

Adult Family Home Disclosure of Services

Required by RCW 70.128.280

HOME / PROVIDER MARY-ANN'S HOME CARE/Mariana Luca	LICENSE NUMBER 752465
---	---------------------------------

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 _____ of Washington Administrative Code.

Table of Contents

- about the home*
- Residential 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)	
The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>We value the unique needs of our residents and respect each resident's individuality. We promote quality of life and independence through friendly professional service.</i>	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
<i>07.16.2013</i>	<i>9401 W. Caehen Ave, Cheney, WA, 99007</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
<i>N/A</i>	
5. OWNERSHIP	
<input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>MARY-ANN'S HOME CARE/Mariana Luca</i>	LICENSE NUMBER <i>752465</i>
---	---------------------------------

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 _____ 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) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>We value the unique needs of our residents and respect each resident's individuality. We promote quality of life and independence through friendly professional service.</i>	
2. INITIAL LICENSING DATE <i>07.16.2013</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>9401 W. Caalen Ave, Cheney, WA, 99007</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>N/A</i>	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input 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

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

We provide eating assistance from cuing and monitoring to total assistance

2. TOILETING

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

We provide toileting assistance from cuing and monitoring to total assistance

3. WALKING

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

We provide walking assistance from cuing and monitoring to a one person assist

4. TRANSFERRING

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

We provide transferring assistance from cuing and monitoring to a one person assist

5. POSITIONING

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

We provide positioning assistance from cuing and monitoring to a one person assist

6. PERSONAL HYGIENE

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

We provide personal hygiene assistance from cuing and set up to total assistance

7. DRESSING

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

We provide dressing assistance from cuing and set up to total assistance

8. BATHING

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

We provide bathing assistance from cuing and set up to total assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Showers and bathrooms have grab bar and roll in showers

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 provide all levels of medication assistance through nurse delegations

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

The home will accept Medicaid payments after one year of private pay only

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:

Exercise, walking outside, visiting pets, playing games such as card games, reading books, listening to books on tape, listening to music watching classic movies, and doing a beauty day where we do hair, nails and style.

ADDITIONAL COMMENTS REGARDING ACTIVITIES