

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Maries Home Care LLC	LICENSE NUMBER 752848
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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

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 mission is to work hard each day to exceed the expectations of our clients and their families. Maries Home Care LLC is RN owned and managed.

2. INITIAL LICENSING DATE

03/17/2015

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

N/A

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

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

When deemed appropriate by the provider, MHC LLC may provide the following:

Supervise and cue clients who are at risk for choking/aspiration

Altering texture of the food

Feeding clients as indicated

2. TOILETING

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

When deemed appropriate by the provider, MHC LLC may provide the following:

remind clients to visit the bathroom regularly

supervise or provide stand by assist when toileting

assistance with use of a bedside commode or urinal

changing of briefs and incontinence care as needed

3. WALKING

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

When Deemed appropriate by the provider, MHC LLC may provide the following:

reminding clients to use assistive devices

cueing clients on correct use of all medical devices

standby or contact assist with or without the use of gait belt during walking

encourage regular exercise

4. TRANSFERRING

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

When deemed appropriate by the provider MHC LLC may provide the following:

Supervision or stand by assist with transfers

One person assistance with transfers

Provide Hoyer, sit to stand lifts as indicated

5. POSITIONING

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

When deemed appropriate by the provider MHC LLC may provide the following:

Cueing and reminding clients to change position or turn

One person assistance with changing position or turning while in the bed or chair

provide turning on a regular two hour schedule for clients at high risk for skin breakdown/bedsores

6. PERSONAL HYGIENE

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

When deemed appropriate by the provider MHC LLC may provide the following:

Assistance with oral care

Assistance with showers

Bed bath as needed

Assistance with nail care, toenail trimming

Assistance with shaving and hair styling

7. DRESSING

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

When deemed appropriate by the provider, MHC LLC may provide the following:

Supervision and standby assistance during dressing

provide total assistance with dressing

8. BATHING

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

When deemed appropriate by the provider, MHC LLC may provide the following:

Supervision during showers

Cueing clients during showers

Provide total assistance during showers

Skin assessment during each shower when indicated

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff at MHC LLC encourages clients 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:

When deemed appropriate by the provider MHC LLC may provide the following:

Reminding clients to take their medications on time

Assist clients with administration of oral medications

Total assistance with medication administration

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff at MHC LLC have been trained to be delegated in various tasks

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:

When deemed appropriate by the provider, MHC LLC may contract with a RN delegator for nurse delegation and resident assessments. The costs associated with nurse delegation and assessments are the responsibility of clients. When deemed appropriate by the provider, MHC LLC may provide care to a more clinically complex client that might requires things like wound care, end of life care or diabetic management

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

When deemed appropriate by the provider, MHC LLC may have delegation put into place to include medication assistance and/or administration of various medications. The cost of these services would be

the responsibility of the client

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate staffing in the home

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

When deemed appropriate by the provider, the AFH may provide care and attention to clients with a diagnosis related to dementia and/or mental illness

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: **Providers are Registered nurses and are available as needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **MHC LLC may provide appropriate days and times personnel to cover each resident's needs**
- Awake staff at night
- Other: **When deemed appropriate by the provider, MHC LLC may have awake staff**

ADDITIONAL COMMENTS REGARDING STAFFING

Staff is based on the needs of our clients. Our staff has received all required WA state training

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:

English is the primary language. Sensitivity and respect of our client's ethnicity, culture beliefs and practices is important to our staff. When deemed appropriate by the provider, the AFH may assist with specific requests surrounding ethnic requests.

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:

IF MHC LLC still has a valid contract with DSHS at the time the resident's funds end, and the residents has already payed 60 months private pay, MHC LLC may consider Medicaid payment.

ADDITIONAL COMMENTS REGARDING MEDICAID

MHC LLC has a Medicaid policy that is disclosed to client and families prior to 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 provider will offer appropriate activities and consider client's preferences

ADDITIONAL COMMENTS REGARDING ACTIVITIES

When deemed appropriate by the provider, MHC LLC may try to provide activities that would match with what a client has loved doing in the past. In my experience, I have learned that each one of us needs a purpose, no matter how big or small, that provides motivation and inspiration for our lives.

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