

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

HOME / PROVIDER <b>Elisa's Garden</b>	LICENSE NUMBER <b>752089</b>
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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.

**2. INITIAL LICENSING DATE**

**Nov. 2001**

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

**3502 W. 4<sup>th</sup> St. Kennewick, WA 99336**

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

**Ruan's Garden**

**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:

**Feed you, if you occasionally need to be fed.**

**Feed you on a routine basis, if you are unable to feed yourself.**

### 2. TOILETING

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

**Physically help you to and from the toilet or bathroom.**

**Help you with incontinent products and occasionally help to clean you.**

**Provide urinary catheter care (indwelling, external/condom), cleaning and changing bag.**

**Provide routine ostomy care, site maintenance and changing bag.**

**Provide care for bladder incontinence, including routinely cleaning you as necessary.**

**Provide care for bowel incontinence, including routinely cleaning you as necessary.**

### 3. WALKING

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

**Provide stand-by assistance as you walk or move about the building.**

**Physically help you walk, or move about the building.**

### 4. TRANSFERRING

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

**Routinely provide stand-by assistance while you transfer into and out of your bed or wheelchair, or onto and off of a toilet or shower chair.**

**One-person physical assistance with transferring.**

**Lifting with mechanical equipment.**

### 5. POSITIONING

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

**Turn you in bed, if you occasionally are unable to turn yourself to provide pressure relief.**

**Turn you on a routine basis, if you are unable to turn yourself to provide pressure relief.**

### 6. PERSONAL HYGIENE

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

**Set out your personal hygiene and grooming items.**

**Help you with grooming tasks such as brushing your hair, shaving, applying make-up or filing your nails.**

**Help you with oral care and brushing your teeth.**

**Help you wash and dry your face and hands.**

**Help you wash and dry other parts of your body, as needed.**

7. DRESSING

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

**Help you put on, take off, and button.buckle/fasten your clothes.**

**Dress and undress you if you are unable to help with dressing yourself.**

8. BATHING

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

**1. Physical assistance getting into/out of the bathtub or shower.**

**2. Help washing areas that may be hard for you to reach, such as your back or feet.**

**3. Total bathing assistance if you cannot bathe yourself.**

**4. Bed Baths**

**5. Special equipment assistance or devices to help transfer into or out of showers or bathtubs.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Other eating, toileting, walking, transferring, bathing, dressing, or personal hygiene services not listed above will be discussed prior to admission and negotiated if deemed 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:

**We have a licensed nursing staff available to administer directly, or to supervise the administration of the medications listed below:**

**Administration of oral and topical medications and eye/ear/nose drops.**

**We use nursing assistants under the delegation of a registered nurse to administer drops and oral and topical medications.**

**Administration of injections, excluding insulin.**

**Administration of insulin injections.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Elisa's Garden can administer all medications except drip antibiotic and injections other than insulin which needs to be given daily unless discussed and pre-arranged prior to admission**

**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:

**Diabetic management, ostomy care, preventive skin care, administration of healthcare treatments, tube feeding, and wound care.**

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

**Administration of medication.**

**Administration of nutritional supplements through G-tube.**

**Wound care.**

**Non-routine osotmy care.**

**Preventive skin care.**

**Minor non-infected wound care.**

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: **On call 24hrs a day for delegation**
- Licensed practical nurse, days and times: **On call Monday-Friday**
- Certified nursing assistant or long term care workers, days and times: **24hr a day, 7 days a week**
- Awake staff at night
- Other:

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:

**English/Spanish**

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:

**The allocated Medicaid beds of Elisa's Garden have to be available.**

**The private pay residents residing at Elisa's Garden who wants to convert, must notify the Facility at least 120 days prior to conversion.**

**The resident applying for conversion must pay for at least 24 consecutive months prior to conversion. Should medicaid conversion need to occur prior to 24 months, this will have to be prenegotiated with Elisa's Garden prior to admission.**

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:

**Elisa's Garden will arrange for activities in the home daily, where residents will be encouraged to participate. At least once every two months an outing will be offered to all residents like eating out, picnics at the park, going to the library, watching shows, and others.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES