



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Maryrose Watson</i>	LICENSE NUMBER <i>752708</i>
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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.

### 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

## Received

DEC 16 2015

RCS/Public Disclosure

About the Home	
1. PROVIDER'S STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>Our mission is to help each residents reach the optimal health during the stage of their life. To provide peace of mind to the family knowing their loved one is being cared for in the best possible way. Our priority is residents comfort safety and security.</i>	
2. INITIAL LICENSING DATE <i>Aug. 29, 2014</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>10321 Crescent Vly Dr. NW Gig Harbor, WA - 98332</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>Carlyn adult care home LLC / my other home</i>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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:

*From cue to full assistance*

#### 2. TOILETING

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

*From cue to Full assistance*

#### 3. WALKING

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

*From cue to Full assistance with all devices prescribed*

#### 4. TRANSFERRING

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

*From cue to Full assistance with all devices as recommended including hoist lift, gait belt and walker*

#### 5. POSITIONING

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

*From cue to Full assistance as needed with siderails with proper physician orders consent, inspections and safety precautions*

#### 6. PERSONAL HYGIENE

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

*From cue to Full assistance*

#### 7. DRESSING

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

*From cue to Full assistance*

#### 8. BATHING

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

*From cue to full assistance*

#### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

*We are able to meet individual needs of each resident from independent to total dependency.*

### 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 provide medication assistance and medication administration as needed by resident. All oral topical medications, oxygen therapy, inhalers, medicated dry*

#### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

*Daily blood sugar monitoring, medication organization, Diabetic insulin assistance and full administration as delegated by our Nurse delegate*

**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: *insulin assistance / sugar monitoring All oral topical meds, oxygen therapy, inhalers, all types of medicated drops, PRN medications, admission, catheter care and colostomy bag care, gastrostomy tube feeding*

The home has the ability to provide the following skilled nursing services by delegation: *All services mentioned above*

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: *on call*
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: *7 days a week 24 hour / day*
- Awake staff at night
- Other: *Home drivn services available*

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: *We welcome all backgrounds & languages as long as communication in English is possible*

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:

~~The home requests 60 day notice before change in payment source.~~ *Awaiting for DSHS contract*

ADDITIONAL COMMENTS REGARDING MEDICAID: Should the resident payment source change from private to Medicaid, the home reserves the right to relocate the resident into one of the shared rooms depending on availability.

### 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: Arts and Crafts, gardening projects, table and/or card games, outings, daily exercise schedule, birthday/holiday celebrations, BBQ gatherings, etc.

ADDITIONAL COMMENTS REGARDING ACTIVITIES: The home will facilitate any type of activity for our residents; we will accommodate and encourage an independent, active, healthy life style as per each resident's abilities.

*Thank you!  
Margaret Watson  
(provider)  
My other Home*