

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Whispering Rose Adult Family Home	LICENSE NUMBER 751675
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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	
<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>Rose and Paul along with their family and staff are committed to improving the quality of life for vulnerable adults by providing compassionate care, safe environment, friendly staff, gourmet meals and more. At Whispering Rose AFH, we preserve and advocate for the rights, dignity and freedom of each and every resident.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>September 2010</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>7021 181st Ave. East Bonney Lake, WA 98321</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>NA</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	

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:

All feeding needs are provided for residents, including:

Pureed foods, mechanically soft foods, J-Tubes and personal feeding

2. TOILETING

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

Personal assistance, colostomy care, incontinence care, catheter care and digital assistance for the paraplegic (only by delegation).

3. WALKING

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

Our homes are wheelchair and personal walker accessible both inside and out. As well, our staff will provide personal assistance for residence who are not able to walk independently - using a personal walking belt as needed.

4. TRANSFERRING

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

Our homes are equipped with a Hoyer Lift, Gait Belts, Transfer Boards and Transfer Slides. All of our staff have been trained to use each.

5. POSITIONING

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

Our staff will position residents in bed or chairs at least once every two hours or more frequently if required or desired by residents.

6. PERSONAL HYGIENE

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

We provide mouth/denture care, nail care, shaving/grooming, haircuts/grooming, full or partial assistance with showers/baths, in bed baths and all other personal hygiene requirements as requested by residents.

7. DRESSING

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

We provide partial and full assistance with dressing giving the residents the choice to pick their desired clothing daily.

8. BATHING

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

Our homes are equipped with roll in shower chairs for those residents requiring full assistance. Full or partial assistance is provided for residents on a need basis.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Our staff are experienced in providing acute care.

We recognize and respect that each resident is a dignified individual with unique needs and wants. Therefore, we customize our care to the needs of each resident and deliver with utmost respect while preserving the dignity of each individual

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 medication assistance with all medicines. Everything that is licensed by the state of Washington.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All medication assistance and administration is logged and recorded daily.

We handle and store all medications appropriately (refrigerate as needed) and in compliance with the State of Washington Laws

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:

We are not a skilled nursing facility, but we provide all RN delegated services

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

All RN delegated services

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Diabetes Care, Tube Feeding, Bed Soar Care, Skin Care, MRSA Infection Care, Clostridium difficile colitis, Antibiotics and all RN delegated services

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

ADDITIONAL COMMENTS REGARDING STAFFING

All of our staff are licensed, professional, experienced and extremely caring.

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:

Our homes don't discriminate care based on language and background. We customize our care to meet the needs of each resident.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

All residents are encouraged to practice their cultural diversity. Special accommodations are made by the staff to meet the needs of each resident's cultural/religious need.

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

We accept Medicaid after three years of private pay.

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 provide all service and customize our care to the needs of each individual resident.

ADDITIONAL COMMENTS REGARDING ACTIVITIES Some of our activities include:

Puzzles, playing cards, playing chess, board games, painting, picnics, field trips to senior centers and malls, visits to the local casino, exercise sessions, and other activities per resident requests.

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