



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>CEDAR PARK AFH SANNAN SANNANEA</i>	LICENSE NUMBER <i>752138</i>
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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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Received

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RCS/Public Disclosure

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>Cedar park AFH's mission is to providing the best quality care possible to our residents in order to improve quality of life.</i>	
2. INITIAL LICENSING DATE <i>2/3/2012</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>13104 42nd Ave SE EVERETT WA 98208</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>N/A</i>	
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: *cooking/preparing foods to setting up, and physically helping feed clients, monitoring whilst they eat and cleaning when they are done eating*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *walking client wheeling to the toilet, physically transferring/stand by assist to sit on the toilet, cleanse after use and help back up into the chair and out of the toilet.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *will provide stand by assist or whatever assistance is required during the process of ambulation.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *will follow the instruction needed or stipulated for transfers for each individual client.*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *All clients that are not able to reposition in bed or wheel chair will be repositioned every 2-3hrs and those who are able to do so will be reminded to do so.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *All clients that needs help in personal hygiene will be helped daily and as needed throughout the day in getting personal hygiene done. All others will be reminded for.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *All clients that need help in getting dressed will be assisted to do so. And instructions will be followed for each and every resident in getting dressed.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *if needed the client will be assisted as instructed in get taking baths.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

During care performing care the caregivers will monitor the client and report any changes on the client and report to M.D.

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: *to check all meds and make them available to the resident at the scheduled times for consumption, signed and adverse effects reported to the doctor.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All PRN meds for clients that needs nurse delegation will be given by the caregiver after he/she is delegation by the house nurse delegator.

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 has a nurse delegator who provides delegations as needed for all nursing services.*

The home has the ability to provide the following skilled nursing services by delegation: *give PRN medication, check glucose level, give insulin (inject) as instructed, as with inhaler.*

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: _____

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: *Before admitting the residents the home makes sure that the food, cultural and belief background can be met and also focused on medically required specifications.*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS: *If a client does understand English, the menu will be translated for the client in a language he/she understands.*

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 services required can be met by the home both forms of payments will be accepted.*

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:

ADDITIONAL COMMENTS REGARDING ACTIVITIES

ADL's social gathering, library drop off, exercise and companionship!

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