

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER VALLEY VISTA II ADULT FAMILY HOME INC.	LICENSE NUMBER 752904
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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.

VALLEY VISTA AFH STRIVES TO PROVIDE THE HIGHEST LEVEL OF QUALITY CARE FOR OUR ELDERLY RESIDENTS BY EXCEEDING THEIR EXPECTATIONS. WE ARE DEDICATED TO PROVIDE A FAMILY ATMOSPHERE IN A COMFORTABLE, FRIENDLY AND LOVING HOME SETTING.

2. INITIAL LICENSING DATE

01/31/2011

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

16117 NE 97TH PLACE, REDMOND, WA 98052

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other: **C Corporation**

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:

ONE TO ONE FEEDING, MODIFIED DIET SUCH AS: PUREED, MECHANICAL SOFT, LOW SALT, SPECIAL FOOD ORDERED BY THE DOCTOR. WE OFFER NUTRITIONAL MEALS, BREAKFAST, LUNCH AND DINNER WITH SNACKS. WE OFFER TUBE FEEDING WHEN IS REQUIRED.

2. TOILETING

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

FOR AMBULATORY OR WHEELCHAIR BOUND TOILETING EVERY FOUR HOURS FOR INCONTINENT OR CONTINENT AND EVERY TWO HOURS IF NECESSARY. WE OFFER FOR COLOSTOMY CARE IF NEEDED. IF BED RIDDEN EVERY TWO HOURS PER DOCTORS ORDER.

3. WALKING

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

WE ENCOURAGE TO WALK ONE OR TWO PERSON ASSIST AS OFTEN AS THE RESIDENTS WANT AND FOLLOW THE CARE PLAN OF EACH INDIVIDUAL RESIDENT. FOR WHEELCHAIR BOUND/AMBULATORY AT LEAST ONCE PER DAY, PER DOCTOR'S ORDER.

4. TRANSFERRING

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

WE TRANSFER ONE OR TWO PERSON MAXIMUM ASSIST WITH GAIT BELT OR USING A MECHANICAL LIFT WITH TWO PERSON ASSIST AT ALL TIME PER DOCTOR'S ORDER/NURSING CARE PLAN.

5. POSITIONING

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

WE CHANGE POSITION EVERY TWO TO FOUR HOURS BASE ON NURSING CARE PLAN.

6. PERSONAL HYGIENE

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

WE PROVIDE ORAL CARE SUCH AS: BRUSHING TEETHS/DENTURE TWICE A DAY, ORAL SUCTIONING AS OFTEN AS NEEDED PER DOCTOR'S ORDER. PERI CARE PROVIDED AS OFTEN AS NEEDED. WE CHECK ALL THE GROIN, UNDER THE BREAST AND ARMFIT ONCE A DAY, MORNING OR BED TIME. GROOMING AND SHAVING IS INCLUDED IN THE CARE.

7. DRESSING

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

DRESS AND UNDRRESS WITH WEAKNESS ON ONE OR BOTH SIDE OF EACH EXTREMITIES OF STROKE CLIENT, HAS A SURGICAL PROCEDURE DONE. WE PROVIDE DRESSING DAILY AND CHANGE FOR BED TIME AND SPECIAL OCASSIONS.

8. BATHING

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

ONE TO TWO PERSON MAXIMUM ASSIST FOR AMBULATORY, WHEELCHAIR BOUND AND BED BOUND TWICE A WEEK AT LEAST AND IF NEEDED.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

WE OFFER SPECIAL NURSING SERVICES SUCH AS CLEANING THE TUBE FEEDING SITE OR TRACHEAL TUBE SITE WITH DOCTOR'S ORDER

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 OFFER INTRAVENOUS, SUPPOSITORY, VIA TUBE FEEDING, TOPICAL AND ORAL MULTIPLE MEDICATION EVERY FOUR HOURS IF NEEDED PER DOCTOR'S ORDER.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

WE CAN ADMINISTER WHOLE, CRUSH OR LIQUID FORM, OINTMENT AND PATCHES PER DOCTOR'S ORDER

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:

CONGESTIVE HEART FAILURE MANAGEMENT, STROKE AND SURGICAL REHAB(TUBE FEEDING, OSTOMIES, DRAINS AND DIALYSIS), DIABETIC MANAGEMENT, SKIN AND WOUND CARE, ATRIAL FIBRILLATION ON ANTICOAGULATION MEDICATION AND MONITORING, NEBULIZER TREATMENT AND OXYGEN MANAGEMENT, PAIN MANAGEMENT AND PALLIATIVE CARE, RESPITE AND HOSPICE CARE, POST HOSPITALIZATION AND MANAGEMENT(CABG, ORIF, ETC.)

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

DIABETIC MANAGEMENT, COLOSTOMY, OSTOMY, FOLEY CATHETER, BOWE/BLADDER TRAINING PROGRAM AND INCONTINENCE CARE, PAIN MANAGEMENT AND MONITORING INTAKE AND OUTPUT PER DOCTOR'S ORDER, MEDICATION MANAGEMENT(RECORDING AND REPORTING).

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

HOME HEALTH PT, OT, SW, HOME HEALTH NURSE PROVIDED AT THE FACILITY BASED ON INDIVIDUAL NEEDS OF THE RESIDENTS WITH DOCTOR'S ORDER

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

WE SPECIALIZED WITH CLIENTS WITH CANCERS, HIP OR KNEE STATUS POS SURGERY, HOSPICE, ALZHEIMER, PARKINSON'S, STATUS OPEN HEART SURGERY OR HEART PROCEDURE AND STROKE CLIENTS.

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: 7 DAYS/WEEK 16HRS A DAY
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

**2 NURSING ASSISTANT CERTIFIED IN A DAY TIME AND 1 AT NIGHT TIME
VISITING PT OT ST DOCTOR ON CALL**

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:

WE ACCOMMODATE ALL CULTURAL AND ETHIC BACKGROUNDS WITHOUT ANY RESTRICTIONS.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

WE OFFER ASSISTANCE WITH DIFFERENT LANGUAGES: ENGLISH,TAGALOG,ILOCANO AND POLISH.

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: _____

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:

BOARD GAMES AND PUZZLES,TRIPS TO CASINO FOR LUNCH,DEVOTIONAL SERVICES ONSITE,HOLIDAY AND BIRTHDAY CELEBRATIONS, MOVIES AND BOOK READINGS,RECREATIONAL AND MUSICAL ACTIVITIES WITH OTHER RESIDENTS.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

WE ACCOMMODATE ADDITIONAL ACTIVITIES FOR THE INDIVIDUAL RESIDENTS PER FAMILY/POA REQUEST.