

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SEQUOIA HEIGHTS ADULT FAMILY HOME, LLC	LICENSE NUMBER 752402
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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.

Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

Distinct Attributes:

- 1) Superior personal and medical care.
- 2) 24 Hour Awake Staff.
- 3) Oversight and care provided by highly involved owners.
- 4) Beautiful home and property on private 1.25 acres with 1,400 sq. ft. outdoor patio.
- 5) Family-owned and operated
- 6) English-speaking staff.
- 7) Delicious home-cooked meals.
- 8) Electronic health records and medication management to ensure accuracy and safety.

2. INITIAL LICENSING DATE

04/02/13

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

NA

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

NA

5. OWNERSHIP

Limited Liability Corporation

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:

All assistance levels including food preparation, therapeutic diet (i.e. modifications for nutrients, texture and/or food allergies or food intolerances), supplements, and adaptive equipment

2. TOILETING

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

All assistance levels including bowel and bladder training program, the use of commode, bedpan or urinal, one-person transfer on/off toilet/commode, clothing management, cleansing, disposable pad/brief management, ostomy/catheter care and complete incontinence management

3. WALKING

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

All assistance levels up to one-person assistance including standby for safety, encouragement or cueing, hands-on guiding for steadying, weight bearing support of 1 person, wheelchair propelled by 1 person

4. TRANSFERRING

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

All assistance levels up to one-person assistance including standby for safety, encouragement or cueing, hands-on guiding, lift assistance by 1 person to sit or stand, full lifting by 1 person. The Home cannot accommodate transfers which require the use of a Hoyer.

5. POSITIONING

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

All assistance levels up to one-person assistance including standby for safety, encouragement or cueing, help to guide limbs in order to turn or reposition, support while moving or lifting part of body, complete performance by 1 person to turn or reposition

6. PERSONAL HYGIENE

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

All assistance levels up to one-person assistance including set-up, monitoring for safety, encouragement or cueing, hands-on assistance to guide through task completion, complete performance by 1 person

7. DRESSING

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

All assistance levels up to one-person assistance including monitoring for safety, encouragement or cueing, layout of clothing, help with shoes/socks/compression stockings, guiding of limbs, help with tying/buttoning/zippering, supporting limbs, complete performance by 1 person

8. BATHING

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

All assistance levels up to one-person assistance including set-up of supplies, monitoring for safety, encouragement or cueing, assistance getting in/out of shower, physical assistance with part of showering, complete performance by 1 person, bed bath by 1 person

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Large ADA tile roll-in shower. Wide hallways. Wheelchair accessible with ramps.

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 care staff complete Nurse Delegation Core Training and Nurse Delegation Special Focus on Diabetes and are able to provide medication assistance and medication administration requiring nurse delegation.

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:

If the Resident's medical care provider identifies a need for nursing care and the Home is not able to provide the care, the Home will assist the Resident with contracting with a nurse or home health agency currently licensed in the state of Washington to provide in-home nursing care (i.e. Home Health) at the adult family home.

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

Skilled nursing services which may be considered for delegation and completed by care staff include eye/ear drops, ointments/creams for treatment, bandage changes, blood glucose monitoring, insulin injections, tube feedings for nutrition and hydration, oxygen rate adjustment and suppositories and enemas.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All costs associated with home health and nurse delegation are at a cost to be borne to resident.

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- Mental illness
- Dementia Level 1

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: **As needed for nurse delegation.**

Licensed practical nurse, days and times: **NA**

Certified nursing assistant or long term care workers, days and times: **1-3, 24 hours a day/7 days a week**

Awake staff at night **Yes. The home maintains 24 hour 7 days a week awake staffing coverage.**

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:

English-speaking staff for English-speaking residents

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 will accept Medicaid payments under the following conditions: It is the Home's preference to not accept Medicaid as a payment source. However, consideration to convert to Medicaid after paying privately for a minimum of thirty-six (36) consecutive months may be made based on a case-by-case basis. Should the Home accept Medicaid as a payment source, it is the Home's policy to only provide services to one (1) resident whose payment source is through the Medicaid program at a time and acceptance is based on seniority.

Residents may be required to move to a room that is designated by the adult family home as a Medicaid room. This can include a semi-private room. Residents who fail to pay privately for thirty six (36) consecutive months prior to Medicaid conversion will be given a 30-day written notice to move from the home; we will work with the resident, family, and case manager to ensure a smooth transfer to an appropriate location that accepts Medicaid as a payment source.

Assurance of Uninterrupted Payment. The Resident or Resident Representative agree to monitor the Resident's resources and to ensure uninterrupted payment to the Home by making timely and complete application to Medicaid (and/or other payors) as necessary. The Resident or the Resident Representative agree to, at least ninety (90) days before depletion of the Resident's personal resources for payment of the Home charges, notify the Home of: (i) the anticipated time when the Resident will have spent his/her resources to the Medicaid resource level; (ii) when the Medicaid application will be filed; and (iii) whether the requested application information is available and has been submitted to the Medicaid agency.

Duty to Pay Private Rate Until Medicaid Covered. While the Medicaid application is pending, the Resident agrees to pay the full private pay rate from the Resident's funds until covered by Medicaid.

Medicaid Conversion Estimate. The Home will make every reasonable effort to continue to accommodate the Resident if and when conversion to Medicaid becomes necessary. So the Home may best plan for such a transition, we ask that you provide an estimate of when conversion to Medicaid may be necessary.

Medicaid Admission Agreement. The Resident will sign a Medicaid Admission Agreement effective the first day the Resident begins receiving Medicaid at which time the Resident Agreement-Private Pay will be nullified.

Prospective Medicaid Residents The Home does not admit new clients whose funding source is Medicaid. The Home reserves the right to admit a new client whose funding source is Medicaid on a case-by-case basis only

ADDITIONAL COMMENTS REGARDING MEDICAID

NA

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:

Gardening, music therapy, pet therapy, bowling, balloon toss, Senior Stretching, seasonal crafts, community service (helping teachers at the local elementary school), country drive, brain games, indoor/outdoor track for walking, BINGO, dessert socials, movie & popcorn, TV, newspaper/magazines, faith-based activities (i.e. worship, streamed church service, daily devotional), Netflix, manicure/pedicures, housekeeping activities (i.e. folding towels/washcloths, sorting/organizing items), coloring, board games, puzzles, bird watching

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Activities offered are created and based on Residents' preferences and interests. Residents are encouraged to participate as tolerated.

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

I have read and understand the the Disclosure of Services.

Resident or Resident Representative Signature: _____ Date: _____

Printed Name: _____ Relationship: _____