

# Adult Family Home Disclosure of Services

## Required by RCW 70.128.280

HOME / PROVIDER <b>JOJI DRESLER</b>	LICENSE NUMBER <b>752 805</b>
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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

<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.	
<b>2. INITIAL LICENSING DATE</b> <b>DECEMBER 2014</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <b>18528 70<sup>th</sup> AVE W. LYNNWOOD, WA 98037</b>	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

"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: DEMENTIA, ALZHEIMER'S, DD  
MINIMAL ASSISTANCE, TOTAL CARE FEEDING, CUEING & MONITORING

2. TOILETING

If needed, the home may provide assistance with toileting as follows:  
MINIMAL ASSISTANCE, BOWEL TRAINING, TOTAL CARE

3. WALKING

If needed, the home may provide assistance with walking as follows:  
STANDBY ASSIST WITH WALKER,

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:  
FROM WHEELCHAIR TO BED, ALL TRANSFER NECESSARY, INCLUDING USE OF HOYER

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:  
TURN SCHEDULE TO PREVENT PRESSURE SORE

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:  
MINIMAL ASSISTANCE, CUEING OR TOTAL ASSIST

7. DRESSING

If needed, the home may provide assistance with dressing as follows:  
CUEING, MINIMAL ASSISTANCE, TOTAL CARE

8. BATHING

If needed, the home may provide assistance with bathing as follows:  
SPONGE BATH, BED BATH, SHOWER

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:

NURSE DELEGATED TASK BY \* NURSE DELEGATION

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:

HOSPICE, HEART FAILURE, LUNG DISEASE, REHAB, ALZHEIMER, DEMENTIA

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

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: LNE-IN
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: LNE-IN
- 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:

HOME IS DIVERSIFIED

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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:

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:

TWICE A WEEK ACTIVITY DIRECTOR

ADDITIONAL COMMENTS REGARDING ACTIVITIES

## EXHIBIT 1

### **SERVICES, ITEMS AND ACTIVITIES INCLUDED IN BASIC SERVICES RATE**

The Basic Services Rate includes the following accommodations and services:

1. Rooms are fully furnished with bed and mattress, clean blankets and pillows, nightstand, closet and call bell. Resident may retain and use personal possessions, including some furnishings and appropriate clothing as space and personal health permit, unless doing so would infringe upon the rights or health and safety of other Residents.

The Facility reserves the right to assign rooms and change room assignments or roommates for any resident. The Resident and/or the legal representative will receive prompt notice of any room change. Married residents have the right to live together in a double size room as long as both spouses consent.

2. In-room cable for TV is available. A private phone line may be installed at the Residents own cost. The house phone is available for all local calls. If the Resident needs to occasionally place long distance phone calls on the house phone, resident will be charged to how many minute used at any location upon the telephone bill due date.
3. Resident rooms ensure windows with curtains or blinds for privacy. Does not hinder emergency escape.
4. Ensure each resident, including those using mobility aids such as wheelchairs and walkers has direct, unrestricted and free access from the bedroom through the doors, hallways and corridors to common use area.
5. Separate bedrooms available for each sex. But does not discriminate domestic partners. And no more than two residents to a bedroom.

However, resident may request to have a private room on their own will be an additional fifty percent of the base rate.

6. Adequate lighting fixtures for each bedroom. Resident may have their own nightstand lamps for reading purposes.
7. Provides each bedroom with a minimum usable floor space as requires in WAC 388-76-10690; Single occupancy bedrooms with at least eighty square feet and Double occupancy bedrooms with at least one hundred twenty square feet.
8. All bedrooms comply with current building codes and past inspection with WABO.

### **Laundry**

Elite AFH LLC launders sheets and pillowcase and towels weekly or more often if soiled. The facility provides laundry services as needed. No dry-cleaning services. Resident's laundry wash and iron is charged three dollars per piece. The facility is not held responsible for any damage on laundry.

### **Housekeeping**

Resident rooms are clean on a weekly basis. However, resident may request special cleaning service for twenty dollars per hour at their own expense.

### **Meals and snacks**

Elite AFH will serve at least three nutritional meals that meet each resident diet. Make nutritious snacks available to resident between meals. The facility will get input from resident in meal planning and scheduling. Elite AFH LLC will ensure sufficient food supply and safe, sanitary and uncontaminated. Resident will be responsible for cost if dining outside facility.

Offsite food preparation, Elite AFH LLC will ensure person preparing food at a location separate from home have a current food handler's permit issued by the department of health. Prepared food transported to the home is in airtight containers and food trays at the appropriate and safe temperature during transportation and when served.

## **Staffing**

Elite AFH is staffed with caregiver 24 hours a day, seven days a week. The provider, Joji Dresler lives on the site and responsible for daily operation of the facility. The provider can be contacted at 206-412-4533. With over 20 years experienced in the medical field, in nursing homes, adult family home, hospital and kidney centers. Specialized in caring for Dementia, Alzheimer, Developmentally Disable, COPD, Diabetes, Renal failure and heart problems. Have CNA license, CHHT license, CPR and First-Aid, Food Safety and Background check. Primary responsible for providing routine care and personal care services. Caregivers are trained to report emergencies, accidents, and any significant changes in the condition or behavior of resident. The caregivers have completed the state approved training programs and are qualified to perform nurse delegation. All caregivers have cleared a state of Washington criminal background check.

## **Discrimination.**

Elite AFH LLC do not discriminate color, religion, sexual orientation, domestic partner and residents needing Service Animals.

