



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER

WELLSPRING 24 HR ELDERLY CARE

LICENSE NUMBER

753147

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

JUL 13 2016

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.

Wellspring is committed to providing premium care services in order to preserve quality, productivity and dignity of life to our senior residents in an ideal home environment.

2. INITIAL LICENSING DATE

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

None

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

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:

verbal cueing to supervision, 1 person to total assist, tube feeding, any kind of diet per nursing care plan

2. TOILETING

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

verbal cueing to supervision, stand by assist, 1 to 2 person assist, incontinent care, bedside commode

3. WALKING

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

verbal cueing to supervision, stand by assist, 1 to 2 person assist with ambulation with or without assistive device such as walker, cane or wheel chair

4. TRANSFERRING

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

verbal cueing, stand by assist, 1 to 2 person to total assist, hooyer lift

5. POSITIONING

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

verbal cueing to supervision, 1 to 2 person to total assist

6. PERSONAL HYGIENE

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

set up and verbal cueing, 1 person assist

7. DRESSING

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

selection of clothing, verbal cueing, set up, 1 to 2 person to total assist

8. BATHING

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

verbal cueing with supervision, set up, 1 to 2 person to total assist

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

staff at Wellspring 24 hr elderly care encourage residents to be as independent as possible

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:

Delegated caregivers to administer medications to residents following negotiated care plan.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We provide insulin injection through nurse delegation.

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:

blood glucose monitoring, wound care, indwelling urinary catheter care, tube feeding, constipation treatment

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

RN delegated tasks: blood glucose monitoring, tube feeding, insulin injection, topical cream application, eye drops/ointments application, ear drops, nasal spray, skin/wound care treatment, urinary catheter care, administration of prn (as needed) medications, inhalation, colostomy care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our home has a nurse delegator who does medication reviews and updates, assessment for vital signs and skin issues, makes supervisory visits.

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

Hospice 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: **every other Saturdays 10:00AM-1:00 PM**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 hours/ 7 days a week**
- Awake staff at night
- Other: **awake staff at night as needed**

ADDITIONAL COMMENTS REGARDING STAFFING

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:

English language

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English and Filipino are fluently spoken at 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:

The minimum daily rate of \$150/day and must fit our current population.

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:

board games, music, TV, arts and crafts, reading, Range of motion exercises as ordered by MD

ADDITIONAL COMMENTS REGARDING 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