



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER Sage adult Family Home LLC | LICENSE NUMBER 753137 |
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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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Received

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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 are dedicated to provide nurturing, compassionate and quality care. We believe in supporting the total mind, body and spirit of our residents.

2. INITIAL LICENSING DATE

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

14800 46th Ave S Tukwila Wa 98168

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Same

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- 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 may provide assistance with eating from cueing, reminders, cutting up, monitoring, hands-on assistance to guide or hand food/drink, to total dependent feeding assistance with all food/fluids. We may provide therapeutic diets, diabetic diets, and adaptive equipment.

2. TOILETING

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

We may provide assistance with toileting from cueing monitoring, cleansing care , setting up, stand-by assistance for transfer to total dependent for all toileting task . We may provide assistance with Ostomy and cathetar care.

3. WALKING

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

We may provide assistance with walking using assistive devices, cueing , stand by assistance for safety encouragement and monitoring.

4. TRANSFERRING

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

We may provide assistance with transferring for stand by for safty, encouragement , cueing and monitoring.

5. POSITIONING

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

We may provide assistance with positioning cueing, encouragement repositioning intervals, one person assist.

6. PERSONAL HYGIENE

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

We may provide assistance with personal hygiene for set-up, cueing encouragement hunds-on assistance to guide through task completion to total dependent of all task and monitoring.

7. DRESSING

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

We may provide assistance with dressing cueing, lay out of clothing, shose and socks/ TED monitoring and encouragement . Help tying , buttoning cloth to total dressing assist.

8. BATHING

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

We may provide assistance with bathing for stand-by getting in and out of shower ,cueing, encouragement , partial assistance to total dependent/ complete bed bath.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Evening gentle foot massage to calm the sole, oral/denture care, assist with eye glasses and haring aides care. Roll in shower

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:

We may provide medication assistance with one or more and for one and more medication that require medication adminstration through nurse deligation. We may order, monitor document and store

medication in properly locked cabinet.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We may provide medication services to include daily management of pain, taking blood pressure, heart rate and respiratory rate, input/output monitoring, keeping a vigilant watch on medication side

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 home may provide skilled nursing services to include physical, occupational and speech therapies through contracted home health agencies and hospice care services. This services may be paid through the individual's health insurance, private pay or private insurance.

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

The home may provide skilled nursing services by delegation to include blood glucose monitoring , insulin injections cathetar care, oxygen, and simple wound care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

These services are contracted with outside homehelth or hospice agencies and/or nurse delegators. our staff is trained and certified to perform nurse delegated task

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

We may provide services for individuals with mild to moderate or other memory loss. We may provide services for individuals facing hospice/ end of life 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: **Available as needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **we provide at least one caregiver per shift.**
- Awake staff at night
- Other: **Home doctor, ARNP, who specializes in geriatrics is available upon request.**

ADDITIONAL COMMENTS REGARDING STAFFING

All staff are certified in dementia, mental health, nurse delegation/diabetes, firstaiCPR. All staff go through rigorous training and background checks to include national FBI fingerprinting

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 respect all cultural, ethnic and religious background.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We will strive to do our best to accommodate different needs and specialized diets for a particular religion and honor cultural or religious events in our home.

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:

We prefer to have at least two years of private pay before we will consider converting to Medicaid, and if a Medicaid bed is available and at the sole discretion of the home.

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:

We offer numerous activities and engagements. we have activity coordinator, Music therapist, pet therapist, movie nights, Tea time, Feeding the birds, ice cream socials, looking at photo.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We enjoy celebrating life and look for creative ways to recognize holidays, birthdays, and special events and occasions. We enjoy singing hymns, playing table games, bingo, cards, puzzles. reading, gardening taking walk, chair exercises, stretching, massage hands, feet or back. The main objective is to continually work to discover new and different interests that are pleasant, stimulating and purposeful for our residents.

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