



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

HOME / PROVIDER <b>Highlands Best Care - Monica Nemes</b>	LICENSE NUMBER <b>752252</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. <b>Our care team works together to provide the highest quality of nurturing care. All are Certified and Registered with the State of Washington. All members of our care team must pass a National Fingerprint back ground check and must be CPR/First Aid certified. They also have a certification in each of the following specialties; Dementia, Mental Health and Developmental Disability. Each team member is qualified to administer blood glucose checks and administer insulin.</b>	
2. INITIAL LICENSING DATE <b>06/01/2012</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>NONE</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>NONE</b>	
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:

**We provide a tailored diet to clients with Diabetics, High blood pressure, etc. We provide a caregiver one on one to feed clients if needed. We encourage independence with eating but definitely offer one on one support for our clients needs.**

### 2. TOILETING

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

**We provide a caregiver one on one to assist with toileting needs and incontinence needs.**

**Services include but are not limited to:**

- 1.Oral hygiene and denture care; daily,**
- 2.Showers and shampoos; weekly and as requested,**
- 3.Dressing and undressing; cueing and assistance,**
- 4.Transfer assistance with sitting, standing, positioning, bathing, toileting,**
- 5.Stand-by assistance with locomotion,**
- 6.Bladder/bowel program.**

### 3. WALKING

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

**We provide assistance one on one with walking within the adult family home and outside if desired on the side walk or on the deck.**

### 4. TRANSFERRING

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

**We assist with one person total transfers.**

### 5. POSITIONING

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

**We assist with repositioning every 2-4 hours if needed for residents with fragile skin or bed sores, etc.**

### 6. PERSONAL HYGIENE

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

**Services include but are not limited to:**

- 1.Oral hygiene and denture care; daily,**
- 2.Showers and shampoos; weekly and as requested,**
- 3.Dressing and undressing; cueing and assistance,**
- 4.Transfer assistance with sitting, standing, positioning, bathing, toileting,**
- 5.Stand-by assistance with locomotion,**
- 6.Bladder/bowel program.**

7. DRESSING If needed, the home may provide assistance with dressing as follows: <b>We give our residents the opportunity to choose their clothing, we provide one caregiver to assist with dressing.</b>
8. BATHING If needed, the home may provide assistance with bathing as follows: <b>We provide one caregiver to provide total assistance with bathing once or twice a week as needed.</b>
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE
<b>Medication Services</b>
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: <b>Delegated by the nurse delegator.</b>
ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES
<b>Skilled Nursing Services and Nurse Delegation</b>
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: <b>We have home health services come to the home. We also have a nurse delegator on call 24 hours.</b>
The home has the ability to provide the following skilled nursing services by delegation: <b>We can provide wound dressing changes, insulin administration, blood glucose checks, medication administration, etc.</b>
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION <b>We cannot be delegated to start IVs.</b>
<b>Specialty Care Designations</b>
We have completed DSHS approved training for the following specialty care designations: <input checked="" type="checkbox"/> Developmental disabilities <input checked="" type="checkbox"/> Mental illness <input checked="" type="checkbox"/> Dementia
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
<b>Staffing</b>
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)  <input checked="" type="checkbox"/> 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: As needed
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: Always have a CNA available 24 hours a day.
- Awake staff at night
- Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING

**Staff will check on residents through night, change depends and provide toileting care.**

#### 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, American.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We welcome all cultures.**

#### 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:

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:

**Games, Outdoor activities, Movie night, Tea time, Exercise, BBQs in the summer, etc.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES