Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Golden Cottage AFH Inc. / Laura Iancu RN BSN GERO-BC	**752778**

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.

Our resident's unique needs are at the heart of what we do. We are commited to preserving their dignity and independence by offering services tailored to their needs, preferences, and interests. Our dedicated, knowledgeable, and compassionate staff play a crucial role in providing peace of mind to family members who know their loved ones are in good hands. We further enhance our services by arranging and coordinating health care services.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
12/02/2014	**N/A**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

13809 125th Ave N.E. Kirkland, WA 98034

5. OWNERSHIP

- ☐ Sole proprietor
- ☐ Limited Liability Company
- ☐ Co-owned by:
- ☒ Other: **S 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

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

*** Supervise and cue residents who are at risk for aspiration**

*** Alter texture of foods and liquids**

*** Assist with partial and total feeding**

*** Special diets: diabetic, low sodium, vegetarian, tube feeding**

2. TOILETING

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

*** Remind and encourage to keep a regular toileting schedule**

*** Supervise or provide stand by assist while toileting**

*** Assist with incotinence care including toileting tasks for residents who are bed bound**

*** Assist with bed side commode, bed pan, urinal, pure wick system, foley catheter care, ostomy**

3. WALKING

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

*** Remind and encourage the use of assistive devices and regular walks**

*** Standby, cueing, and contact guard assist to maintain safety**

*** Provide weight bearing support**

*** Assistance with all mobility, including wheelchair bound**

4. TRANSFERRING

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

*** Supervision, standby for safety, encouragement, or cueing**

*** Hands-on guiding and lifting assistance to stand**

*** Full lifting assist by one or two person**

*** Mechanical lifts: Hoyer lift, sit-to-stand lift**

5. POSITIONING

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

*** Remind and cue regular positioning**

*** Assist to guide and lift limbs to position**

*** Total assist from one person with positioning on a regular schedule**

*** Total assist from more than one person with positioning**

6. PERSONAL HYGIENE

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

***Supervise, stand by assist, encourage, and cue with hand washing, face washing, hair care, makeup application, electrical razor, oral care, and nail care**

*** Assist with personal hygiene tasks**

*** Total assist with all personal hygiene tasks listed above**

7. DRESSING

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

***Supervise, stand by assist, encourage, and cue with dressing**

***Guide of limbs while dressing**

***Assist with supporting limbs while dressing**

***Provide total assistance with dressing upper and lower body**

8. BATHING

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

*** Supervise, stand by assist, encourage, and cue with bathing**

*** Assist with getting in and out of the shower**

*** Provide physical assistance with part of the bathing**

*** Provide total assistance with showers and bed baths**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Golden Cottage AFH, Inc. staff encourage residents to be as independent as possible.

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:

*** Self-administer: maintain a current list of prescribed and over-the-counter medications, a locked cabinet for storage, and assistance with refills**

*** Self-administration with assistance: assist with transferring medications from one container to another, steadying or guiding a resident's hand**

*** Medication administration: administering medications as instructed by nurse delegator**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

5 rights of med. administration: right patient, right medication, right dose, right route, and right time

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:

*** The AFH provider, an RN, is responsible for providing nurse delegation and assessments. Additionally, the AFH may contract with an RN delegator for further nurse delegation and resident assessments.**

*** The costs associated with these services are included in the monthly cost.**

*** The AFH may provide care to a more clinically complex resident who might require wound care, diabetic management, enteral feeding, and end-of-life care.**

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

*** The AFH may provide administration of medications via oral, nasal, optic, topical, rectal, vaginal, insulin injection, inhalation and oxygen therapy, blood glucose monitoring, wound dressing, non-sterile dressing changes, catheter management, ostomy care, and enteral feeding.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

*** Additional routine nursing services might be available upon request and on a case-by-case basis.**

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

The provider has geriatric specialty certification.

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 provider lives on site; days and times in the AFH may vary**

☐ Licensed practical nurse, days and times: _____

☒ Certified nursing assistant or long term care workers, days and times: **24 hours/7days a week**

☐ Awake staff at night

☒ Other: **AFH provides awake staff at nigh as needed.**

ADDITIONAL COMMENTS REGARDING STAFFING

The staff ratio depends on the care needs, but we typically have two caregivers for six residents.

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:

Everyone is welcome! English is the primary language spoken at Golden Cottage AFH, Inc. Our staff's sensitivity and respect for our residents' ethnicity, culture, beliefs, and practices are not just important; they're essential. We understand and honor our residents' diversity, making them feel respected and understood.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

*** Our home is a place of celebration, where we honor and enjoy the American Holidays and Heritage, such as Thanksgiving, Independence Day, and Memorial Day, and Christmas, fostering a sense of community and belonging among our residents.**

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 AFH will accept Medicaid payments after being private-pay for 36 months.** *** A 90-day notice is required prior to a private-pay resident converting to Medicaid.**
ADDITIONAL COMMENTS REGARDING MEDICAID *** The AFH has a Medicaid policy that is disclosed to residents and families before admission.**
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: *** The AFH is committed to offering activities that are not only appropriate based on abilities but also consider the individual preferences of our residents, providing reassurance and confidence.** **These activities are designed to create a supportive environment that fosters reassurance and confidence in our residents.**
ADDITIONAL COMMENTS REGARDING ACTIVITIES *** Activity types: exercise programs, walking, bingo, watching and listening to nature scenery and relaxing music, live music and singalong, classic TV shows, ball tossing, piano music, puzzles, crosswords, books, audiobooks, watching the fish tank, the daily newspaper, beauty day, and coloring sessions.**

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