

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Caring Arms Adult Family Home II	LICENSE NUMBER 752502
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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 personalized quality care in a home environment, treating our residents in a respectful and dignified manner. Ensuring peace of mind to family members that their loved ones physical and emotional needs are being met.

2. INITIAL LICENSING DATE

10/02/2013

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: **S-corp**

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:

As little assistance as just set up to complete feeding

2. TOILETING

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

We will provide reminder cueing to complete care including changing, cleaning, and redressing

3. WALKING

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

Stand by assist with or without resident use of cane or walker to pushing resident in wheelchair

4. TRANSFERRING

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

Stand by assist, pivot transfers, gait belt or slide board transfers

5. POSITIONING

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

Positioning every 2 hours 24/7 or as directed by the residents physician

6. PERSONAL HYGIENE

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

As little as set-up to the caregiver completeing the task for them

7. DRESSING

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

Helping resident pick out clothing to complete dressing

8. BATHING

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

Stand by assist to caregiver giving complete shower including dressing

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:

We can put medicatons in a medication cup, and hand to the resident, crush medications with a Dr. order and adminster medications with nurse delegation. All medications given are documented and signed for by the caregiver giving them.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

With a Dr.'s order we are able to have Home Health, Palliative care or Hospice in our home to take care of such procedures as wound care that is not delegatable, changing catheters etc.

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

Delegatable wound care, Topicals, eyedrops, eardrops, blood sugar checks, insulin, catheter flushing, suppositories, INR checks (with insurance provided machine)

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING 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: As needed
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

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)

- The home is a private pay facility and does not accept Medicaid payments.
- The home will accept Medicaid payments under the following conditions:

Two years private pay before rolling onto Medicaid

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:

Hair care: cut, color, perms provided by independent beautician

Toenail care: Senior footcare every other month

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We celebrate all birthdays and major holidays. We have crafts and activities based on residents ability or desire to participate. We do some morning stretching and ROM excercises also based on residents ability and desire to participate.

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