

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Eco's AFH	LICENSE NUMBER 752478
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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.

We are here to provide your loved ones a comfortable, safe,secure, happy environment to make them feel at home.

2. INITIAL LICENSING DATE

08/22/2013

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

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

<p>If needed, the home may provide assistance with eating as follows: Supervision, cueing, assist in feeding, tube feeding, Blenderized pureed food & Thickened liquids</p>
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: 1-2 person assist with toileting. Incontinent care, toileting schedules, commode assistance</p>
<p>3. WALKING If needed, the home may provide assistance with walking as follows: Standby assist with walking, minimal to total assist with ambulation, use of walking device</p>
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: One-Two person assist, Hoyer lift transfer</p>
<p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: Repositioning in bed and in wheelchair every two to three hours and as needed</p>
<p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: Washing face, brushing teeth, combing hair, shaving, oral care (dentures), etc.</p>
<p>7. DRESSING If needed, the home may provide assistance with dressing as follows: Putting on clothes every morning, changing to night clothes in the evening, assisting with socks, pants, shirt, sweater, etc.</p>
<p>8. BATHING If needed, the home may provide assistance with bathing as follows: 1-2 person Assistance with showering two times per week, or per request</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE Putting in hearing aid in the morning and taking it off at night,</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: Our staff will assist & administer Oral meds, Topical Meds-eyedrops, creams, ointments, Inhalation-oral puffer, nasal spray, Rectal meds. Insulin injection. RN owner/spouse provider will review meds to our caregivers prior to assisting & administering the meds to the new resident, & will do the Nurse Delegation, if applicable.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Medications are kept locked in our Medication cabinets. Resident may only keep her own meds if with doctor's order & Assessed to be safe to keep his lvn meds We document in the Medication Record each</p>

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:

Injections other than insulin, Foley catheter insertion, Wound Care

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

,Medication Administration, Insulin injections, Foley catheter care, Tube feeding,Oxygen Administration,Colostomy Care; Blood sugar checks

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

RN owner/spouse provider can provide the Skilled Nursing Services, & will do the Nurse Delegation so the caregivers can perform the skilled Nursing Services by 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: **RN owner/spouse provider is making daily rounds & is available 24 hours ,7days a week on call . Another RN will be on call as needed only when RN owner/spouse provider is unavailable.**

Licensed practical nurse, days and times: **as needed only when RN on call is unavailable.**

Certified nursing assistant or long term care workers, days and times: **Monday-Friday =2 LTC workers plus the Resident Manager ; Saturday - Sunday = 2 LTC workers plus both the provider & RN owner/ spouse provider are on call**

Awake staff at night

Other: **Awake staff at night as needed**

ADDITIONAL COMMENTS REGARDING STAFFING

Our staff are friendly and had met all the training requirements.

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: Generally accepts English-speaking residents. Can also accept Filipino residents.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS Meals are served according to ethnic background
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) <input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions:
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: ,Music performances, bingo,ball tossing,TV, gardening, outdoor watching, Birthdays & Holiday celebration.
ADDITIONAL COMMENTS REGARDING ACTIVITIES , Activities are customized according to residents' needs

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