



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

APR 16 2015

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| HOME / PROVIDER <i>INTERCITY AFH / EDISON K. HUTABARAT</i> | LICENSE NUMBER <i>751702</i> |
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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.

Table of Contents

About the Home

Personal Care

Medication Services

Skilled Nursing Services and Nursing Delegation

Specialty Care Designations

Staffing

Cultural or Language Access

*Medicaid

Activities

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. *TO OFFER LONG TERM, NON INSTITUTIONAL CARE TO DISABLE ADULTS & FRAG ELDERLY. PROVIDING WARM, LOVING & PERSONALIZED CARE IN A FAMILY SETTING. IN ADDITION, OUR PROVIDERS & STAFF MEET A NUMBER OF CARE GIVING REQUIREMENTS, INCLUDING CPR & FIRST AID TRAINING.*

2. INITIAL LICENSING DATE

AUGUST, 2007

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

5905 93RD. PL. NE. MARYSVILLE, WA. 98270 & EVERETT, WA. 98208

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

29 E. INTERCITY AVE. EVERETT, WA. 98208

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: *HELP FEEDING RESIDENT, GIVE SNACK BETWEEN MEAL TIME. IF RESIDENT DID NOT LIKE THE FOOD, WE PROVIDED SUBSTITUTES FOOD.*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *WE HAVE BED SIDE COMMODORE WE HAVE BRIEF FOR RESIDENT AND WE CLEAN THE RESIDENT IF NEEDED. PROMOTE TRAINING INDEPENDENCE TOILETING.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *CARE GIVER WILL WALK AROUND THE HOME IF POSSIBLE, IF NOT EXERCISES IN THE HOUSE.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *IF NEEDED TRANSFERRING WITH ONE OR TWO PERSONS & HOYER LIFT.*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *POSITIONING Q 2 HOURS & PRN*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *BRUSH TEETH, BRUSH HAIR HAIR CUT, NAIL CARE; DRESS UP AND TRY TRAINING THE RESIDENT INDEPENDENCE WITH ADL AS MUCH AS POSSIBLE.*

DRESSING

If needed, the home may provide assistance with dressing as follows: *HELP TO CHOSE DRESS TO WEAR TO PUT ON AND CHANGE EVERY 2 DAYS, OR IF NEEDED CHANGE IF WED OR DIRTY.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *BATHING 2 X A WEEK OR IF GO TO SEE DOCTOR OR DIRTY OF BM CAREGIVER WILL GIVE BATHING.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

WHEN RESIDENT TOOK A BATH WE ALWAYS PUT LOTION AND AID FOR RESIDENT.

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: *PIT MED ON CONTAINER THEN GIVE IT TO RESIDENT ACCORDING TO P/O AM; LUNCH TIME; DINNER; HS OR PRN.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

IF CREW CARE GIVER NEED A DELEGATION TO PUT IT ON IF RESIDENT CANNOT PUT IT ON ALONE AND INCLUDING ALL MED IS HARD FOR RESIDENT.

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: *CALL N. DELEGATION FOR ADVICE OR SEND RESIDENT TO NURSING HOME FOR MORE SERVICE.*

The home has the ability to provide the following skilled nursing services by delegation: *NURSE DELEGATION WILL GIVE ADVICE WHICH ONE IS OK OR NOT BY CARE GIVER.*

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

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: *24/7*
- Awake staff at night
- Other: _____

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 GIVE FOOD THE RESIDENT LIKE TO EAT & SPEAK ENGLISH.*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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

IS OK RESIDENT MEDICAID WITH W/C AND MORE THEN 67 YEARS OLD.

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: *TV ; RADIO ; GAME ; COLORING BOOK ; COUNTING COINS
WALKING AROUND THE HOUSE ; SINGING ; LISTENING SPECIAL SONG FROM*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*COMPUTER TO TV ; PLAYING GAME TOGETHER
IN THE DINING ROOM.*