



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

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| HOME / PROVIDER<br><b>Oakmont Manor Adult Family Home/James Franzen Provider</b> | LICENSE NUMBER<br><b>752200</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.

**We strive to maintain a safe, healthy and warm home for all our residents. Each person is an individual with needs that are important to them and their family. We try to make sure each placement with us is right for the new resident and for the existing residents.**

**2. INITIAL LICENSING DATE**

**04/09/2012**

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

**1009 NW Calypso Circle, Silverdale, WA 98383**

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

**5. OWNERSHIP**

- Sole proprietor
- Limited Liability Corporation
- Co-owned by: **Ederlinda Franzen**
- 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:

**We provide eating assistance from cuing and monitoring to total assistance**

### 2. TOILETING

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

**We provide toileting assistance from cuing and monitoring to total assistance**

### 3. WALKING

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

**We provide walking assistance from cuing and monitoring to one person assist**

### 4. TRANSFERRING

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

**We provide transfer assistance from cuing and monitoring to one person assist**

### 5. POSITIONING

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

**We provide positioning assistance from cuing and monitoring to one person assist**

### 6. PERSONAL HYGIENE

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

**We provide assistance with personal hygiene from cuing and set up to total assistance**

### 7. DRESSING

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

**We provide assistance with dressing from cuing and set up to total assistance**

### 8. BATHING

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

**We provide assistance with bathing from cuing and set up to total assistance**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We partner with the resident and family to maintain the best care 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:

**All of our caregivers are Nurse Delegated for administering medication to those residents who have difficulty taking them by themselves such as: crushing medications, applying a medicated patch or creams. We do not take in insulin dependent residents, but do take most type II diabetic residents**

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We work with a pharmacy that will package and deliver medications to our home as needed**

### 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:

**When a resident requires skilled nursing, we contact the physician and they will write orders for Home Health nurses to come to the home to provide services. These skilled nursing services can vary in range, including wound care to Palliative and Hospice Care.**

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

**Our home may provide the following skilled nursing services by delegation - Administering the following: ear drops, eye drops or ointments, nasal spray or drops, oral inhalation therapies, rectal suppository or cream, vaginal suppository or cream, non-sterile dressing changes, ostomy care, medicated patches and medication assistance that includes crushing medications if the need arises.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Please contact us if there is a skilled nursing need that is not listed to see if we can accommodate.**

### 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: **only as needed** \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **7 days a week/ 24 hours a day** \_\_\_\_\_
- Awake staff at night
- Other: **On occasions residents require monitoring throughout the night, we use additional staff as needed.**

ADDITIONAL COMMENTS REGARDING STAFFING

**Our staff is in the house 24 hours a day. Normally our staff try to sleep at least 5 hours a night, but will respond to the night time need of any resident when required**

### 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:

**Our home accepts any resident regardless of country of origin or cultural background, but only have English speaking staff.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We respect the culture of each resident and strive to work with the resident and family to meet their needs.**

#### 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:

**We will accept Medicaid payments for initial admission and from private pay residents that transition to Medicaid**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Medicaid rates are set by the State of Washington and are based on an annual assessment performed by a State assigned Case Manager. Rate changes are based on the changes in residents condition**

#### 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:

**We strive to provide each resident with activities tailored to their unique desires, capabilities and we work with their doctor for approval as appropriate. We have residents that enjoy listening to music, watching specific television programs, watching current movies, working on puzzles, exercises (including ball toss, walks, yard work or light weights), puzzles, needle working, outings to stores/restaurants, seasonal/birthday parties, summer barbeques and conversations with staff or other residents.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We are always open to any suggestions and will work to arrange transportation to activities or events outside of the home when appropriate.**