



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

HOME / PROVIDER <b>Emerald Forest Adult Family Home, LLC / Olivia G. Alcala</b>	LICENSE NUMBER <b>752401</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.

**Emerald Forest Adult Family Home, LLC's intent is to make a positive difference in every life we touch, promoting health, safety, dignity of life and individual rights.**

**2. INITIAL LICENSING DATE**

**03/29/2013**

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

**None**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**N/A**

**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:

**Supervision including cueing and monitoring, assistance with special diet, 1 person assist, assistance with setting up and feeding, tube feeding.**

### 2. TOILETING

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

**Standby assistance, incontinent care, supervision including cueing and monitoring, total assistance, bedside portable potty**

### 3. WALKING

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

**Wheelchair, walker, 1 person assist**

### 4. TRANSFERRING

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

**Using hoist lift, 1 or 2 persons assist**

### 5. POSITIONING

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

**Repositioning every 2 hours if needed**

### 6. PERSONAL HYGIENE

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

**Set-up & cueing, monitoring, 1 or 2 persons assist as needed by each individual**

### 7. DRESSING

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

**1 or 2 persons assist, help select clothing to wear, set-up, cueing and monitoring**

### 8. BATHING

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

**1 or 2 persons assist, set-up, cueing, inside shower area or bed/sponge bath as needed by the resident**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL 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:

**We assist with medication &/or administration with proper nurse delegation, as per resident's assessment or needs**

### 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:

**This home has a Nurse Delegator that provides nurse delegation to all qualified staff**

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

**Medication administration, Vital Signs monitoring 2x daily, Blood Sugar Monitoring if needed, Insulin Administration, Topical Cream Applications, Eye/Nose/Mouth Drops, Suppositories, Enema, Foley Catheter**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**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 hrs/7 days**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**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:

**All cultural & ethnic backgrounds, speak English & Tagalog (Filipino)**

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:

**Minimum daily rate of \$140 per day and must fit our existing residents**

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:

**Movie & popcorn, card games, puzzles, karaoke, walking, music, reading magazines**

ADDITIONAL COMMENTS REGARDING ACTIVITIES