke. We have home services which comes at home. We have a nurse delegator on call.</p>
<p>The home has the ability to provide the following skilled nursing services by delegation: wound dressing changes, insulin administration, blood glucose check, medication administration (PRN), comfort kit, crushing medications, topical and eye drops.</p>

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:

Music, Movie Time, Tea Time, Games, Exercises, BBQ when the weather permits

ADDITIONAL COMMENTS REGARDING ACTIVITIES

All the activities we provide are based on Resident's capabilities.

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