

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Mercy Family Home LLC I	LICENSE NUMBER 751797
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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.

To meet and exceed expectation as we strive towards excellence in the art/science of caregiving

2. INITIAL LICENSING DATE

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

2808 NE 126TH Court Vancouver, WA 98662

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Burbery Adult Family Home LLC

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- 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:

Assist with all levels of eating needs to the extent that it does not violate the residents right.

2. TOILETING

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

Assist with all levels of toileting needs to the extent that the resident finds necessary

3. WALKING

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

Assist with all levels of walking needs to extent that is recommended by the resident/primary physician

4. TRANSFERRING

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

Assist with all levels of transferring needs to the extent that is recommended by the primary physician physical therapy orders and as tolerable by resident

5. POSITIONING

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

Assist with all levels of positioning needs to extent that is recommended by the primary physician/physical therapist and tolerable by resident as needed

6. PERSONAL HYGIENE

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

Assist with all levels of personal hygiene needs to extent that is recommended and acceptable to the resident

7. DRESSING

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

Assist with all levels of dressing needs to extent that is recommended in the negotiation care plan and acceptable to the resident

8. BATHING

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

Assist with all levels of bathing needs to extent that is recommended in the negotiation care plan and acceptable to the resident

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Assist with all levels of personal care needs to extent that is recommended in the negotiation care plan and acceptable to the 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:

We provide all levels of medication assistance (self/assisted/delegated) depending on documented negotiating care plan based on individual needs.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We assist with Diabetic care under the directions of the medical provider

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:

Catheter Care/Feeding tube/Colostomy Care/Wound Care/Ostomy/Trach care/Diabetes management etc. as permitted by law.

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

In the exception of the following duties the home can provide all delegated tasks under WAC 246-840-910

- 1. Administration of medications by injection (by intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) with the exception of insulin injections.**
- 2. Sterile procedures.**
- 3. Central line maintenance.**
- 4. Acts that require nursing judgment.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

House will comply with WAC 246-840-910

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

Staff is trained to provide all services

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: **At least once a month**
- Licensed practical nurse, days and times: **At least 4 times a week**
- Certified nursing assistant or long term care workers, days and times: **All shifts will have a CNA/NAR/LPN/RN/Medication Aid/**
- Awake staff at night
- Other: **Will be assessed case by case, if resident agrees to pay for night Service**

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:

All backgrounds

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

All except in cases where it is absolutely impossible to facilitate any level of communication

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:

Care needs can be met by the facility and facility has one of medicaid allocated vacancies available.

To convert from private pay to medicaid we require 30 to 60 days advance notice

ADDITIONAL COMMENTS REGARDING MEDICAID

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:

Entertainments & Activities

- **Movie time----- Old & Current type, animals etc.**
- **Drawing, Crafts/Arts, Coloring, & Painting**
- **Baking/Cooking**
- **Song tapes/CD's -----Resident's choice**
- **Sing in a group**
- **Read a story-----Magazine, Book, Bible and newspaper**
- **Picnic out in the backyard.**
- **Barbecue**
- **Play games (Chess, checkers, and bingo)**
- **Exercise-----Range of motion**
- **Blow bubbles**
- **Parties (Birthdays and Holiday celebrations)**
- **Walks----- Around neighborhood, Mall, and grocery shopping.**
- **Friday Dance at the Leupkie Center (Resident's preference)**
- **Bowling at the Bowling center (Resident's preference)**

Music

ADDITIONAL COMMENTS REGARDING ACTIVITIES

If needed home can arrange for activities at day care facilities/Senior activity centers etc

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