



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <p style="text-align: center; font-size: 1.2em; margin: 0;">OVERTHEHILLAFH</p>	LICENSE NUMBER <p style="text-align: center; font-size: 1.2em; margin: 0;">751645</p>
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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. <i>OUR MISSION IS TO PROVIDE QUALITY CARE TO ALL OUR RSD'S, FOCUSING ON INDIVIDUALS UNIQUE NEEDS IN A FAMILY ORIENTED ENVIRONMENT.</i>	
2. INITIAL LICENSING DATE <i>04/07/10</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>N/A</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>N/A</i>	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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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: SET UP INCLUDING CUTTING UP OF FOODS, CHWING, SUPERVISION, MONITORING FOR CHOKING AND FEEDING AS NEEDED.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: WE PROVIDE ASSISTANCE WITH CHWING, MONITORING, CHANGING PADS, ASSISTANCE WITH USE OF COMMODE BED PANS, URINALS & PERI-CARE AS NEEDED.

3. WALKING

If needed, the home may provide assistance with walking as follows: STANDBY ASSIST FOR SAFETY WITH OR WITHOUT ASSISTIVE DEVICE LIKE CANE, WALKER, CRUTCHES, GAITBELT, LEG BRACE AND ANY OTHER DEVICE. MONITORING AND ENCOURAGING

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: WE PROVIDE ASSISTANCE FROM CHWING, MONITORING, STANDBY TO SAFELY TRANSFER FROM BED TO TOILET

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: USING DRAW SHEET, PILLOWS HOSPITAL BED, SPECIAL MATTRESS, WEDGES ETC TO MEET RESID'S NEED OR AS DIRECTED BY PCP

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: SET UP, CHWING, GUIDANCE THROUGH TASK COMPLETION, ORAL CARE, DRY SKINCARE, FRAGILE SKIN CARE, BRUISES, RASITES, ITCHY SKIN, FINGER NAILS, LOTION ETC

7. DRESSING

If needed, the home may provide assistance with dressing as follows: FROM CHWING, SET UP TO MAXIMUM ASSISTANCE DEPENDING ON INDIVIDUAL NEEDS

8. BATHING

If needed, the home may provide assistance with bathing as follows: MAXIMUM ASSISTANCE DEPENDING ON INDIVIDUALS NEEDS

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

WE ENCOURAGE INDEPENDENCE TO OUR RESIDENTS TO PERFORM TASKS WHILE SUPERVISION IS ENCOURAGED FOR SAFETY.

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: MEDICATIONS ARE ADMINISTERED PER STATE GUIDELINES, PHYSICIAN ORDER AND RN DELEGATION. MEDICATIONS ARE STORED IN LOCKED AREA, DOCUMENTED WHEN GIVEN & MONITOR SIDE EFFECTS. ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES AND REPORT TO PCP.

WE FOLLOW THE FIVE RIGHTS OF MEDICATION ADMINISTRATION.

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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: *ALL TASKS THAT CAN BE DELEGATED BY RN NURSE. WE WORK WITH HOME HEALTH PROVIDERS FOR SERVICES THAT CANNOT BE DELEGATED*

The home has the ability to provide the following skilled nursing services by delegation: *ALL TASKS THAT CAN BE DELEGATED BY RN NURSE, BLOOD GLUCOSE MONITORING, TOPICAL CREAM APPLICATION, EAR + EYE DROPS & NIBAL SPRAY E.T.C*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION: *RN NURSE WHO DOES MEDICATION REVIEWS, UPDATES, THE HOME HAS A AND 90 DAY SUPERVISION VISIT.*

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

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: *AM*
- Certified nursing assistant or long term care workers, days and times: *24 hours*
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING
AWAKE STAFF IS HIRED AS NEEDED

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:

THE HOME SERVE AND ACCOMMODATE ALL RESIDENT AS LONG AS HE OR SHE CAN SPEAK AND UNDERSTAND ENGLISH.

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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:

THE HOME IS CONTRACTED WITH MEDICAID

ADDITIONAL COMMENTS REGARDING MEDICAID

WE ACCEPT ALL MEDICAID FUNDED RESIDENTS IF WE ARE ABLE TO MEET THEIR NEEDS.

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 STRONGLY ENCOURAGE OUR RESIDENTS TO BE ACTIVE AS POSSIBLE. ACTIVITIES AVAILABLE AT THE HOME: CARD GAMES, PUZZLE, MONOPOLY, SCRABBLE, BOOK AND EXTENSIVE TV CHANNEL

ADDITIONAL COMMENTS REGARDING ACTIVITIES

WE UNDERSTAND EVERY INDIVIDUAL HAS DIFFERENT INTEREST IN ACTIVITIES WE TRY OUR BEST TO ACCOMMODATE & PERSONALIZE IT.

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