



Adult Family Home Disclosure of Services Required by RCW 70.128.280

| | |
|--|---------------------------------|
| HOME / PROVIDER Martin Adult Foster Home | LICENSE NUMBER 751811 |
|--|---------------------------------|

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. We focus on each resident's needs, providing a home like environment, treating our residents as family with love and compassion. We maintain and support each resident's right with dignity and respect. Providing 3 home cooked meals a day with snacks in between. Assistance with bathing, showers, dressing, diabetic issues, oxygen, incontinence care, emotional support, housekeeping, laundry and linens. Medication management, supervision and monitoring, nurse delegation and communication with MD. | |
| 2. INITIAL LICENSING DATE 11/16/2010 | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: |
| 4. SAME ADDRESS PREVIOUSLY LICENSED AS: 1609 NE 139th Ave, Vancouver, WA, 98684 | |
| 5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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:

Food preparation, set up assistance, feeding, tube feeding, accommodations of special diets, as ordered by MD.

2. TOILETING

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

Assistance with toileting, daily sponge baths, multiple showers/week, bed baths, dependent care, foley catheter, total incontinence care.

3. WALKING

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

Daily exercises, ROM, stand by assistance, hands on assistance, use of mobility devices such as walker, cane, wheelchair.

4. TRANSFERRING

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

Stand by assistance, one person assistance, hoist lift.

5. POSITIONING

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

One person assistance, turning every 2 hr or as ordered by MD.

6. PERSONAL HYGIENE

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

Set up, queing, one person assistance, personal care.

7. DRESSING

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

Set up help, choice of clothing, one person physical assistance.

8. BATHING

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

Daily sponge baths, multiple showers/week, bed baths, shower chair, shaving, lotioning.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Home visits by dental hygienist, hair care, nail care, skin care, lotioning are all provided on a daily basis.

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 MD orders by the caregiver that has been delegated. Oral administration of pill form as well as liquid, suppositories, enemas, inhalers, nebulizers, ear gtt, eye gtt, subcutaneous insulin, narcotics, psychotropics.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All scheduled and PRN medications are kept in a locked cabinet.

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:

Administer eye and ear gtt, enema, nose medications, suppositories, nebulizers, CBG check, subcutaneous insulin, wound care, catheter care, O2 care/handling. We also work with outside nursing services: Occupational Therapy, Speech Therapy, Physical Therapy and Hospice.

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

Administration of medications, creams, eye and ear gtt, enema, suppository, CBG check, subcutaneous insulin, wound care, catheter care, O2 care/handling.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Licensed Nurse is the Provider of this AFH, as well as a second RN as needed.

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

Specialized in Dementia, Parkinson's, Alzheimer's, Diabetes, CHF and Hospice.

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: As Needed
- Licensed practical nurse, days and times: At all times
- Certified nursing assistant or long term care workers, days and times: At all times
- 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: All ethnic backgrounds and languages are welcome. |
| ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS English, Romanian, Hungarian, Spanish and Italian |
| 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) <input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: All Medicaid payments are accepted including social security and VA benefits. |
| 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: The home with attempt to determine what activities the resident enjoyed throughout his/her life, and if possible offer the opportunity to engage in those activities. Activities to increase mental and physical stimulation. News discussions, gardening, music concerts, light exercise, walkings, celebrations of holidays and birthdays, puzzles, games, Bingo, card games, singing, dancing, movie nights with popcorn. |
| ADDITIONAL COMMENTS REGARDING ACTIVITIES We strive to accommodate our resident's requests and needs and are always open to family suggestions and encourage your input. |