



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Golden Moments, LLC/Joyleen Koe	LICENSE NUMBER A751889
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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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RCS/Public Disclosure

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.	
2. INITIAL LICENSING DATE 11/01/2008	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 11845 77th Ave. So.; Seattle, WA 98178
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" 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:

We provide low sodium, soft, modified meals taking into consideration the residents health conditions and ability to safely chew and swallow foods. We assist with feeding, if necessary.

2. TOILETING

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

We provide total care with toileting and changing of underwear or briefs, taking care to clean resident to ensure skin maintains intact and reduce skin breakdown.

3. WALKING

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

We standby and offer hands on contact as residents ambulate around the house, providing necessary devices, i.e. gait belt, walkers/cane, non-skid footwear and ensuring walkway and rooms are free of clutter and well lit.

4. TRANSFERRING

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

We assist with transfers from bed to wc, commode, toilet, recliner and chairs, with one person or two. We are proficient with the use of a manual hooyer to transfer.

5. POSITIONING

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

We reposition the residents frequently during the day and night to ensure skin remain intact.

6. PERSONAL HYGIENE

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

We assist the resident with all ADLs, offering the resident to do as much as he/she can with prompts, cues and set-up. We assist the resident with grooming including teethbrushing, denture care, facewashing, and haircare. We perform peri-care after toileting or changing of briefs and when necessary, apply skin barrier ointment.

7. DRESSING

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

We provide total assistance with dressing, allowing the resident to choose clothing, and assist when possible.

8. BATHING

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

We ensure the resident is seated safely on the shower chair and offer the resident a soapy washcloth to assist with the shower. We provide a warm bathroom, dry resident well and apply lotion.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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:

assisted with nurse delegation

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

hospice medications with nurse delegation, when necessary

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:

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

hospice services

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: **usually 2 staff 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:

Japanese and Cantonese Chinese.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We subscribe to the Japan TV channel. We offer Japanese meals as well as traditional American fare.

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:

DSHS approved

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:

Our home has 2 small dogs and a cat that the residents enjoy. The dogs sit with the residents in their recliner. We attend cultural activities when weather permits. We like Japanese music, sumo, dancing with the stars and looking at Japanese language books. The women sing Japanese songs.

ADDITIONAL COMMENTS REGARDING ACTIVITIES