



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Country Rose ADFH / Ladonna Teel	LICENSE NUMBER 752061
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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.

To prived a skilled professional caring and loveing home for your loved one.

2. INITIAL LICENSING DATE

10/04/2011

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

n/a

4. SAME ADDRESS PREVIOUSLY LICENSSED AS:

415 S. Columbus Av Goldendale Wa 98620

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)

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1. EATING

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

By preparing meals as needed for care, feeding and helping each client according to there needs

2. TOILETING

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

Taking cient to bathroom ,changing bed , providing bed side camode or bed pan and cleaning as needed

3. WALKING

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

Walking with client using safety devices as needed such as gate belt and for sapport

4. TRANSFERRING

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

Lifting using safety devices such as gate belt or lift or just a helping hand as needed for client

5. POSITIONING

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

By turning client every two hours and using pillows and other sapports for the pevention of bed sores

6. PERSONAL HYGIENE

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

By providing washing and bathing, teeth brushing , denture care , hair brushing as need for each client daily

7. DRESSING

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

By helping client pick out clothes and dress them or themselves as needed by or for each client

8. BATHING

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

by helping each client bath acording to his or her needs as often as needed by client

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:

By providing assistance with medication and medical needs as identified in care plan. Medcations will be kept locked in in a storage container at all times.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

all medcations must be prescribed by a Doctor and must have a hard copy of said perscription.

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:

I am a certified nurssing assistant I am skilled in CPR traing as well as a care provider

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

I hold a certificate for nurse delegation that allows me to do non sterl bandaging some kinds of tub feeding and taking daily blood sugars and other deligatable task given by regitered RN nurse deligator. The facility can call home health or the Doctors office to request other nursing services . The facility will insure that the appropriate professionals provide need sevice to the resident.

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: **less than part time releif cafre giver only**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

My husband and mother also live in this home thy help with preparing meals ,house work laundry ect but I do all hands on work

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 do speak some spanish and I can cook almost anything

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Medicaid

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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:

The client must have an assessment done by the DSHS case manager and as defined by DSHS

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:

DISH TV , some reading material , we have games , we have offered some types of crafts for those who would like to do that. we often take trips to park , we have family BBQs and picnics we do all holidays but will respect those who don't we can arrange transportation with MT Addams transportation for rides to senior meals and activities at senior center we can talk to churches for rides to churches well

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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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