



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Welcome Home NW, Inc.	LICENSE NUMBER 752989
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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. Welcome Home has been in operation for over 22 years, and even though it changed ownership in 2010, the love and dedication that this home was founded on has continued, by the grace of God. We have been complimented for our excellent care and management, including referrals by many of the Residents families, nurses and doctors. Our motto is "And whatsoever you do, in word or deed, do everything in the name of the Lord Jesus, giving thanks to God the Father through Him"(Col. 3:17)	
2. INITIAL LICENSING DATE 00/00/92	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 19315 NE 214th Street, Battle Ground, WA 98604
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: For profit 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:

We will spoon-feed, puree foods, provide nutritional drinks, thicken liquids, or as little as set-up, cue and monitor food consumption.

2. TOILETING

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

We provide bedside commodes, bedpans, toilet risers to encourage toileting independence, however we will change depends if Residents are incontinent. We do not provide incontinence supplies.

3. WALKING

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

We offer hands on assist to encourage independent ambulation, and will do all forms of exercises, such as range of motion prescribed by PT, and we have afternoon helpers that would walk with Residents for enjoyment.

4. TRANSFERRING

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

Use of gait belts, hoier lifts, and transfer poles to encourage independence. One and/or two person assist.

5. POSITIONING

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

We have staff that will help bedridden Residents with turning q 2hrs if needed. We encourage independence by offering wedges, transfer poles and hospital beds with rails.

6. PERSONAL HYGIENE

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

We offer warm washcloths during toileting and dressing to encourage independence. We will finish the job, or do it all, depending on the Residents abilities. We provide showers and shampoos 2x wk and PRN.

7. DRESSING

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

We encourage the Residents to choose their outfits, and standby assist, or fully dress them, depending on their abilities.

8. BATHING

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

We recommend showers w/shampoo 2 x wk and PRN. We provide a foot basin to soak feet if desired. We curl and dry hair if desired. We lotion dry skin if desired.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We do routine haircuts if desired. We do manicures and pedicures every 6 wks.

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:

Everything from cueing to self-administer after set-up, to crushing and spoon-feeding as prescribed by doctor and delegated by RN. We will do anything within our range as delegated by our RN; blood glucose monitoring, insulin injections, oxygen care, nebulizers.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

Nurse delegator will train us to perform any task within our range.

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

Oral, topical, injections, rectal

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Nurse delegator will train us to perform any task within our range.

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

The home provider is also the manager and has been educated as manager in all the areas.

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: **Only as needed**
- 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

Provider and caregiver are on duty together 12-14 hours/day. Otherwise, 1 caregiver only.

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:

American, English speaking, Finnish speaking.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Provider and staff are of Finnish decent, and can communicate a little in Finnish.

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:

After 2 years of private pay and when funds have been exhausted.

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:

Afternoon helper comes each day and offers nail painting, hair styling, games and crafts, exercises, visiting, music, sewing, knitting and crocheting ect.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We encourage the staff to engage in activities with the Residents when time allows.

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