



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

HOME / PROVIDER <b>FAIRMONT MANOR CARE CENTER / MARIA L. FUERTES</b>	LICENSE NUMBER <b>752295</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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RCS/Public Disclosure

About the Home	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>TO PROVIDE CARE TO VULNERABLE ADULTS THAT REQUIRE HELP ON THEIR ADLS' AND ALSO TO PROVIDE A SAFE &amp; HAPPY ENVIRONMENT FOR THEM TO HAVE AN ENJOYABLE STAY.</i>	
<b>2. INITIAL LICENSING DATE</b> <i>SEPT. 4, 2012</i>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <i>112 N 39TH PL MT. VERNON, WA 98273</i>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <i>N/A</i>	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <i>INCORPORATION</i>	
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)	
<b>1. EATING</b>	

If needed, the home may provide assistance with eating as follows: CUEING AND REMINDING, PREPARE SOFT MECHANICAL DIET AND FEEDING.

2. TOILETING  
If needed, the home may provide assistance with toileting as follows: CUEING AND REMINDING, CLEAN AFTER USING THE TOILET, IF NECESSARY, CHANGE DIAPERS 3X/DAY AND AS NEEDED.

3. WALKING  
If needed, the home may provide assistance with walking as follows: CUEING AND REMINDING, HELP THE RESIDENT IN WALKING WITH ONE PERSON ASSIST.

4. TRANSFERRING  
If needed, the home may provide assistance with transferring as follows: CUEING AND REMINDING. WILL HELP RESIDENT ON TRANSFERS WITH ONE PERSON ASSIST.

5. POSITIONING  
If needed, the home may provide assistance with positioning as follows: CUEING AND REMINDING. WILL HELP RESIDENT TO REPOSITION WITH ONE PERSON ASSIST.

6. PERSONAL HYGIENE  
If needed, the home may provide assistance with personal hygiene as follows: CUEING AND REMINDING. WILL HELP RESIDENT COMPLETE THE TASK AS NEEDED.

7. DRESSING  
If needed, the home may provide assistance with dressing as follows: CUEING AND REMINDING. WILL HELP RESIDENT TO CHOOSE APPROPRIATE CLOTHINGS AND <sup>HELP</sup> FINISH THE TASK.

8. BATHING  
If needed, the home may provide assistance with bathing as follows: CUEING, STAND BY ASSIST, REMINDING WILL HELP RESIDENT TO TAKE A BATH & FINISH THE TASK.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE  
WE CAN PROVIDE PERSONAL CARE WITH ONE PERSON ASSIST.

**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: WE PROVIDE RESIDENTS ASSISTANCE IN TAKING THEIR MEDS, IF NURSE DELEGATION IS NEEDED, WE HAVE A NURSE DELEGATOR WHO WILL DELEGATE ALL THE CAREGIVERS.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES ALL MEDICATIONS THAT NEED NURSE DELEGATION CAN BE ADMINISTERED. WE HAVE NURSE DELEGATOR THAT DELEGATES US IF 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: WE DONT PROVIDE ANY NURSING CARE THAT IS NOT NURSE DELEGATABLE.

The home has the ability to provide the following skilled nursing services by delegation: GLUCOSE MONITORING, INSULIN INJECTION, NARCOTICS (PAIN & REG)

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

N/A

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: 24/7 MONDAY - SUNDAY
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

CARE TO OUR RESIDENTS, WE CAN ONLY PROVIDE A ONE PERSON ASSIST.

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:

NOT APPLICABLE AT THIS TIME. WILL PROVIDE IF NECESSARY.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

N/A

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: STRAIGHT MEDICAID UPON ADMISSION AND 16 MONTHS OF PRIVATE PAY BEFORE CONVERTING TO MEDICAID.

ADDITIONAL COMMENTS REGARDING MEDICAID N/A
<b>Activities</b>
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: LIVING ROOM WITH BIG SCREEN TV FOR RESIDENTS & BOARD GAMES.
ADDITIONAL COMMENTS REGARDING ACTIVITIES WILL PROVIDE SOMETHING UPON REQUEST BY RESIDENTS.

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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