Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Warner House AFH LLC	**752861**

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.

Warner House AFH provides a safe home away from home. We provide a calm and home-like environment to individuals who needs assistance and supervision. When you come in to Warner House AFH, you don't just find a home, you also gain a family.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
04/15/2015	**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: **Supervision including cuing and monitoring, 1:1 feeding, tube feeding to total assistance/care**
2. TOILETING If needed, the home may provide assistance with toileting as follows: **Supervision including cuing and monitoring to total assistance/care**
3. WALKING If needed, the home may provide assistance with walking as follows: **Supervision including cuing and monitoring to total assistance/care**
4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: **Supervision including cuing and monitoring, 1 or 2 person assist transfer, hoyer lift**
5. POSITIONING If needed, the home may provide assistance with positioning as follows: **1 or 2 person assist and repositioning as scheduled. We are a 24hr. awake staff in our home.**
6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: **Supervision including cuing and monitoring, set up to total assistance/care**
7. DRESSING If needed, the home may provide assistance with dressing as follows: **Supervision including cuing and monitoring to total assistance/care**
8. BATHING If needed, the home may provide assistance with bathing as follows: **Supervision including cuing and monitoring to total assistance/care**
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE **We care for our residents like our own family member**
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: **Medication assistance and Medication Administration as delegated by a Registered Nurse. Nurse Delegations services are charge to clients/POA.**
ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES **Our staff is trained to always follow the Five Rights to avoid medication error**

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:

We have a home doctor and RN available to oversee care and refer out to home health nursing

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

Medication Administration, Tube Feeding, Blood Sugar Testing, Insulin Injections, Catheter Care, Colostomy Care, Wound Care and others.

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: **Scheduled visits**

☐ Licensed practical nurse, days and times: _____

☒ Certified nursing assistant or long term care workers, days and times: **2 caregivers morning and evening shift, 1 caregiver night shift**

☒ Awake staff at night

☒ Other: **We have a call system in place in the house.**

ADDITIONAL COMMENTS REGARDING STAFFING

Our staff is very caring and respectful to our clients.

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:

Our staff can speak English, Tagalog, Mongolian

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Our staff respects the Resident's cultural and spiritual beliefs and practices

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:

Rate should be enough to cover care expenses

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:

We celebrate clients birthdays and other holidays and invite family members. We have a large TV in the living room which they can all watch beside their own tvs in their own room with free cable. We have a fenced patio in the back and do barbeque cook outs during summer time.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We encourage and support activities within the home and outside of the home on a regular basis.

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