



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER PEAK AFH/ANNA TALVAN, NAR	LICENSE NUMBER 751877
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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.

Our facility is dedicated to serve seniors who are unable to live alone, are recovering from illness, those needing long term care or hospice care. Our mission is to protect the dignity, individuality and privacy of each of our residents while striving to support and maintain their independence with the highest quality of life.

2. INITIAL LICENSING DATE

01/24/1996

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

None

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other: **Incorporation**

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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:

1:1 supervision, feeding, therapeutic diets (e.g. diabetic, renal, cardiac, etc.), dysphagia diet, feeding tube

2. TOILETING

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

Bowel/bowel program, incontinence care, foley catheter, suprapubic catheter, colostomy/ileostomy care

3. WALKING

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

Stand by assistance, cane, walker, wheelchair assistance

4. TRANSFERRING

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

1-2 person assistance, transfer pole, trapeze, mechanical lift (Hoyer Lift)

5. POSITIONING

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

1-2 person assistance with turning and repositioning every 2 hours and as needed, use of draw sheet, trapeze, etc.

6. PERSONAL HYGIENE

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

assistance with daily grooming: brushing teeth, shaving, hair care, nail care, make-up, skin care, pericare, etc.

7. DRESSING

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

assistance or total care with dressing and undressing

8. BATHING

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

1-2 person assistance with shower/bath weekly and as needed, bed bath, sponge bath, etc.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide personal care to each resident to maintain good hygiene at all times.

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:

Medication management and assistance, self administration, nurse delegation for residents dependent for medication administration, blood sugar monitoring, insulin injections, aerosols, nebulizers, medications via feeding tubes, catheter, eye drops and ointments, ear drops, rectal and vaginal medications and creams, etc.

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ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

None

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:

In home nursing care by local Home Health Agencies, in home physician visits, nurse delegator visits

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

Administration of oral medications, PRN medications, eye drops, application of medicated creams and lotions, rectal suppositories, blood glucose monitoring, insulin injections, wound care inhalers, nebulizers, etc.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

None

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

We care for residents with Alzheimer's Disease, Parkinson's Disease, Diabetes, Cardiac Disease, renal Disease, Hospice Crae, etc.

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
- 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

None

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 accommodate all cultural and ethnic backgrounds.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS Our staff speaks English and Romanian.
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: The AFH is contracted with Medicaid and has no conditions for eligible residents.
ADDITIONAL COMMENTS REGARDING MEDICAID None
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 a variety of activities based on each resident's ability to participate like exercise, entertainment, sing-along and music therapy, Holiday and Birthday celebrations, worship, bible studies, pet therapy, crafts, and arts, games, etc.
ADDITIONAL COMMENTS REGARDING ACTIVITIES Residents have the right to refuse participation in activities.

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