## **Pets**

Elite AFH LLC ensures any animal visiting on the facility does not compromise any resident rights, preferences or medical needs. Pet has a suitable temperament is clean and healthy and otherwise poses no significant health or safety risk to any resident, staff or visitors. Pet owner has proof of up to date rabies vaccinations. Pets are only allowed for visitation.

## **Activities**

Elite AFH LLC functions as conventional family household, incorporating the needs of Residents into our daily lives and household routine. The facility will have a weekly activity coordinator to provide activities to resident. Activities include social, mental, physical exercise. Daily activities include, walking and balancing, stretching, card games, table games, puzzles, reading books and newspaper, watching movies and television programs.

We can facilitate and assist families and friends who want to take loved ones out of the home for rides, meals, visits, special events, shopping and religious activity. If resident needed a caregiver to accompany them to such activities, the resident will be charged \$20 dollars per hour.

Elite AFH LLC will celebrate all the major holidays and each Resident's birthday. The facility will host the event and will welcome resident family and friends.

The main objective is to continually work to discover new and different interests that are pleasant and stimulating for our Residents, while recognizing their rights of self-determination and the choice to not participate in any activity.

## **Specialty Care**

Elite AFH LLC specialize on resident with Dementia, Developmental Disable, Alzheimer, Diabetic, Renal failure, COPD and hospice. The facility will have continuing education for all staff for specialty training.

## **Medications**

Elite AFH LLC provides medication assistance or medication administration for any resident. Negotiated care plan identifies the medication service that will be provided to the resident. Medication log is kept in lock cabinet.

Records are kept which include a current list of prescribed and over the counter medication including name, dosage, frequency and name and contact number of physician. All medications including prescribed and over the counter medications must be stored in a locked container and will be documented when taken. Medications are to be acknowledged by the Physician and filled by a Licensed Pharmacist

Elite AFH allows Independent self-administration is when Resident does not need help taking medications and is able to directly take medication by eating and drinking, inhaling, by shot, through the skin and other means.

Medication self administration with assistance, provide set-up assistance just before the resident takes or applies the medication, ensure the resident is aware they are taking medication name, effects and side effects, may include reminding or coaching the resident to take their medication, may include steadying or guiding resident's hand while applying or instilling medication. Does not include direct assistance with intravenous and injectable medications.

If the Residents are unable to make arrangement for their medication, the Facility will arrange for pick-up or delivery of medications from the pharmacy called Pavillion. The Resident is responsible for all medication expenses. The facility will keep an up to date medication log for each resident except for resident assessed as medication independent with self-administration. Medication log includes, name of resident, name of all medication prescribed and over the counter, dosage of the medication, and frequency, initials of staff who assisted with the medication, reason for refusal. All medications will be nurse delegated.

All injectable medications will only be given by a Registered Nurse or by the Physician or by resident himself.

### **Observation & Reporting Requirement**

Observation is an ongoing function of all staff at Elite AFH LLC. Observation is a cognizance or simple awareness of physical changes, occurrences or altered care needs. As we live and work in the home, observation occurs in a natural fashion through the senses of touch, smell, sight, and hearing.

Elite AFH LLC reports significant changes in the Resident's physical, mental, or emotional well being to the Physician, Resident's Legal Representative, Caseworker or other appropriate person(s). We maintain an ongoing line of communication of any trends in personal care, appetite, weight, sensorial and other pertinent out-of-the-ordinary occurrences, observations, concerns and discussions, by the Resident, Resident's Legal Representative, staff, family or physician. Additional information will be documented as deemed necessary for maintaining the continuity of care. All changes and actions taken will be documented in the Residents file. Minor accidents will be treated appropriately with first aid supplies on site.

Whenever an outbreak of suspected food poisoning or communicable disease occurs, the facility will notify the local public officer.

«Member\_Name» LLC will do all the reasonable things needed to meet the care needs of the Resident, including reporting to the Physician all situations that are out of the norm for this Resident, enlisting the assistance of outside Nursing agencies for Assessments, counseling, contacting Psyche Nurses, Speech Therapy, Physical Therapy, Occupational Therapy, Day Care Centers, Hospice Nurses, asking advice from Caseworkers, Area Managers or other appropriate DSHS employees and the Resident's Legal Representative for their input and advice.

### **Incident Log**

Elite AFH LLC keep a log of alleged or suspected instances of abandonment, neglect, abuse or financial exploitation or any injury or accidents to resident. Report to the department by calling toll-free hotline number. Quality improvement report is completed for prevention of accident. Incident log will include date and time of incident, where and how the incident occur, actions taken to report incident, and initial of staff doing the report.

### **Personal Care**

Our goal in providing personal services is to facilitate the highest level of independence possible for each Resident commensurate with the Resident's mental status and physical capability. The negotiated care plan will provide a baseline for determining what degree of assistance is required. Actively

supports, maintains or improves each resident quality of life. Reasonably accommodates each resident's individual needs and preference except when the accommodation endangers the health and safety of the individual or another resident. Services include but are not limited to; Oral hygiene and denture care, Showers and shampoos; weekly and as requested, Dressing, Transfer assistance, bathing, toileting, feeding assistance

The Facility will ensure that appropriate professionals provide needed services to the Resident. The Facility will assist the Resident to obtain additional on site health care services requested by the Resident or as ordered by the Resident's physician. These services may be at additional cost to Resident as identified on Exhibit 2.

Except in cases of emergency, the Facility will give the Resident 30 days advance written notice of any changes in the availability of or charges for services, items, or activities.

Resident's signature:

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Date

Signature of Resident's representative, if applicable:

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Date

Signature of Facility representative:

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Date