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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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.

In a beautiful country setting, Dayspring is a nurturing family home dedicated to providing impeccable care. We value personal choice, independence, privacy, and individuality. With our genuine hospitality residents feel at home in unsurpassed comfort, safety, and security. We’re committed to providing an environment where residents live life in a dignified and respectful manner by offering broad based quality services tailored to individual needs, preferences, and interests.

2. INITIAL LICENSING DATE
12/15/2017

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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)

<table>
<thead>
<tr>
<th>1. EATING</th>
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<tbody>
<tr>
<td>If needed, the home may provide assistance with eating as follows:</td>
</tr>
<tr>
<td>Staff may provide assistance with eating from cuing, reminders, cutting up, monitoring, hands-on assistance to guide or hand food/drink to total dependent feeding assistance with all foods/fluids including feeding tubes and pumps. We may support therapeutic diets, diabetic diets, as well as individual dietary preferences.</td>
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</tbody>
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<tr>
<th>2. TOILETING</th>
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<tbody>
<tr>
<td>If needed, the home may provide assistance with toileting as follows:</td>
</tr>
<tr>
<td>May provide assistance with all toileting levels as needed -- setting up, monitoring, encouragement, cueing, assistance with cleansing, pads, clothing and or stand-by assistance.</td>
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</tbody>
</table>

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<tr>
<th>3. WALKING</th>
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<tbody>
<tr>
<td>If needed, the home may provide assistance with walking as follows:</td>
</tr>
<tr>
<td>May provide assistance with walking using assistive devices, wheelchair, stand-by assistance for safety and cueing and monitoring. Depending on the needs, a wheelchair or walker can/will be used.</td>
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<thead>
<tr>
<th>4. TRANSFERRING</th>
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<tr>
<td>If needed, the home may provide assistance with transferring as follows:</td>
</tr>
<tr>
<td>May routinely provide assistance with transferring in/out of bed, wheelchair, toilet, shower chair, physical assistance with transferring. Additional transferring assistance is provided depending on the care level.</td>
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<tr>
<th>5. POSITIONING</th>
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<tbody>
<tr>
<td>If needed, the home may provide assistance with positioning as follows:</td>
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<tr>
<td>May turn the patient from one side to the other, provide additional assistance with positioning as requested/needed. Night time repositioning at an additional fee.</td>
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</tbody>
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<thead>
<tr>
<th>6. PERSONAL HYGIENE</th>
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<tbody>
<tr>
<td>If needed, the home may provide assistance with personal hygiene as follows:</td>
</tr>
<tr>
<td>We may provide assistance with personal hygiene including set-up, monitoring, encouragement and cueing, hands-on assistance to guide through task completion and total assistance when dependent for all or parts of tasks. Assist with bathing, oral care, nail care, facial hair, combing hair, dentures, glasses and hearing aides.</td>
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</tbody>
</table>

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<tr>
<th>7. DRESSING</th>
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</thead>
<tbody>
<tr>
<td>If needed, the home may provide assistance with dressing as follows:</td>
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<tr>
<td>May assist the patient with dressing and undressing and if they are not able to dress or undress.</td>
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<tr>
<th>8. BATHING</th>
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<tbody>
<tr>
<td>If needed, the home may provide assistance with bathing as follows:</td>
</tr>
<tr>
<td>This is dependent on the level of care and when needed special devices are available. We provide assistance with showering for set-up of supplies, encouragement, cueing and monitoring, help getting in/out of roll-in shower, partial assistance to total assistance including complete bathing and bed baths.</td>
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<tr>
<th>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each spacious resident room has customized heat and air conditioning. We may provide assistance with oral &amp; denture care, eye glasses, hearing aides, bladder &amp; bowel management care. We have a roll-in...</td>
</tr>
</tbody>
</table>
### 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 for one or more medications and for one or more medications that require medication administration through nurse delegation. We may order, prepare, monitor, document & store medications in properly locked cabinet or containers.**

**ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES**

We may provide medication services to include daily management of pain, health monitoring to include blood pressure monitoring, pulse rate and other vitals, input/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:

**The home may indirectly provide skilled nursing services to include physical, occupational & speech therapies through contracted home health agencies, and hospice care services. These 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, catheter care, oxygen, simple wound care.**

**ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION**

These services are contracted with outside home health or hospice agencies and/or nurse delegators. Our staff is trained & certified to perform nurse delegated tasks.

### 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 dementia or other memory loss. We 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: **Nurse Delegator available only as needed or upon request**
Licensed practical nurse, days and times: ____________________________

Certified nursing assistant or long term care workers, days and times: **CNA coverage is provided 24 hours, 7 days a week. On-site resident manager's house adjoins the adult day home.**

Awake staff at night

Other: **Awake care at night, dedicated one caregiver support, and/or additional two caregiver support for ADLs may be available for an additional fee.**

**ADDITIONAL COMMENTS REGARDING STAFFING**

All staff are certified in dementia, mental health, nurse delegation/diabetes, 1stAid/CPR. All staff go through rigorous training & 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 backgrounds. This is an English speaking home.**

**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:

**Only if a resident has resided continuously for 36 months as a Private Pay resident, then Medicaid conversion is permitted for up to 50% duration (months) of total private pay residency in designated Medicaid room (NE room in house).**

**ADDITIONAL COMMENTS REGARDING MEDICAID**

Refer to the detailed Medicaid conversion policy.

**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:

The home provides residents enjoyable and stimulating activities one-on-one or in small groups. Residents are asked their interests upon admission and the activity program reflects residents' collective interests. Specific activities may include bingo, spa days, arts & crafts, cooking, walks, barbecues, education programs, gardening, and exercise. Activities are tailored to the individual's abilities. Home is located on beautiful two acres.

**ADDITIONAL COMMENTS REGARDING ACTIVITIES**

We celebrate life and look for creative ways to recognize holidays, birthdays, and special events and occasions. We enjoy singing, playing table games, bingo, cards, puzzles, reading, and reminiscing. We provide range of motion exercises and crafts. 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