

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

HOME / PROVIDER <b>Avalon Adult Family Homes LLC</b> <b>1987 Peach Haven Ct East Wenatchee Wa 98802</b>	LICENSE NUMBER <b>751473</b>
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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. PROVIDERS STATEMENT (OPTIONAL)**

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

**At Avalon Adult Family Homes we pride ourselves on providing compassionate personalized care, while promoting residents to maintain a happy and healthy lifestyle. “Our Mission: Providing exemplary physical, emotional and individualized care for each of our residents and their families.” “Creating moments of joy and special memories.”**

**2. INITIAL LICENSING DATE**

**10/27/2009**

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

**430 19th ST NE East Wenatchee, WA 98802**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**Avalon Adult Family Homes LLC  
1987 Peach Haven Ct East Wenatchee Wa 98802**

**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:

**Avalon AFH provides eating assistance monitoring to total feeding assistance.**

### 2. TOILETING

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

**Avalon AFH provides cueing, time toileting, monitoring and total assistance. We also have bedside commodes when it is needed.**

### 3. WALKING

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

**Avalon AFH provides standby assistance to one person caregiver assistance, we also utilize medically approved mobility devices, such as canes, walkers, wheelchairs ect.**

### 4. TRANSFERRING

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

**Avalon AFH provides transfer assistance from cueing, transfer poles, monitoring to one person assistance.**

### 5. POSITIONING

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

**Avalon AFH provides full assists to cueing when needed.**

### 6. PERSONAL HYGIENE

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

**Avalon AFH provides assistance from cueing to setting up the hygiene products, and also will provide total assistance when needed.**

### 7. DRESSING

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

**Avalon AFH provides assistance from cueing to total dressing assistance. Clothing is regularly washed in the facility, then folded or hung on hangers by the caregivers.**

### 8. BATHING

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

**Avalon AFH provides assistance with routine shower from cueing to total assistance. We provide assistance with applying lotions, creams and do daily hair styling.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Avalon AFH provides some shampoo and lotions. We also do daily hair styling.**

## 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:

**Avalon AFH has a RN that is our delegating nurse for medication assistance and medication administration.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Avaon's Resident Manager works closely with Doctors, RN's, and family's to provide optimum care**

**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:

**Delegating nurse is always available to help willo nursing needs**

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

**Dementia/Mental Health Specialty**

**Congestive Heart Failure**

**Diabetes w/Insulin Injections**

**Stroke/CVA**

**Oxygen Therapy**

**Ostomy/Colostomy/ Folley**

**Incontinence/Bowel Program**

**Hospice Care**

**Rehabilitation after Surgery/Injury**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Avalon also works closely with Hospice and Palliative care nursing staffs to care for those at end of life.**

**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

**Avalon specializes in memory care and dementia residents.**

**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: **Delegation and on-call**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24 Hours A Day**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Overlapping staff for safety and administrative duties such as bathing.**

**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:

**English speaking**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Avalon AFH's will accept all cultural 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:

**Admission on a case by case basis considering the resident, DSHS rate and level of care needed.**

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:

**Group activities such as puzzles, games, crafts, exercises & passive range of motion exercises when perscribed. HD Cable TV hook ups in all 6 rooms. 24 Hour Specialized Care, Warm In Home Atmosphere with beautiful surroundings located on a golf course, Private Rooms (furnished or unfurnished), Safe and Comfortable Living environment, Family Style Dining, a wonderful Hair dresser that comes into our homes on a weekly basis, she can cut hair, perm, and color for a reasonable cost, a RN that comes in to do foot care monthly, weekly piano player, & get the daily news paper.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES