

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>ARCADIA DRIVE AFH LLC</b>	LICENSE NUMBER <b>752018</b>
---	---------------------------------

**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.

### Table of Contents

- [About the Home](#)
- [Personal Care](#)
- [Medication Services](#)
- [Skilled Nursing Services and Nursing Delegation](#)
- [Specialty Care Designations](#)
- [Staffing](#)
- [Cultural or Language Access](#)
- [Medicaid](#)
- [Activities](#)

### 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.

**"Providing care for a better life"**

**2. INITIAL LICENSING DATE**

**09/01/2011**

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

**NONE**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**GLEN HAVEN AFH (Different provider)**

**5. OWNERSHIP**

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- 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:

**Prepare meals three times a day and offer snacks according to client's and doctor's preferences, cut food into small pieces according to doctor and client's texture, serve with fluids and cue for meals, spoon feed, tube feed in the appropriate dining area or client's room if needed. Monitor appetite, intake, chewing and swallowing and report changes to family/POW/Doctor.**

#### 2. TOILETING

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

**Encourage toileting clients at regular intervals during the day and awake hours. Assist with transporting clients to the bathroom, assist with transfer on the toilet, cue client to eliminate. Allow client's privacy and monitor for safety. Monitor elimination and report to doctor and family in case of any changes (eg. constipation, painful or difficulty in urination, signs of UTI etc.) Assist cleaning skin, applying skin barrier cream, clean peri area, report rashes/broken skin. Change soiling clothing/diaper.**

#### 3. WALKING

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

**Remind and encourage client to use appropriate equipments ( Walker, cane, wheelchair) and to take rest. Stand by (arm length distance from client) or contact assist (hand on client) when client ambulates. Use gait belt and wheelchair behind client as appropriate. Keep floors free from clutter ensure enough lighting. Monitor and report changes in client's ability to ambulate to family and Doctor.**

#### 4. TRANSFERRING

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

**Evaluate client's strength to bear weight and pivot assist accordingly. Give instructions using simple wording and repeat. Give initial assistance to stand up as needed and steady and assist client to complete transfer. Use gait belt, transfer pole, hooyer or board lift. Remind client to call for assistance with transfers and check frequently to ensure client does not attempt transferring unattended (e.g Dementia or forgetful) Monitor and report changes from baseline to family and Doctor.**

#### 5. POSITIONING

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

**Encourage client that can participate to do so (use simple language and repetition). Assist with reposition (use pillows to steady body and realignment, keep the heels off the mattress). Reposition client every 2-3 hours when he/she is in bed. Use alternating air pressure overlay mattress and cushions on the chairs. Monitor skin appearance and pressure areas for redness that persist after 5 minutes and report changes to family and Doctor.**

#### 6. PERSONAL HYGIENE

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

**Set up toiletries, cue client to perform as much as able. Assist with or perform all aspects of personal hygiene as needed. Monitor skin and nails appearance and report baseline changes to family and Doctor.**

#### 7. DRESSING

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

**Encourage and cue to participate in dressing/underssing. Assist client daily as needed when clothes are soiled. Monitor clothes appearance and fitting and report to family if they need mending or replacing.**

#### 8. BATHING

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

**Encourage clients to take showers atleast weekly.Accomodate preferences( time of the day,water and environment temperature).Prepare bathroom before bringing client in(have equipments toiletries ready). Assist with transporting,transferring client on the shower chair.Bath client gently without rush per known/expressed preferences.Allow client to participate as able.Ensure safety by keeping floors dry and clutter free as much as possible.Dry client and dress before taking to own room after bath.**

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:

**Per WAC 388-76-10430 (2)(a)(b)(c)(d) and (3)**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

#### 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:

**On call access to RN as needed.**

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

**Meds hand or mouth placing,meds crush,tube feeding & tube medication,wound change,hoyer transfers,**

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: \_\_\_\_\_

Awake staff at night

Other: **Awake staff as needed.**

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:

**Diverse backgrounds of english speaking language.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We accommodate the need for dietary or cultural and religious individual residents provided they do not interfere with others!**

**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:

**As long as they agree to share a room with compatible individuals of the same sex or unless it is a couple.**

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:

**Each resident is provided with a list per WAC 388-76-10530**

**We arrange for outings to the mall,church,park and any other places of interest with our residents.Residents have TV to watch,music,newspapers,books and company.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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