



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Evergreen AFH</i>	LICENSE NUMBER <i>752840</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

### 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.

2. INITIAL LICENSING DATE: *03/03/2015*      3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: *33132 41st LN S Federalway WA 98001*

4. SAME ADDRESS PREVIOUSLY LICENSED AS: *N/A*

5. OWNERSHIP  
 Sole proprietor  
 Limited Liability Corporation  
 Co-owned by:  
 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

**Received**

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

from monitoring to total assistance.

2. TOILETING

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

By telling, monitoring to full assistance.

3. WALKING

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

Using walkers, wheelchairs assistance and monitoring.

4. TRANSFERRING

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

By telling, monitoring and full assistance.

5. POSITIONING

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

By assisting, monitoring, and having client move on their own

6. PERSONAL HYGIENE

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

By bathing completely or assisting clients.

7. DRESSING

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

By telling, monitoring, and with full assistance

8. BATHING

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

we help with telling clients when, assisting completely and monitoring,

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We have in home services such as hair & pedicures.

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: depends on the clients condition and orders from doctor.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

place medication into cup and give to client and sign off into mar's as soon as given. Repeats steps unto all clients.

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: Nurse Delegation, mental health Dementia, CPR.

The home has the ability to provide the following skilled nursing services by delegation: Registered Nurse and home visit doctor.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
<b>Specialty Care Designations</b>
<p>We have completed DSHS approved training for the following specialty care designations:</p> <p><input type="checkbox"/> Developmental disabilities</p> <p><input checked="" type="checkbox"/> Mental illness</p> <p><input checked="" type="checkbox"/> Dementia</p>
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
<b>Staffing</b>
<p>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)</p> <p><input checked="" type="checkbox"/> The provider lives in the home.</p> <p><input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times.</p> <p><input type="checkbox"/> 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.</p> <p>The normal staffing levels for the home are:</p> <p><input checked="" type="checkbox"/> Registered nurse, days and times: <u>When Needed</u></p> <p><input type="checkbox"/> Licensed practical nurse, days and times: _____</p> <p><input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>24 hours day 7 days week</u></p> <p><input type="checkbox"/> Awake staff at night</p> <p><input type="checkbox"/> Other:</p>
<p>ADDITIONAL COMMENTS REGARDING STAFFING <u>Depends on Residents Condition</u>  <u>Regarding on a wake staff at Night.</u></p>
<b>Cultural or Language Access</b>
<p>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)</p> <p>The home is particularly focused on residents with the following background and/or languages: <u>Korean</u></p>
<p>ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS</p> <p style="text-align: center; font-size: 2em;"><u>N/A</u></p>
<b>Medicaid</b>
<p>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)</p> <p><input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.</p> <p><input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions:</p>

ADDITIONAL COMMENTS REGARDING MEDICAID

N/A

**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: TV, music, Gardening and Board Games

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Religious activities, family visits.

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