

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Bellevue Elderly Care LLC	LICENSE NUMBER 793136
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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.	
We provide help for the elderly when they need it the most. We work on making sure our residents are safe and respected in their last days or years of their lives. We are dedicated to making a difference by making sure our residents feel at home.	
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:

We assist in feeding, puree, special diets and give other options if they don't like the meal. We always encourage residents to eat and give them ample time to eat by themselves even if this means we need to reheat the food.

2. TOILETING

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

We provide incontinence care, pericare, catheter care and much more.

3. WALKING

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

We encourage walking. We have a wide and long hallway that is perfect for walking, even if the weather is not pleasant. When weather permits, the large outdoor deck is wonderful to take a stroll on.

4. TRANSFERRING

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

We will use the safest way to transfer a person. We can safely transfer a person from the bed to a chair, sofa or car with the help of a gait belt.

5. POSITIONING

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

We make sure the resident is comfortable and safe. When needed we will reposition the resident every 2 hours or as needed to prevent pressure sores.

6. PERSONAL HYGIENE

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

We take care of all personal needs like brushing teeth, combing hair, showers, shaving, putting on makeup and much more.

7. DRESSING

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

We always give options to the resident on what they want to wear. We help with dressing, undressing, choosing clothes and making sure the resident looks their best.

8. BATHING

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

We provide a big shower room with heated floors to make sure no resident is cold when they are helped in taking a shower. A shower chair is provided for comfort.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We acomadate the resident's needs as much as we can and always allow them to do as much as they can.

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:

All medication is allowed with a doctor's order. We help with organizing, cues, and provide any assistance that the doctor requires.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Caregivers, and provider are delegated by RN on how to handle medication.

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:

The caregivers will be delegated by a RN nurse.

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

Give medication to resident, provide insulin care, catheter care and other tasks that can be delegated.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

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: 24 hrs/day 7 Days/ Week
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Staff is available at night if necessary.

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: All backgrounds and languages are welcomed.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
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: The reresident needs to be private pay for 5 years and provide a 90 days written notice before switching to Medicaid
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: Crafts, movies, TV, board games, outdoor deck, fish tank, music and much more.
ADDITIONAL COMMENTS REGARDING ACTIVITIES We take into consideration what the resident likes to do and what hobbies they enjoy. Then we try to incorporate it into our activities.

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