



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Wauwa Shores Adult Family Home</i>	LICENSE NUMBER <i>A751356</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. PROVIDER'S STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>WE PROVIDE SERVICE TO DEMENTIA AND DEVELOPMENTAL DELTA</i>	
<i>WAWWA SHORES PROVIDES THE FAMILY FOR RESIDENTS WHO DO NOT HAVE FAMILY SUPPORT SYSTEMS. MOST OF OUR RESIDENTS ARE REPRESENTED BY A GUARDIAN SERVICE - SUNRISE GUARDIANSHIP (SITARON JOHNSON). WE PRIDE OURSELVES ON INCLUSIVE CARE - MUSIC! CELEBRATING BIRTHDAYS & HOLIDAYS - WE HAVE GARDENS - BERRY</i>	
2. INITIAL LICENSING DATE <i>July 1, 2009</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>BUSHTES - ROSES BIG YARD, AND A DECK FOR GATHERINGS</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <i>S Corp</i>	

Received

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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 DIETARY PREFERENCES - ALLERGIES - LOW SALT - VARIED TEXTURES FOR EASIER CHEWING/SWALLOW FEEDING AND VERBAL CUEING AS NEEDED**

2. TOILETING

If needed, the home may provide assistance with toileting as follows: **HYGIENE/SKIN CARE ASSISTANCE TO TOILET PERSON TRANSFER TO TOILET/TIMED TOILETING/ INCONTINENCE CARE, BOWEL, BLADDER**

3. WALKING

If needed, the home may provide assistance with walking as follows: **STAND BY ASSISTANCE/ HELP C WALKERS/ STABLE NO SLIP FOOTWEAR FOOT SKIN CARE**

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: **STAND BY ASSIST FOR GOING FROM BED TO CHAIR OR WHEEL CHAIR - ONE PERSON GAIT BELT OR HOYER LIFT FOR MOVING FROM BED TO CHAIR TO BACE**

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: **SUPPORTIVE PILLOWS TO MAINTAIN BODY ALIGNMENT IN BED OR SITTING. CHANGING BODY POSITIONS TO AVOID SKIN BREAKDOWN. TURNING, REPOSITIONING IN BED - LIC SOUND HAVE PADDED CUSTOM CUSHIONS - SKIN PREVENTION**

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: **FOR TOTAL CARE IF NEEDED V C PERI CARE CUSING VERBAL - FOR WASHING FACE, BODY, ALL MOD - TOTAL CARE C STAFF PROVIDING SHOWERING - TEETH & ORAL CARE - SHAVING - HAIR WASH, DAILY SKINING**

7. DRESSING

If needed, the home may provide assistance with dressing as follows: **FROM INDEPENDENT TO VERBAL CUEING TO HELP SELECT AND DRESS DAILY STAFF ASSIST & PARTIAL TO TOTAL CARE FOR DAILY DRESSING ACCORDING TO CLIMATE**

8. BATHING

If needed, the home may provide assistance with bathing as follows: **SCHEDULED SHOWER DAYS - VERBAL CUEING & STAND BY ASSIST FOR SAFETY - TO TOTAL CARE FOR SHOWERING/ BATHING - INCLUDES PREVENTATIVE SKIN CARE - SKIN CHECKS FOR RASHES**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

PATIENTS ARE KEPT CLEAN AND NEAT APPEARING - SOILED CLOTHING CHANGED AS NEEDED TO PRESERVE DIGNITY, QUALITY OF LIFE

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: **ROUTINE SCHEDULED AND PRN MEDICATIONS - BE STAFF CAN ASSIST & SUPERVISING INDEPENDENT RESIDENTS TO PREPARING AND ADMINISTERING**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES: **ORAL, LIQUID AND OTHER MEDICATIONS UNDER NURSE DELEGATIONS SERVICES WORKING CLOSELY WITH THE AFH PROVIDER AND PHARMACY COSTLESS SENIOR SERVICES - ALL MEDICATIONS UNDER LOCK AND KEY**

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: **NONE CURRENTLY - WE HAVE AN LPN WHO WORKS AT OUR HOME IF NEEDED FOR SKILLED SERVICES - NURSING ASSESSMENTS FOR**

The home has the ability to provide the following skilled nursing services by delegation: **CAN PROVIDE INSULIN MEDICATIONS, BLOOD GLUCOSE CHECKS, WOUND CARE OXYGEN, PAIN, ANXIETY, NURSING, FOLEY CATHETERS, COLOSTOMY CARE**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION: **WE HAVE HAD HOSPICE PATIENTS AND ARE OPEN TO WORKING WITH THE HOSPICE TEAM IN ADDITION TO NURSE DELEGATION FOR**

OF CONDIT 10

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

AGING IN PLACE

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

NURSE DELEGATOR - SANDY PEARSON RN

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: **2 DAYS / WEEK | NOC SHIFT**
- Certified nursing assistant or long term care workers, days and times: **24 / 7 = 4 STAFF EA 3 DAY**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

STAFFING ADJUSTED AS NEEDED DEPENDING ON RESIDENT ACUITY

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: **CURRENTLY ENGLISH LANGUAGE - AMERICAN - PHILIPPINO CULTURES AERO AMERICAN**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

PLAN ACCORDING TO CULTURAL - LANGUAGE - DIET CUSTOMS - INCLUDE INTO THE MCP

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

ALL RESIDENTS ARE CONSIDERED MAINTAINING A CALM, POSITIVE, MILIEU IN THE HOME IS A PRIORITY

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: ACCORDING TO EACH RESIDENTS LEVEL OF FUNCTIONAL AND COGNITIVE ABILITIES - DAILY ACTIVITIES FROM MUSIC & VISUAL PASSIVE TO

ADDITIONAL COMMENTS REGARDING ACTIVITIES

GAMES. WE HAVE RESIDENTS WHO ARE TRANSPORTED TO ADULT DAY HEALTH VIA SHUTTLE SERVICES ON SCHEDULED DAYS WEEKLY.