



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER GARDEN VIEW ADULT FAMILY HOME	LICENSE NUMBER 751965
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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. <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="font-size: 1.2em; margin: 0;">"HAPPIEST IS THE MAN WHO FINDS PEACE, LOVE AND CARE IN HIS HOME"</p> <p style="margin: 0;">OBJECTIVE: TO PROVIDE TO OUR RESIDENTS A LOYING, HAPPY, KIND, GIVING, AND CARING HOME</p> </div>	
2. INITIAL LICENSING DATE 06/23/2011	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 8536 S 117TH PL SEATTLE WA 98178
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	

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<p>If needed, the home may provide assistance with eating as follows: PREPARE MEALS/SNACKS ASSIST IN COOKING IF RESIDENT WANTS TO COOK ASSIST FEEDING ENCOURAGE FLUID</p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows: ASSIST TO BATHROOM / BEDSIDE COMMUNE / URINAL / BEDPAN INCONTINENCE CARE</p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows: ASSIST WITH WALKING (AMBULATORY) ASSIST WITH HOME EXERCISES AND RANGE OF MOTION EXERCISES</p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows: TRANSFER FROM BED OR CHAIR TO WHEELCHAIR</p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows: TURN POSITION IN BED (BEDRIDDEN)</p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows: BED BATH / SPONGE BATH / TUB / SHOWER MAKE BED AND CHANGE LINENS ASSIST IN BRUSHING TEETH MAINTAIN CLEANLINESS AROUND THE HOUSE</p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows: ASSIST IN CHOOSING AND WEARING CLOTHES AND SOCKS DO THE LAUNDRY FOR THE CLIENTS</p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows: BED BATH BRUSH/COMB HAIR SHAMPOO HAIR CHECK FOR VITAL SIGNS</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE CAREGIVER ALSO PROVIDE COMPANIONSHIP TO RESIDENTS BY TAKING A WALK WITH THEM, SHOPPING OR DOING ERRANDS, AND ACCOMPANYING THEM TO APPOINTMENTS.</p>
<p>Medication Services</p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is: REMINDING RESIDENT TO TAKE MEDICATION OPENING THE MEDICATION CONTAINER PLACING THE MEDICATION TO THE RESIDENT'S HAND ORDER MEDICATION FOR THE RESIDENT</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES CRUSHING, CUTTING, MIXING MEDICATION IF PHARMACIST OR HEALTH CARE PROVIDER DETERMINE THAT IT'S SAFE TO DO SO.</p>
<p>Skilled Nursing Services and Nurse Delegation</p>
<p>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)</p>
<p>The home provides the following skilled nursing services: ADMINISTRATION OF ORAL, TOPICAL, INHALED MEDICATIONS, AND DROPS BLOOD GLUCOSE MONITORING</p>
<p>The home has the ability to provide the following skilled nursing services by delegation: SIMPLE DRESSINGS ADMINISTRATION OF ENEMAS OR SUPPOSITORIES TUBE FEEDINGS</p>

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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

- NONE -

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: 24 HRS 7 DAYS / WEEK
- Awake staff at night
- Other: NAR

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 ACCEPT ALL BACKGROUND AS LONG AS UNDERSTAND ENGLISH LANGUAGE

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

- NONE -

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:
THERE IS AN ASSIGNED CASE MANAGER FOR THE RESIDENT
RESIDENT IS ABLE TO PAY HIS/HER COPAY ON TIME

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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:

SIMPE EXERCISES LIKE WALKING
SHOPPING WITH THE CLIENT

GOING TO PARKS
OCCASSIONAL DINING OUT WITH THE RESIDENT
GOING TO THE SALON IF REQUESTED BY THE RESIDENT

ADDITIONAL COMMENTS REGARDING ACTIVITIES

— NONE —

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

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