



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>GRANDRIDGE MEADOWS AFH      VOLOSHCHUK, ANNA</b>	LICENSE NUMBER <b>A751876</b>
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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. <b>WE LOVE WHAT WE DO AND WE TREAT OUR RESIDENTS WITH LOVE, DIGNITY AND RESPECT. WE PROVIDE EXCELLENT CARE IN PEACEFULL HOME LIKE SETTING. WE ARE LOCATED IN A VERY SAFE AND NICE NEIGHBORHOOD, CLOSE TO COSTCO AND MALL.</b>	
2. INITIAL LICENSING DATE <b>02/2011</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>NONE</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>N/A</b>	
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:

**Services including but not limited to - setup, prepare, cueing, cutting foods, supervision and one to one feeding as needed. Providing gourmet home cooked meals, also accomodating residents with food preferences and medical specification such as: diebetics, low sodium, mechanical soft, pureed food.**

### 2. TOILETING

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

**Stand by assist, cuing, total assist, total transfer, catheter, colostomy care, total incontinence care. Also, we are able to accommodate and assist but is not limited to: any toileting needs, such as transfers to and from toilets, commode, and shower chair**

### 3. WALKING

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

**Supervision, stand by assist, gait monitoring, total assist as needed. Our caregivers are able to assist with any transfers and walking as necessary for any of our residents.**

### 4. TRANSFERRING

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

**Hoyer/Sara standing lift, 2 person assist, one to one assist as needed or supervision with cuing**

### 5. POSITIONING

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

**Total assist as needed.**

### 6. PERSONAL HYGIENE

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

**Supervision and cueing as needed, one to one assistance provided. Assist with brushing teeth, combing hair, dressing for the day, and any other am care needed.**

### 7. DRESSING

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

**Supervision and cueing as needed, one to one, total care assistance provided.**

### 8. BATHING

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

**Stand by assistance, cuing, total care if needed. Showers are provided 2-3 times a week or as often as needed, according to personal preference.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Men Hair cuts available. Nail care and trimming is provided to non-diabetic residents.**

## 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:

**Cuing, reminding, self-administration, self-administration with assistance, medication administration with delegation**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medications are always kept locked and administered according to physicians orders. Reordered as needed**

**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:

**Medications, topical creams, eye drops, patches, feeding tubes, catheters, breathing treatments, inhalers**

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

**Medications, topical creams, eye drops, patches, feeding tubes, catheters, breathing treatments, inhalers**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**RN Delegator is on call and available weekdays to delegate CNA all appropriate tasks as listed above.**

**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

**MANAGER IS LPN AND LIVES IN THE HOUSE, READLY AVAILABLE.**

**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. Readily available as needed.**
- Licensed practical nurse, days and times: **lives in the house and available at all times.**
- Certified nursing assistant or long term care workers, days and times: **7 days a week, 24 hr a day; 2 CNA days**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**2 CAN's dayshifts, Monday-Friday.**

**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, but can accept any cultural background if a good fit with current residents.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**In our house we speak English, Russian and Spanish.**

#### 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:

**Will only accept medicaid if daily rate is higher than \$100 per day.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Its all depending on the daily rate.**

#### 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:

**Activities may include: daily exercises, cognitive stimulation, music, creative board and table games, current event group discussions, seasonal and birthday celebrations**

ADDITIONAL COMMENTS REGARDING ACTIVITIES