

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER CARING CABIN	LICENSE NUMBER 752489
--	---------------------------------

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)

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

MISSION STATEMENT OF THE HEART

**To Honor, Protect and Serve our Senior Adults, in a Beautiful Adult Family Home
by Meeting their Daily Needs with Warmth, Love, Gentleness and Compassion, Through Qualified
Caregivers and Comfortable Amenities at Manageable and Predictable costs.**

2. INITIAL LICENSING DATE

09/04/2013

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

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

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

Our home utilizes a licensed dietician to meet the balanced dietary needs and requirements of each resident regardless of ethnic background or dietary lifestyle. We encourage, coach and physically assist with eating, depending on individual needs and desires.

2. TOILETING

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

We provide independent, stand-by assistance up to full-assistance, including caring for indwelling catheter or catheterizations. All incontinence supplies are included.

3. WALKING

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

We provide three caregivers during the day and two awake caregivers at night, to offer stand-by assistance, one person assist and up to two person assist.

4. TRANSFERRING

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

We provide three caregivers during daytime hours and two awake caregivers at night, to offer stand-by assistance, one person assist and up to two person assist. We may also employ the use of transfer equipment such as a gait belt (transfer belt), hoist lift, etc.

5. POSITIONING

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

We provide verbal coaching to complete positioning assistance, at all hours, with up to two caregivers.

6. PERSONAL HYGIENE

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

All personal hygiene is assisted through verbal cueing, stand-by assistance and up to full assistance.

7. DRESSING

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

Through verbal cueing, stand-by assist or full-assistance.

8. BATHING

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

Through verbal cueing, stand-by assist or full assist, with up to two caregivers, our zero entry shower room is spacious enough to accommodate any resident in a minimum of two showers a week.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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 medication assistance and administration is included in our care. Medication administration is provided by our CNA staffing delegated by our Registered Nurse Delegator.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All Nurse Delegation cost are included in our care.

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:

Admission and routine Registered Nurse Assessments

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

Any and all services legally allowed by state law including, but not limited to: medication administration and non-sterile procedures.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

These services are included in all care at Caring Cabin.

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

All of our CNA's are certified in the specialty care of mental illness and dementia.

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: **on call**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **3-Day, 2-Night 24/7**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Home Health Physical Therapy, Occupational Therapy, Psychological Counseling , Palliative Care and Hospice Care are all a welcome part of our Caring Cabin team

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
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) <input checked="" type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input 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: Outdoor Walking (weather permitting), Dancing, Visiting Musicians, Bingo, Puzzles, Movie Nights, Holiday & Birthday Parties, Spa Days, Cooking, Floral Arranging, Crafts
ADDITIONAL COMMENTS REGARDING ACTIVITIES Activities and participation are based on the needs of our residents.

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