

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <p style="text-align: center; color: blue;">Evergreen Park AFH- West Campus/ Maria Morrow</p>	LICENSE NUMBER <p style="text-align: center; color: blue;">752666</p>
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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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<b>About the Home</b>	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p style="color: blue; font-size: small;">At Evergreen Park Assisted Living you can find trusted and reliable assisted living care providers driven to provide the highest quality of care possible. We are here for you available 24/7. We are a team of professionals, providing care for seniors. Our caregivers are trained to work with individuals with mental illness as well as dementia. Maria M Morrow is the founder and owner of Evergreen Park Assisted Living and has been involved with residential assisted living for more than 23 years. What allows Evergreen Park Assisted Living to provide the highest in quality care is the selection process of our caregivers. Our slogan, which we live by, is “Care you can count on”. Our caregivers who care for your families are respectful, kind, loving, and compassionate. They wear their hearts on their sleeves.</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center; color: blue;">07/07/2014</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p style="text-align: center; color: blue;">NA</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	
<b>Personal Care</b>	
<p>“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)</p>	
<p>1. EATING</p>	

<p>If needed, the home may provide assistance with eating as follows:  We assist our clients with one on one feeding if need be according to care plan, also accomodate special diates as blended, soft foods, low-sodium, diabetes, kosher and feeding tube.</p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows:  We assist with scheduled toileting (every 2 hours), assist with getting to, on and off the toilet. We also provide comodes for residents in their rooms if needed and have a Hoyer lift to use if needed.</p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows:  We provide one on one assistance with walking based on needs.</p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows:  One or two people transfer assistance, or use of Hoyer lift</p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows:  We provide help with positioning based on client's needs. ex: repositioning every 2 hours to avoid pressure sores.</p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows:  We assist all our clients and provide help where needed, we encourage our clients to stay as independent as possible.</p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows:  We assist all our clients and provide help where needed, we encourage our clients to stay as independent as possible.</p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows:  We fully assist our clients with bathing to ensure their safety</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p>Please contact us if you have any specific questions 206-660-1273</p>
<p><b>Medication Services</b></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 work with the doctors and pharmacies to ensure the meds are delivered on time and are the correct ones ,also disburse the meds to our clients ensuring they get the righth medication ,the right dosage at the righth time Based on nurse delegation we assist with crush medication, insulin injection</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p>
<p><b>Skilled Nursing Services and Nurse Delegation</b></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:</p>
<p>The home has the ability to provide the following skilled nursing services by delegation:  We can provide crush medication, injection, ointments,eyedrops, catheter, feeding tube</p>

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Please call us for any specific questions- 206-660-1273

**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: Weekdays and as needed on weekends, floating between our facilities
- 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:

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:

We accept Medicaid payments after 3 years .

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:

[memory games, board games, card games, puzzle, bingo, bowling, light exercise, piano available in the house](#)

ADDITIONAL COMMENTS REGARDING ACTIVITIES

[We can accommodate special requests/needs.](#)

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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