

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Wanda's Country Living AFH Wanda Trail	LICENSE NUMBER A751924
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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. I believe in giving everyone the best quality of care, providing a safe and friendly enviroment for everyone to live in. I believe that everyone deserves to be treated with respect and dignity. My home is situated in a wonderful neighborhood that is safe and easy to walk around and enjoy the beautiful scenery. I have pets and welcome any pets (dogs and cats) a resident would like to bring along.	
2. INITIAL LICENSING DATE 04/17/2011	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 1324 Cascade St. Wenatchee, Wa. 98801
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
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:

All aspects of eating are assisted when needed cueing and prompting and including feeding when a resident is unable no longer to feed themselves.

2. TOILETING

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

We provide all types of assistance to cueing, time toileting, assistance on and off the toilet, changing and cleaning when incontinent.

3. WALKING

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

We offer hands on assist to stand and adjusting walkers or any other device needed, we use gait belts for safety to assist walking keeping the resident safe at all times.

4. TRANSFERRING

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

We provide hands on assist to stand and transfer to wheelchair or walker. We also provide a hooyer lift when resident is unable to assist with transfers in and out of chair or bed. We offer 2 person assist when needed.

5. POSITIONING

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

We offer repositioning every 2 hours to keep from getting pressure sores. We offer pillows or other comfort measures to keep resident comfortable.

6. PERSONAL HYGIENE

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

We make sure that when a resident needs assistance with hygiene we assist by cueing and set up or when a resident is no longer able to do this task we do it for them ourselves.

7. DRESSING

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

We offer all stages of dressing ffrom cueing to full assist when a resident can no longer dress themselves.

8. BATHING

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

We offer stand by assist to full hands on help depending on the residents needs. We offer a shower chair and a hand held wand.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

It is our goal to make sure everyone is clean and well cared for.

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:

All staff is licensed and has nurse delegation certificates and are able to administer all medications under the law. All other medications will be dispensed according to the residents ability to self administer and what their assessment and care plan dictates.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

There is an RN on call to preform all certifications to all staff members.

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 nurse will be called and will determine what course of action to take when a residents conditon changes.

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

There is a nurse delegator on call at all times.

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

All staff is trained and hold certificates in Mental Health and 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: **Delegation and as needed.** _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 Hours a day** _____
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

All staff are licensed and certified.

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:

N/A

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

N/A

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:

If the resident starts out as private pay then turns into Medicaid they can stay.

ADDITIONAL COMMENTS REGARDING MEDICAID

The state determines the rate for Medicaid and I will review that and determine if the rate is a good financial decision

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:

Puzzles,cards,games,TV watching,reading,music,going to concerts,out to eat, visiting with friends.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

If a resident has a favorite activity I will try ot accomidate all the arrangements needed to accomplish the activity.

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