



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER MERRIMENT ADULT FAMILY HOME LLC	LICENSE NUMBER 752944
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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. Merriment Adult Family Home LLC's goal is to provide the highest quality care while promoting privacy and independence in a comfortable, safe and cheerful home. We accomplish this through actively observing, listening and adapting to our residents daily needs with respect and compassion.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
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:

I. Minimal assistance

II. Cueing and prompting (provided along with minimal assistance)

III. Total assistance (or feeding the resident)

2. TOILETING

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

From supervision or set-up to Total assist, including maintaining perineal hygiene and adjusting clothing before and after using toilet, commode or bedpan.

3. WALKING

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

I. Maximal assist- with 2 caregivers, gait belt & use of a wheelchair behind the resident for sit breaks to prevent falls

II. Contact guard assist- Contact is made to help steady resident's body as needed

III. Stand-by assist- for safety incase the resident loses balance

4. TRANSFERRING

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

From stand-by assist to maximal assist using gait belt, hooyer lift and 2 caregivers

5. POSITIONING

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

Regular Re-positioning: Every two hours or as needed. Keeping skin clean, dry and hydrated. Using foam pad or pillow support.

6. PERSONAL HYGIENE

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

Assistance with personal hygiene from cueing and set-up to total assist. These includes hair care, teeth brushing/dental hygiene, facial care, hands, perineum, shaving, skin care/applying body lotion and clean clothing to prevent infection.

7. DRESSING

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

Dressing assistance will be given from cueing and set up to total assistance. If appropriate, residents will be given opportunity to choose their outfits and plenty of time for dressing.

8. BATHING

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

From stand by to total assist, showers are given 2-3 days a week, per negotiated care plan or as needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Our care is resident-centered. We listen & observe so we can adjust to each residents needs.

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:

Self administered and medication administered under Registered Nurse delegation. We follow doctors order and negotiated care plan in administering medication.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medication is stored in cool dry locked medicine cabinets or refrigerated if needed. All medication is delivered by Pharmacy and returned to pharmacy for disposal as needed.

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:

All nurse delegable services.

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

All delegable services. Medication administration including crushed meds, PRN meds, eye drops, oxygen administration, blood glucose monitoring, simple wound dressing change, and catheter care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Every 90 days or more frequently if needed our contracted Registered Nurse visits our facility

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: **On call**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **Around the clock**
- Awake staff at night
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

All our staff are trained, qualified and background checked before providing care to our residents.

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 primary language is English

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We follow and ensure negotiated care plan of all the residents we admit is met

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:

N/A

ADDITIONAL COMMENTS REGARDING MEDICAID

N/A

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:

Music & dancing, exercises, puzzles, movies, free internet, bingo, summer bbq's and card games

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We encourage our residents to participate in activities of interest and offer new stimulating activities regularly.

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