



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Hawthorne Place Adult Family Home - Heidi Backman	LICENSE NUMBER 751418
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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.

Table of Contents

- [About the Home](#)
- [Personal Care](#)
- [Medication Services](#)
- [Skilled Nursing Services and Nursing Delegation](#)
- [Specialty Care Designations](#)
- [Staffing](#)
- [Cultural or Language Access](#)
- [Medicaid](#)
- [Activities](#)

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 at Hawthorne Place is to provide care to those that can no longer care for themselves in a compassionate way making sure required supervision, assistance or full care while maintaining each Residents dignity. We provide 24 hour wake staff.

2. INITIAL LICENSING DATE

09/01/2009

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

5819 Boulevard Extension Rd SE, Olympia, WA 98501

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:

We provide nutritious home cooked meals. Provide assistance with eating including: preparing, cutting up food, cueing, soft and mechanical diets through maximum assistance.

2. TOILETING

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

We provide monitoring & cueing to maximum assistance. Including, transferring on and off the toilet or commode, using a bed pan or urinal. Changing briefs and/or pull ups (and clothing if needed) pericare and order incontinence supplies

3. WALKING

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

We provide stand by to maximum assistance. Our home has a ramp in the front and back of the home for easy access.

4. TRANSFERRING

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

We provide assistance with transferring including; 1 to 2 person transfers, the use of a hoist, sit to stand and other devices such as a sliding board and hand rails.

5. POSITIONING

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

We provide assistance with repositioning in the Residents bed, wheelchair & chair every 2 hours, or more often if needed, to maintain comfort and skin integrity.

6. PERSONAL HYGIENE

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

We provide assistances based on the clients needs from cueing to maximum assistance. This includes showering, brushing their teeth, cleaning their dentures, washing face & hands, combing and styling hair, shaving facial hair and nail care.

7. DRESSING

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

We provide assistance from cueing to maximum care.

8. BATHING

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

We provide assistance to maximum assistance with showering. Our home has a full accessible wheelchair bathroom, including the shower.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Hawthorne Place has a hair stylist that comes to the house.

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:

We provide assistance from cueing and set up to total assistance.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medications are delivered monthly through a local pharmacy.

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:

Our home contracts with an RN for services

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

All of our caregivers are license by the state and have completed Nurse Delegation training and are able to provide the following services under Nurse Delegation: Administration of oral medications, including inhalants. Adminstrator nose, ear and eye drops, ointments, and other topical medications, blood glucose monitoring and insulin injections. Administrator of suppositories, ostomy care, and other delegated at the discretion of our delegated nurse.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our home also works closely with other licensed medical staff, including home health and hospice.

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

All caregivers working in our home have taking training and are certified in Dementia and Mental Health.

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: **When needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **7 days a week - 24 hours a day**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

In our home we have 2 (two) caregivers that work during the day and a wake staff person at night.

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:

We welcome any. Provider speaks english.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We accept clients from all backgrounds

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:

Will accept medicaid after at least 2 years of private pay

ADDITIONAL COMMENTS REGARDING MEDICAID

Medicaid room is base on avaiability.

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:

We try to meet all of our clients needs. Anything from raise flower beds for gardening, board games, movies, music, light exerise, craft and other activities. We also like to celebrate birthdays, sporting events and holiday's.

Professional services including hair cuts and massage.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We choose activities based on our Residents interests and capabilities.