



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Autumn Bridge LLC , AFH</b>	LICENSE NUMBER <b>752879</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

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. <b>Autumn Bridge adult family home provides individualized, quality and professional care, in a structured but nurturing home setting. Our motto is "Your home, you are family"</b>	
2. INITIAL LICENSING DATE <b>05/27/2015</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>N/A</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>N/A</b>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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:

**We provide assistance with eating by cuing, monitoring, cutting up food to smaller pieces or mechanically modifying food as in pureing. We also provide assistive tools and encouragement. We can provide total feeding and tube feeding.**

### 2. TOILETING

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

**We provide toileting by cuing , monitoring and or extensive assistance with bowel or bladder incontinent care.The assistance can range from minimal to extensive. It can be assist to use bathroom, to use of other alternative ways as commode, bedpan, urinal. Assistance can be to and from toilet, cleaning, and changing of incontinent pads. We also provide catheter care.**

### 3. WALKING

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

**We can provide ambulation assistance by cuing and monitoring. We can also do total assist in and out of the wheelchair.**

### 4. TRANSFERRING

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

**We can provide transferring assistance by cuing and monitoring to total assist. We have assistive devices to facilitate transfers to and from bed, wheelchair, shower,toilet/commode.**

### 5. POSITIONING

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

**We can provide positioning assistance with cuing and monitoring as well as physical assist. We can assist by turning from side to side using pillows for optimal positioning and comfort as well as repositioning when in the wheelchair/recliner.**

### 6. PERSONAL HYGIENE

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

**We may assist the resident with personal hygiene by cuing , monitoring or total assistance. This may include combing hair, brushing teeth/dentures, shaving, bedbath or sponge bath, perineal care or catheter care. We may perform simple nail care (if not diabetic).**

### 7. DRESSING

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

**Staff may assist the resident in dressing by cuing, set up and or total assistance.**

### 8. BATHING

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

**Staff may provide bathing assistance to the resident by cuing, set up or assist with the shower as needed.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Individual resident needs is evaluated and provided as needed**

### 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:

**We provide minimal to total assistance with medications**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We have a registered nurse on staff and in residence who oversees medications and administration. She communicates with health professionals and can do RN delegation. All staff have completed nursing**

### 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 registered nurse on staff who does resident evaluations, negotiated care plans, nursing delegation, medication management and communication with the physicians and other health care professionals involved in the resident's care**

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

**We have a registered nurse on staff who can delegate the following application of ointments, inhalation therapy, blood sugar monitoring, ostomy care, foley catheter care.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**All staff have completed nursing delegation. Nursing delegation is done either by state RN delegator and RN on staff**

### 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: **RN resides in the home. Hours vary daily but available for consultation by phone at all times.**

Licensed practical nurse, days and times: \_\_\_\_\_

Certified nursing assistant or long term care workers, days and times: **Available at all times 24/7**

Awake staff at night

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**There is no awake staff at night but there is a staff available in the home 24/7. Residents are provided with a call button and can access help anytime**

**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 home is open to all residents of different languages and cultural backgrounds. We do not discriminate.**

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:

**The home accepts both private pay and Medicaid payments. In the event that a private pay resident converts to Medicaid payments, the home will continue to provide uninterrupted services.**

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 offer TV with cable, internet access, movies, music, games. We celebrate birthdays and some major holidays including an annual picnic with the residents, family and friends. We encourage family visits and involvement. We encourage our residents to remain engaged in the community whenever possible.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We recognize individual differences, hobbies and interests and encourage residents to let us know if they have other interests that we can accommodate or find ways for them to access these interests.**