

Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER Coal Creek Senior Care AFH / Gabriel Pivoda | LICENSE NUMBER 751655 |
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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 | |
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| <p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p style="margin-left: 20px; color: blue;">Coal Creek Senior Care provides quality care to residents in the our community. Every Resident is unique. We work with each resident and their families and create a care plan that meets their specific needs and wishes are met in a quality residential home that offers, Comfort, Companionship, Safety, and Personalized Care and Services that our beloved seniors.</p> | |
| 2. INITIAL LICENSING DATE April, 15, 2010 | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: None |
| 4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A | |
| <p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p> | |
| Personal Care | |
| <p>“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)</p> | |
| 1. EATING | |

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| <p>If needed, the home may provide assistance with eating as follows: Assist in feeding, maintain good nutrition for residents. Accepts client requiring peg tube feeding.</p> |
| <p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows: Assist going to the toilet, clean residents, provide commode or urinal if needed, assist with using bedpan, assist and care clients with catheter.</p> |
| <p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows: Assist with walking using a walker, assist with mobility through the use of wheelchair.</p> |
| <p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows: Assist client using gait belt, assist with transfer using mechanical device such as hoyer lift, transfer board, etc</p> |
| <p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows: Assist client to achieve a comfortable position, turn client every 2 hours when bedridden, Keep pressure off the skin of client who are at risk of bed sore.</p> |
| <p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows: Assist with all personal hygiene tasks such as brushing teeth, comb hair, wash face etc with respect to client's preference and wishes.</p> |
| <p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows: Offer choices, put appropriate clothes including undergarments, socks and shoes. Assist in all levels of care indicated in assessment.</p> |
| <p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows: Assist with shower per client's preference, and indicated in assessment, assist with sponge bath and bed bath for bedridden clients.</p> |
| <p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p>Coal Creek Senior Care provides Personal Care and Treatment to restore or maintain the highest level of Physical, Mental and Social well-being with utmost regard and respect.</p> |
| <p>Medication Services</p> |
| <p>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)</p> |
| <p>The type and amount of medication assistance provided by the home is: Daily Remind and hand the medication to client. Observe for effects and document intake of medication. Nurse delegation is required for those who need medication administration.</p> |
| <p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p>All medication need to be prescribed by their physician, including over the counter meds. Before afh can assist the client.</p> |
| <p>Skilled Nursing Services and Nurse Delegation</p> |
| <p>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)</p> |
| <p>The home provides the following skilled nursing services: Foley catheter care, wound care, insulin care and monitoring, feeding tube care. The provider will ask for home health agencies to provide needed nursing care per MD approval.</p> |
| <p>The home has the ability to provide the following skilled nursing services by delegation: Administration of medication including insulin injection, wound care, peg tube feeding, catheter care, blood sugar monitoring, crushing pills and administer the meds orally, applying topical- medicated creams / ointments.</p> |

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

AFH provider will contact a nurse delegator and/ or home health agencies to provided needed nursing service for residents that requires nurse 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

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: On call
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24 hour / 7 Days a week
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

The AFH staff have completed all training requirements required by state of Washington and have background checks including finder prints.

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/ American

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English, Hungarian and Romanian.

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

AFH will accept the daily rate indicate in their assessment.

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: [Walking, exercise, movie time, birthday and holiday celebrations, newspaper reading, Christmas parties, etc](#)

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600