



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ASPEN HOME CARE	LICENSE NUMBER 751614
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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. <u>Mission Statement</u> <p style="font-size: 1.2em; margin-left: 40px;">We are committed to providing our Residents the best care possible in an environment that encourages health and well-being; enhancing Residents independence and quality of life.</p>	
2. INITIAL LICENSING DATE 17th MAR 2010	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <input checked="" type="checkbox"/> 23022 100 th Ave SE, Kent <input type="checkbox"/> 23015 100 th Ave SE, Kent
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <input checked="" type="checkbox"/> 11701 SE 23 rd Pl, Kent <input checked="" type="checkbox"/> 13115 SE 25 th St, Kent	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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: Depending on the Resident's diet, we will cater our meals. We serve ADA Diet, Renal, Heart, etc. We serve mechanical soft, pureed foods, depending on the Resident's needs. We also spoon-feed our Residents.

2. TOILETING

We encourage all Residents to drink water frequently unless they have CHF. If needed, the home may provide assistance with toileting as follows: We do incontinent care, per care, assist in transferring to and from toilet and/or bedside commode.

3. WALKING

If needed, the home may provide assistance with walking as follows: We do standby assist, encourage supervision when walking with walkers, canes, quad canes or any device Resident may want to use.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: We supervise transfers, assist with transfers or transfer client w/ a hoist lift based on Resident's care needs & abilities.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Depending on Resident's mobility, we reposition Residents to prevent pressure ulcers. We assist at times with total care, we do all the repositioning schedule every 2-3 times during the day and every 3-4 hrs during the night. We also use alternating air mattress to prevent bed sores.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: We remind & cue Residents, we assist & also would perform task when Resident is unable to perform personal hygiene tasks like shaving, combing hair, brushing teeth, cleaning of dentures, face washing, hand washing, etc.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Depending on Resident's care level, we supervise, assist & provide total care when dressing.

8. BATHING

If needed, the home may provide assistance with bathing as follows: We supervise & assist & provide total care when bathing. We wash feet first then work our way up when showering dementia clients. We offer privacy at all times.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We encourage independence whenever possible, we treat our Residents w/ love and care and treat them like family members.

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 work with Residents and work with a licensed pharmacy to fill the meds. We are a one stop home where our meds are delivered to the home, which gives families freedom.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We manage & account all meds by using a Medication Administration Record. Every tablet is accounted for and initialed. We observe the resident when taking meds, making sure the resident is not hoarding or checking the medication. We accept psychotropic meds, controlled meds, work with Pharmacy closely to make sure our home is in compliance w/ state.

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:

The home has the ability to provide the following skilled nursing services by delegation: *Insulin, Cafeteria care, tube feeding; Blood Sugar checks.*

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

Expanded Community services Contract with DSHS

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: *varies, on-call RN*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *varies*
- Awake staff at night
- Other: *Nurse Assist Registered.*

ADDITIONAL COMMENTS REGARDING STAFFING

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 cater to all nationalities; however we also speak Tagalog & Ilocano.*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We love all sorts of people, learning & adapting to their cultures. We are flexible & willing to accept any cultural language group as long as we can meet their care needs.

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

At least a minimum of three months private pay prior to ^{medicaid} conversion.

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: Individualized activities; music therapy; we cater to residents' choices & preferences; work with families & friends

ADDITIONAL COMMENTS REGARDING ACTIVITIES

to design a week of activities that resident is able to do depending on their ability cognitively & physically.