

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Oasis Care Inc.	LICENSE NUMBER A751894
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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.

Oasis mission is to provide safety and quality care to the residents.

2. INITIAL LICENSING DATE

02/01/2008

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

5107 124th PL NE. Marysville, WA. 98271

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Oasis Care AFH

5. OWNERSHIP

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

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:

When deemed appropriate by the provider, the adult family home may provide the following:

Supervising and cueing clients who are at risk for choking and aspiration

Altering texture of food. ie. cutting into bite sized pieces, chopping and or pureeing of solid foods

Feeding client as indicated

zzproviding diets and food choices specific to client needs and preferences

2. TOILETING

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

Remind residents to visit the bathroom regularly

Supervise or provide stand by assistance while toileting

Assistance with the use of bedside commode, bed pan or urinal

Changing of briefs/pads and incontinence care as needed.

3. WALKING

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

When deemed appropriate by the provider, the adulot home may provide the following:

Reminding the residents to use their assistive devices

Cueing the clients on correct use of medical devices

Stand by or contact assistance with or without the use of gate belt during walking

4. TRANSFERRING

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

When deemed appropriate by the provider, the adult family home may provide the following:

Supervision or standby assistance with transfers

One person or 2 person assistance with transfers

Provide hoyer lift transfers as indicated

5. POSITIONING

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

When deemed appropriate by the provider, the adult family home may provide the following:

Cueing and reminding clients to change position or turn

One person assistance with changing position or turning while in the bed or chair

Provide turning on a regular two hour schedule for residents at high risk for skin breakdown/bedsores

6. PERSONAL HYGIENE

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

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

Assistance with oral care

Assistance with shaving or and hair styling

Application of deodorant, lotions, and makeup

assistance with nail care, toenail trimming by RN only

7. DRESSING

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

When deemed appropriate by the provider, the adult family home may provide the following:

Supervision and standby assistance during dressing,

Provide total assistance with dressing,

Provide cueing to promote self reliance

8. BATHING

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

When deemed appropriate by the provider, the adult family home may provide the following:

Supervision during showers,

Cueing client during showers,

Provide total assistance with showers,

Bed bath will be provided if resident is unable to take shower'

Skin assessment during each shower when indicated

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Oasis Care staff shall encourage residents to be as independent as possible

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:

When deemed appropriate by the provider, the afh may provide the following :

Reminding the resident to take medications on time

Assist clients with administration of oral medications

Total assistance with medication administration

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Oasis staff shall be trained to be delegated in various tasks

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:

When deemed appropriate by the provider, the afh may have an RN on site and on call as needed to supervise, instruct caregivers or to deliver hands on care. These RNs can be the nurse delegator for the home or from homehealth agencies. The cost associated with nurse delegation and assessments are the responsibility of the resident or family. The AFH may provide care to a more clinically complex client that might require wound care, end of life care or diabetic management.

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

When deemed appropriate by the provider, the afh may have delegation in place to include medication assistance and or administration of various medications. The cost of these services would be the responsibility of the resident or family.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

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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

When deemed appropriate by the provider, the afh may provide care and attention to residents with a diagnosis related to mental illness and or dementia

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: **When the provider is not present in the home, the provider will schedule the appropriate days and times for a CNA/NAR or Long-Term workers in the home.**
- Awake staff at night
- Other: **When deemed appropriate by the provider, the AFH may have awake staff.**

ADDITIONAL COMMENTS REGARDING STAFFING

Our staff has received all required Washington State training

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 is the primary language spoken in the home. Sensitivity and respect of our residents' ethnicity, culture, beliefs and practices is important to our staff. When deemed appropriate by the provider, the afh may assist with specific requests surrounding ethnic requests.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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:

This home requires 2 years of private pay prior to medicaid conversion

ADDITIONAL COMMENTS REGARDING MEDICAID

The home has Medicaid Policy that is disclosed to to the resident and family

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 will provide appropriate activities and consider residents' preferences.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

The home will provide appropriate activities and consider residents' preferences. When deemed appropriate by the provider, the afh may try to provide activities that would match with the residents' interests, abilities and desires

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