



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Millwood Senior Care AFN, LLC	LICENSE NUMBER 752 853
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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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1. PROVIDER'S STATEMENT (OPTIONAL)	
<p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>We believe people should get to enjoy their personal hobbies and feel comfortable they are in a safe and healthy environment and around people that can offer nurturing and compassionate care. Respecting ones privacy, beliefs and preferences is one of our strongest suits and we strive to provide one self with a dignified and comfortable way of living.</i></p>	
2. INITIAL LICENSING DATE 03-15-2015	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: NONE
4. SAME ADDRESS PREVIOUSLY LICENSED AS: Hillwood Senior Care	
5. OWNERSHIP	
<input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <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: All levels of assistance, also we provide special diets (dysphagia diets, low sodium, diabetic, fluids restrictions, food allergies), adaptive eating utensils and dishes.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: All levels of care from independent to total assist. Millwood Senior Care also provides clients with personal hygiene and incontinence supply.

3. WALKING

If needed, the home may provide assistance with walking as follows: All levels of assistance; independent to providing stability with ataxic gait belt or in clients with impact of vision with one person guided or standby assistance. The home is cane, walker and wheelchair accessible.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: All levels of assistance from independent to total assist (standby, hands on assist, two person assist...) All staff is trained to use Hoyer Lift and other transferring devices.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: All levels of assistance. We provide clients with active and passive range of motion exercises, positioning or turning in bed every 2 hours or as needed, encourage residents to make frequent shifts of their body to avoid pressure ulcers. We provide all residents with electric recliners.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: All levels of assistance. We provide residents with all personal hygiene supply. Also, we have a hairdresser that offers haircuts and hair style.

7. DRESSING

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

8. BATHING

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

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We strive to provide compassionate care in a home like, safe environment, encouraging residents to retain as much independence as possible.

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: All levels of assistance. The home provides nurse delegation for assistance with medication administration, eye drops, inhalers, ear drops, diabetic blood sugar monitoring, insulin injections and medicated creams.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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: *Hillwood Senior Care provides daily, as needed or as ordered by physician vital signs monitoring, catheter care, colostomy care, feeding tube.*

The home has the ability to provide the following skilled nursing services by delegation: *Skilled nursing services that are available by delegation are tube feeding management and maintenance, basic wound care and dressing changes, colostomy care.*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION: *Hillwood Senior Care has a 24-hr nurse delegator. APH will cover all costs for nurse delegation services as their own expenses.*

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

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: *on call 24 hours, 7 days*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *2 during the day, 1 during the night, 7 days a week.*
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

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*

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

Millwood Senior Care will accept medicaid with a minimum four years of private pay

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: live music therapy, weekly activity coordinator, birthday celebration, holiday celebration, Christmas carols, table games, gardening (our home has beautiful back yards and we love to garden), hair dresser covered by insurance, all inclusive care and activities, exercise program, memory games.

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