Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Peace of Mind Adult Family Home	**752232**

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.

Table of Contents

About the Home

Personal Care

Medication Services

Skilled Nursing Services and Nursing Delegation

Specialty Care Designations

Staffing

Cultural or Language Access

Medicaid

Activities

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.

We give peace of mind by providing consistent and loving care to meet diverse and changing needs of residents. Our philosophy of patient and family-centered care makes it possible for residents to live in the dignity and comfort of a family home where residents are family.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
05/11/2012	**14227 117th AVE NE Kirkland, WA 98034; 14076 117th PL NE Kirkland WA 98034**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- ☐ Sole proprietor
- ☐ Limited Liability Corporation
- ☐ Co-owned by:
- ☒ Other: **Corporation**

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:

Food preparation, puree or mechanical soft. Cueing the resident to eat; Feeding the resident if he/she is unable to eat on his/her own, serve snacks in between meals.

2. TOILETING

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

Bringing the resident to the bathroom routinely every after meals and before bedtime. Change diaper as needed. Do perineal wash and put barrier cream every diaper change.

3. WALKING

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

Stay behind the resident while he is walking and provide hands on assistance if necessary. If needed another caregiver will follow the resident behind wheelchair just in case he gets tired and needed to sit down. Provide routine indoor or outdoor walks.

4. TRANSFERRING

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

One or two person assist for transferring to and from bed, wheel chair or recliner. If resident is able to bear weight prompt him to help on transferring.

5. POSITIONING

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

Turning the resident every 2 - 3 hours especially at night. Those who are able, reminding them to switch position while sitting on recliner or wheel chair.

6. PERSONAL HYGIENE

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

Set up and cueing the resident while doing personal hygiene tasks like brushing the teeth, washing hands & face, combing of hair and shaving. If resident is unable to do those tasks, caregivers will do hands on assistance with personal hygiene mentioned above.

7. DRESSING

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

Hands-on assistance on dressing or undressing tasks. For those who are still able, caregivers will cue the resident to do those tasks and help pick clothes to wear.

8. BATHING

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

Hands-on assistance on bathing for those who are totally dependent, otherwise let the resident do as much as they can.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Cutting fingernails and curl hair .

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:

The home can provide all type of medication from IV, oral, rectal, Inhaler and SL. There is nurse delegator in place if needed. Medication ordering, pick up (if needed) and refill request.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Provider is an RN, proactively communicate with MD for any question/concern about medication.

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 home can do wound care per MD's order, also IV meds if needed since provider is an RN. Other skilled nursing services are delegated.

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

Medication administration, crushing of medication; Insulin injection, blood sugar check; O2 administration; Inhalation Theraphy

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:

English

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 home accepts private pay resident upon admission and will convert to medicaid. Resident entering as "private pay" must remain in that status for a minimum of 36 months before converting to medicaid.

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:

There is an activity lady that come to the home once in a week to do exercises, playing bingo/games and crafts. A musician comes twice a month to play guitar and sing . A pastor and few members of local church come once a month to pray, share and sing to the residents as well. A lady from library comes once in a month to deliver books, magazines and music or movies DVDs/CDs as per residents preferences.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Caregivers remind and assist resident doing daily exercises follow PT or physician instructions/guidances.

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