

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER HARMONY CARE AFH LLC	LICENSE NUMBER 752279
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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.

Harmony care, A safe place for your loved ones... your home away from home.

Our mission - To provide a safe home for seniors who need assistance with either health care or personal care management.

2. INITIAL LICENSING DATE

8-9-2012

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

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

1004 107th AVE SE BELLEVUE WA 98004

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- 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: *Special diets; low sodium / diabetic meals, Mechanical, Pureed, dysphagia diet. One to one feed
Preparation of home cooked meals, we provide cueing, Minimal - total assist

2. TOILETING
If needed, the home may provide assistance with toileting as follows: Stand by assistance, Cueing toilet schedule reminders, Partial & total assistance with pericare

3. WALKING
If needed, the home may provide assistance with walking as follows: Supervised, cueing, Stand by, 1 person or 2 person assist using gait belt, cane or walking devices such as walker

4. TRANSFERRING
If needed, the home may provide assistance with transferring as follows: 1 person assist, 2 person assist or total assist using mechanical lift for ambulatory, non ambulatory; wheelchair or bed bound clients.

5. POSITIONING
If needed, the home may provide assistance with positioning as follows: 1 person assist, 2 person assist

6. PERSONAL HYGIENE
If needed, the home may provide assistance with personal hygiene as follows: Supervised, cueing, Partial & total assistance, set up

7. DRESSING
If needed, the home may provide assistance with dressing as follows: Supervised, cueing, Partial assist, total assist, set up

8. BATHING
If needed, the home may provide assistance with bathing as follows: Supervised cueing, Partial assist, total assist / set up

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE
Complimentary laundry & home cleaning service.

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:
Medication assistance, medication administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES
Caregivers are delegated for all medication administration.

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: Eye/ear-drops
Nurse delegation for medication administration: oral, rectal, creams

The home has the ability to provide the following skilled nursing services by delegation: Ostomy care, wound care
Enteral feeding via PEG, TUBE, Insulin administration, In/out catheterization

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

nursing tasks.

We also work well with home health nurses to manage other skilled ↑

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

education yearly to enhance their skills.

Clients in the home are mostly dementia residents; care givers receive continuing ↑

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: owner is an RN, available 7 days/week onsite & by phone
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 2 caregivers in day & one at night
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Staffing ratio is increased to 3 in day & 2 @ night as acuity of residents demands it; this will ensure safety of residents & staff

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:

Mostly English speaking. We welcome bilingual residents who

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

have limited English speaking ability, eg Spanish heritage

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 a private pay client intends to transition to Medicaid, then Harmony care will require that client be able to pay privately for at least 6 months before transition.

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: Customized daily exercises, group Senior Stretch Exercise Walks, dancing, sing-along, music entertainment by professional services. Piano concerts, card games, puzzles, lego building, coloring/painting

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Field trips to local parks, picnics, movie nights, out door gardening. Birthday celebrations, holiday celebrations, ethnic celebrations.

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