



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Premier Care Lynnwood Adult Family Home / AMELYN BOBER</b>	LICENSE NUMBER <b>753013</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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RCS/Public Disclosure

### 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>We believe that all loved ones that will and are staying in our home are getting the best care with love and compassion. All caregivers and provider of Premier Care are caring with love and patience to our loved ones. Residents get respect from all of us. We encourage a lively and happy environment.</b>	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>4132 124th ST SE EVERETT, WA 98208</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>PREMIER CARE LIVING AFH</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:

**Tube Feeding, One-on-One feeding assistance.**

#### 2. TOILETING

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

**24 hours assistance with; toileting, comode, bedpan, catheter.**

#### 3. WALKING

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

**Stand-by assistance, Hands-on assistance, As needed for exercise.**

#### 4. TRANSFERRING

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

**One to two person assistance, Hoyer lift.**

#### 5. POSITIONING

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

**One to two person assistance, Every 2 to 3 hours as-needed-positioning.**

#### 6. PERSONAL HYGIENE

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

**Brushing teeth assistance, Shaving, Cleaning ears.**

#### 7. DRESSING

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

**May provide nurse delegated tasks for dressing.**

#### 8. BATHING

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

**2x to 3x shower assistance as needed, and preferred by resident.**

#### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**podiatrist 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:

**Can provide all medication assistance and anything than can be delegated by a nurse delegator.**

#### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Reliable Ready-Meds pharmacy assists us with all medication needs.**

### 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 delegation, Home doctors, and can be in contract with home care agencies as needed.**

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

**Medication administration, sterile dressing, tube feeding catheter care.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**We have a very reliable and good nurse delegators and nurses on call.**

### 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

**All caregivers and provider are very knowledgeable with dementia and mental illness care.**

### 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: \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24 / 7 care.**
- Awake staff at night
- Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING

**All staffs are CNA/HCA. All of whom have state Background Check.**

### 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:

**Focuses with all backgrounds. English is the main language spoken. However, we also speak Filipino, Japanese, and Spanish.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We can speak Filipino, Japanese, Spanish, and English.**

**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

**Accepts Medicaid after 3 years of paying privately. All residents are treated with same respect.**

**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:

**Puzzles, Board games, Karaoke, Daily exercises. All activities are depending on resident preferences.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Outdoor activities are available if weather permits.**