



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER AMBER CARE ADULT FAMILY HOME INC. | LICENSE NUMBER 752780 |
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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 | |
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| 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. A facility that is committed in providing exceptional care for your loved ones; with a safe and loving home-like environment 24 hours a day. The facility will diligently provide care in all levels; as necessary and as needed; as per resident's care plan. | |
| 2. INITIAL LICENSING DATE 12/05/2014 | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSSED: N/A |
| 4. SAME ADDRESS PREVIOUSLY LICENSSED AS: N/A | |
| 5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: S- CORPORATION | |

SEE NOTES ON PAGE 4 REGARDING SERVICES OF RESIDENTS IN WHEELCHAIR

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:

Set-up, cutting of food, cuing, monitoring and supervision. Partial to full assistance as needed.

2. TOILETING

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

Set-up, monitoring, supervision, partial assistance to two person-assistance if needed.

3. WALKING

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

Cuing and supervision, contact assist, partial assistance to total assistance if needed.

4. TRANSFERRING

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

One person assist to two person assistance.

5. POSITIONING

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

Use of pillow, bolster and other support for proper positioning, every 2 hour positioning as needed.

6. PERSONAL HYGIENE

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

Sponge bath and ADL's

7. DRESSING

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

Set-up, monitoring, supervision, partial assistance to full assistance.

8. BATHING

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

Set-up, monitoring, supervision, partial assistance to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Our home will always consider the resident's independence and dignity.

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:

Can administer all routine medications; including RN delegated

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All medications are locked and refrigerated if needed.

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:

RN delegation as needed.

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

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Colostomy care and G-tube, RN delegator is available anytime for direction and instructions.

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 hours a day
- Awake staff at night As needed
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

STAFFING LEVELS CAN CHANGE DEPENDING ON THE NEEDS OF OUR 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:

Any resident that can understand English language.

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 (2) years private pay before converting to 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:
Karaoke, movie night, stroll in the park, board games, music therapy.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Holiday celebration, (4th of July BBQ, Christmas and New Years celebration, Thanksgiving Day)
SEAHAWKS DAY, Birthday celebration of residents with family and friends, mall shopping

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

NOTE:

AMBER CARE ADULT FAMILY HOME INC. CANNOT RENDER SERVICES TO RESIDENTS WHO USES WHEELCHAIR AND MOTORIZED WHEELCHAIR OVER THE SIZE OF 26" OVER-ALL WIDTH DUE TO THE SIZE OF THE DOORS AND HALLWAYS IN THE PREMISES THAT THESE WHEELCHAIRS CANNOT FIT THROUGH.