

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Fairwood Gardens Adult Family Home Inc	LICENSE NUMBER 752472
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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. Our vision is providing exceptionally high quality of life to our adult/senior residents. The highly flexible and personalized care, the kindness and experience of our caregivers, and the gorgeous aesthetics of our property all make this vision our residents’ reality.	
2. INITIAL LICENSING DATE 8/9/2013	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: None
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: Incorporated	
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	

<p>If needed, the home may provide assistance with eating as follows: Personalized feeding assistance; modified and/or specialized diets; tube feeding</p>
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: Personalized assistance from monitoring to complete assistance, depending on the care plan; catheter care</p>
<p>3. WALKING If needed, the home may provide assistance with walking as follows: Personalized assistance from monitoring to complete assistance, depending on the care plan; no motorized wheelchairs inside home</p>
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: We are able to assist and transfer Residents; assistance/gait belt or Hoyer/total care (depending on individual needs / care plan)</p>
<p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: We are able to do all positioning and repositioning (depending on individual needs / care plan)</p>
<p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: We provide personal hygiene assistance from reminders, set-up and monitoring to complete assistance (depending on individual needs / care plan)</p>
<p>7. DRESSING If needed, the home may provide assistance with dressing as follows: Able to assist with all dressing needs (depending on individual needs / care plan)</p>
<p>8. BATHING If needed, the home may provide assistance with bathing as follows: Able to assist with all bathing needs and give bed baths; shower chair available</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE Special accommodations will be discussed individually with the Provider.</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: We can do monitoring to complete administration of medication as long as it can be delegated to our caregivers. Our RN delegator reviews Resident medications.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES We prefer to use Ready Meds Pharmacy; otherwise family must maintain and fill supplies.</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: Home Health and Hospice with entity of your choice; Nurse Delegation for medication assistance.</p>
<p>The home has the ability to provide the following skilled nursing services by delegation: Oxygen; nebulizer; medication administration (oral, topical, suppositories); catheter care; diabetic care</p>

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We admit Residents on hospice and end-of-life care.

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: available upon request
- Licensed practical nurse, days and times: available upon request
- Certified nursing assistant or long term care workers, days and times: 7 days per week / 24 hours per day
(2 caregivers during day; 1 caregiver at night)
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Provider lives steps away from the Adult Family Home.

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 are able and willing to accommodate Residents of any religious and/or cultural background.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

All caregivers speak English

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:
Initial admission requires a minimum of 24 months "Private Pay." In the event the Resident or his/her legal representative is no longer able or willing to maintain "Private Pay" status, the Resident and/or his/her legal representative may be offered an opportunity to continue residence with the Facility contingent upon the Facility having space for a Medicaid resident.

ADDITIONAL COMMENTS REGARDING MEDICAID

Medicaid pays for a resident to reside in a semi-private room only. The Facility requests that the resident inform them of a potential transition to Medicaid funding as soon as possible and a minimum of 60 days prior to the expected transition. In the event that the Resident's form of payment changes from private to Medicaid, no modifications will be made to the way the Resident is treated.

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:

Enjoying nature, board games / puzzles, movies, music, gardening, light exercise, birthdays, holidays and special events

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Activities can be customized based on Resident's specific needs / care plan

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