



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <p style="text-align: center;">Carlson Care AFH—Mariellen Carlson, RN</p>	LICENSE NUMBER <p style="text-align: center;">752377</p>
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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. Mission: Provide Quality Assistance in Life's Progression : Caring Home environment. Assistance for Senior Living. RN supervised and operated. Licenced for six Seniors. Surrounded by Policyif Quality of Life. One or two person rooms. Nutritious meals and snacks.	
2. INITIAL LICENSING DATE Feb.4,2013	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 20205 107th Ave ne,Bothell,Wa. 98011, 10425 NE. 201st. St.,Bothell,WA 98011
4. SAME ADDRESS PREVIOUSLY LICENSED AS: Same name: Carlson Care AFH	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" 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	

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<p>If needed, the home may provide assistance with eating as follows: Set up equipment to eat. Assist and cue. Total feed <small>Diets per Drs. orders. Diets per cultural needs. Peg tube feedings, iv feeding etc.</small></p>	
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: Stand by assist. Total 1-2 person assist. Commode in room. Bedpan, urinals</p>	
<p>3. WALKING If needed, the home may provide assistance with walking as follows: SBA, 1-2 person walk. total transfers. Walkers, wheelchairs and mechanical devices.</p>	
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: 1-2 person transfers, transfer pads, boards and Hoyer lift available.</p>	
<p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: 1-2 person with pillow support positioning, Transfer pads and Hoyer lift available</p>	
<p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: Set up. Cuing resident/s to assist in tasks. Use Dementia Communication. total ADL needed.</p>	
<p>7. DRESSING If needed, the home may provide assistance with dressing as follows: Allow resident choice of clothes. Cue to do tasks. Total assist as needed. <small>Bath bench and hand rails 1-2 person assist. Bed baths.</small></p>	
<p>8. BATHING If needed, the home may provide assistance with bathing as follows: Encourage independence, use Dementia communication as needed. Wheelchair access bath with shower</p>	
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE <small>Shaves/hairdos, Hair out maintenance. Care of nails/polish, assist with makeup, minor repair of clothes. etc</small></p>	
<p>Medication Services</p>	
<p>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)</p>	
<p>The type and amount of medication assistance provided by the home is: Registered Nurse administers medication to residents with physicians orders.</p>	
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p>	
<p>Skilled Nursing Services and Nurse Delegation</p>	
<p>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)</p>	
<p>The home provides the following skilled nursing services: Nurse Delegation. Diabetic Care, insulin, foot Care, Diabetic diets, Post operative care, oxygen monitoring, Peg tube, iv monitoring, injections, wound care, sterile dressing changes, physicians consultations and care level changes</p>	
<p>The home has the ability to provide the following skilled nursing services by delegation: RN lives on the premise. All state Nurse Delegation tasks, Vitals monitoring etc</p>	

- 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: 24 7 Rn in the AFH
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24 Hour Awake Staff
- Awake staff at night
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

We have both male and female Staff. Most staff have worked in the the AFH 8 or more years.

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 and Tagalog**

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: **5 years private pay after admit.**

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, video movies, television available all resident rooms, puzzles, BBQ's out of home outings for lunch etc, Birthday parties, Holiday festivities, Bothell Senior Center activities available.
ADDITIONAL COMMENTS REGARDING ACTIVITIES Other in house activities available from various groups pm

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