



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Garden View Adult FHC #2 / Debra Tugraw</i>	LICENSE NUMBER <i>752205</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 388-78 of Washington Administrative Code.

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RCS/Public Disclosure

1. PROVIDER'S STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>home is committed to provide a best care that we give and providing the best home atmosphere</i>	
2. INITIAL LICENSING DATE <i>4-12-12</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>633 Celery Ave Algonquin WA 98002</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>SAME</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 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 388-78-10000)

1. EATING *monitor for choking, provide calm environment, Reposition client*
If needed, the home may provide assistance with eating as follows: *If needed, the home may provide assistance with eating as follows: for eating cut food into small pieces, Encourage liquids.*

2. TOILETING
If needed, the home may provide assistance with toileting as follows: *Provide pericare, change client depend every 2 Hrs.*

3. WALKING
If needed, the home may provide assistance with walking as follows: *Keep walk way clear of clutter, make sure client wear shoes/slippers*

4. TRANSFERRING
If needed, the home may provide assistance with transferring as follows: *tell client through each transfer transfer slowly, use hoist for transfer, assist w/ all transfer in wheelchair*

5. POSITIONING
If needed, the home may provide assistance with positioning as follows: *change position at least every 2 Hrs use extra pillow to keep bone pressure point from direct contact w/ bed. Use special pressure reducing equipment for the head when awake.*

6. PERSONAL HYGIENE
If needed, the home may provide assistance with personal hygiene as follows: *Groom facial hair as needed, perform oral hygiene, shave client daily or as needed, Trim finger nails, ~~as needed, wash client hands & feet, comb hair as needed.~~*

7. DRESSING
If needed, the home may provide assistance with dressing as follows: *Encourage client to change clothes, Dress client upper & lower body, include clothing, Help client to select clean clothes.*

8. BATHING
If needed, the home may provide assistance with bathing as follows: *monitor water temp. Wash back legs & feet shampoo client hair, apply lotion after bath, assist w/ drying & dressing.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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 meds are in bubble pack, documents needs taken, inform client of each med given.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES *In giving med to client be sure you know the 5 rights of giving meds. All medication put in lockbox. Report to MD the adverse reactions of med given to client. Doc. Meds given.*

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 388-76-10406)

The home provides the following skilled nursing services:

Provide nurse delegation services only

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

Yes

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The home provides all medication that

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

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

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:

American & Filipino

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

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:

Safe environment

ADDITIONAL COMMENTS REGARDING ACTIVITIES

watching TV, playing card, dancing, exercise