



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

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RCS/Public Disclosure

HOME / PROVIDER Crested Crane Adult Family Home/Millie Mulweye-Othieno	LICENSE NUMBER 752461
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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.

To provide quality care to senior citizens in a home like setting, with a sense of security, dignity, warmth, necessary supervision and stability.

2. INITIAL LICENSING DATE

07/25/2013

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

7715 Bernese Rd SW, Lakewood WA 98498

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other: **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:

Provide cuing and monitoring to total assistance.

2. TOILETING

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

Cueing and monitoring to total assistance.

3. WALKING

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

Cueing and monitoring to one person assist.

4. TRANSFERRING

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

Cueing and monitoring to one person assist.

5. POSITIONING

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

Cueing and monitoring to one person assist.

6. PERSONAL HYGIENE

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

Cueing and set up to total assist.

7. DRESSING

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

Cueing and set up to total assist.

8. BATHING

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

Cueing and set up to total assist.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

At Crested Crane we encourage our residents to have as much independence as their level of care allows. So whatever a resident can do for themselves we let s/he do it and assist as needed.

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:

Independent self administration, Self administration with assistance, Administration

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medication administration is by nurse delegation, a family member may administer.

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:

Skilled nursing services will be provided by our contracted nurse delegator on a case by case basis depending on the services needed.

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

Blood sugar checks, Insulin injection, administering oral and topical medication, non sterile wound care, tube feeding, catheter care, colostomy care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All costs for skilled nursing services and nurse delegation will be paid by the client separately from the AFH monthly charges.

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

Crested Crane AFH specialises in Dementia and Mental health and admits seniors only.

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 staffing**
- Awake staff at night
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

There are two staff per shift daily. Five nights a week there is awake staff, two nights staff are present but on call at night.

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:

We have no restrictions as long as one is comfortable and feels at home.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English is the primary language spoken.

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 resident must have at least 12 months of private pay prior to going on Medicaid. A ninety (90) day notice is required prior to a change from private pay status to Medicaid status, in order to make proper notification to the DSHS case manager

ADDITIONAL COMMENTS REGARDING MEDICAID

A resident who must convert to Medicaid will be evaluated as continued residency is available with restrictions. The AEH will reserve the right to make a determination if the resident can continue

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:

Board games ,Exercise,walks in the summer,News paper, magazines, movies. Celebrate holidays like 4th July,Thanks giving etc.,recognize residents birthdays.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

All residents will be encouraged to participate in activities with consideration of their abilities.