



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SERENE MEADOWS AFH, LLC / LAURA RAT	LICENSE NUMBER 753102
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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.

Our goal is to provide our residents with whole person care, encompassing the mind, body and spirit. We are owned and operated by a RN, with the ability to provide skilled nursing services from the comforts of home.

2. INITIAL LICENSING DATE

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

N/A

4. SAME ADDRESS PREVIOUSLY LICENSSED AS:

N/A

5. OWNERSHIP

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

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 eating assistance from cuing to monitoring to total assistance. We provide special diets per doctor's orders and resident preferences.

2. TOILETING

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

We provide toileting assistance from cuing to monitoring to total assistance.

3. WALKING

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

We provide walking assistance from cuing to monitoring to one or two person assist, including assistive devices such as walkers, wheelchairs, or canes.

4. TRANSFERRING

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

We provide transferring assistance from cuing to monitoring to one or two person assist including assistive devices such as transfer lifts, transfer chairs or transfer belts.

5. POSITIONING

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

We provide assistance with positioning from cuing to monitoring to one to two person assist.

6. PERSONAL HYGIENE

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

We provide assistance with personal hygiene from cuing to monitoring to set up or total assist.

7. DRESSING

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

We provide assistance with dressing from cuing to monitoring to total assist.

8. BATHING

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

We provide assistance with bathing from cuing to monitoring to total assist.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Our home is equipped with wheelchair accessible ramps, roll in showers with grab bars, and wider halls.

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:

RN on staff can provide oral, intravenous, topical, inhalers, injections, per MD orders. Rn can also delegate other staff for medication assistance.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We can provide assistance w/ blood pressure monitoring, glucose monitoring, intake/output monitoring.

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:

Operator is RN and can provide complex skilled levels of nursing cares as per resident needs and MD's orders. The home may facilitate ancillary services such as physical, occupational, or speech therapies, home health or hospice services, according to residents needs. Such services to be paid by resident's insurance carrier.

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

Can provide skilled levels of services per resident needs and MD orders.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All our staff is trained and delegated by RN operator.

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: usually 5 days x wk, 24 hrs per day (usually 2 days off per week)
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: usually 5 days x wk, 24 hrs per day (usually 2 days off per week)
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

We can arrange to have awake staff at night, on a case by case basis.

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 ethnic and cultural backgrounds.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS We encourage use of electronic translation devices if residents or family members do not speak 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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.
<input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: None
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: Walks, gardening, reading, bingo/games, holiday parties, birthday parties, ice cream socials, barbeques
ADDITIONAL COMMENTS REGARDING ACTIVITIES We encourage our residents to participate, but all preferences will be respected.

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