Washington State Department of Social & Health Services
ALTSA Aging and Long-Term Support Administration

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Green Meadows Care Home LLC	**752301**

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.

GMCH provides warm, Christian care in country setting that is close to downtown Camas.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
09/01/2012	**NA**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

NA

5. OWNERSHIP

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

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:

Will provide all assistance levels as required by a resident's care plan, including special dietary restrictions, blending and thickening of foods.

2. TOILETING

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

Will provide all assistance levels as required by a resident's care plan including complete incontinence management.

3. WALKING

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

We will consider admission of new residents requiring any level of walking assistance up to one person assist.

4. TRANSFERRING

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

We will consider admission of new residents requiring any level of transfer assistance up to a one person transfer assist.

5. POSITIONING

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

We will consider admission of new residents requiring any level of positioning assistance up to a one person assist.

6. PERSONAL HYGIENE

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

We provide all levels of assistance for personal hygiene.

7. DRESSING

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

We provide all levels of assistance for dressing.

8. BATHING

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

We provide all levels of assistance for showering.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Though we are capable of prividing very high levels of assstance, we are careful to assess our abilities to meet a resident's needs with excellence. Our hope is that each resident will thrive with our care

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:

All of our NAC's are Nurse Delegated. We can provide all medication administration services that our nurse delegator will delegate to our staff.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

None

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

Insulin injections, catheter care; other as determined by our nurse delegator we are qualified to perform and can legally be delegated to perform.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

For residents requiring daily or frequent skilled nursing care we can coordinate visits with home health services who provide the required skilled services

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**
- ☒ Awake staff at night
- ☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Our staff are all CNA's, each with multiple years of experience.

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:

A private pay resident has exhausted their funds while in our AFH may convert to Medicaid. We prefer that a potential resident have 24 mos of private funds at the initial care level.

ADDITIONAL COMMENTS REGARDING MEDICAID

Our general policy is to have a maximum of 2 Medicaid residents at a time.

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:

Routine activities include TV (cable), movies, Senior exercise (DVD), walks (weather permitting), puzzles and games.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We have outside providers who can come in for hair cuts and manicures.