



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>EXCEPTIONAL CARE HOME OF BOTHELL LLC.</b>	LICENSE NUMBER <b>753291</b>
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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.

### Table of Contents

About the Home

Personal Care

Medication Services

Skilled Nursing Services and Nursing Delegation

Specialty Care Designations

Staffing

Cultural or Language Access

Medicaid

Activities

### 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.

**EXCEPTIONAL CARE HOME OF BOTHELL LLC;-is committed to quality care of our residents.we strive to achieve the highest accolades in areas such as professional care,of highest quality.We deliver specialized nursing care for residents with almost all conditions or need.Our motto is"RESPECT,DIGNITY AND INTERGRITY; OUR RESIDENT'S DESERVES NO LESS"**

**2. INITIAL LICENSING DATE**

**2/27/17**

**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)

1. EATING

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

**Supervised feedings, with every meals such as one-on one basis/g-tubes feedings,but not (NG TUBE FEEDINGS),Through the mouth feedings etc.All food is freshly prepared here in the home by a qualified chef.**

2. TOILETING

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

**individual toileting,taking resident to the bathroom,assisting with incontinent care**

3. WALKING

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

**Ambulation only within the home premises.**

4. TRANSFERRING

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

**Transferring from bed to chair and vice versa,and all other types of transfers indicated by a licensed therapists will be provided.**

5. POSITIONING

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

**all types of positions as indicated by the registered nurse/or the licensed personell/or mds**

6. PERSONAL HYGIENE

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

**All personal hygiene and needs will be catered for**

7. DRESSING

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

**All type of dressings/and resident's dressings of choice will be catered for.**

8. BATHING

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

**All bathing servicec,showers,bed baths will be provided NB the home does not offer whirl pool services**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**All personal care needs will be met .**

**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 provide almost all medications services.this home wont admit residents requiring,prolonged iv therapy medications,oxygen therapies,intranasal(NG tubes)medications.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**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:

**Wound care management,G-tube feedings,post-surgical care services.Nurse delegated services.simple would care management**

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

**alzheimers and dementia monitoring,simple would care management,medications administrations,**

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: monthly visits,call for 24hrs/7days a week
- Licensed practical nurse, days and times: 12 hrs a day on call for 24hrs/7days a week.
- Certified nursing assistant or long term care workers, days and times: available 24hrs/7days a week
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**This home has full coverage of staff 24hrs/7days a week to take care of your needs.**

### 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 admit resident of all cultural background,we will honour personal food requests.please let us know about your food/feedings preference,we will do our best to honour them.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**English will be our main language of communication,if a resident speaks only foreign languages,we will do our best to make your stay here as best as possible.**

### 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:

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 honour all personal activities,dancing,piano lessons,celebration dressings for different holidays,visit by outside choirs,manicure/pedicure services/gardening.outdoor services requiring transportations for a fee,reading books,bingo,t.v programs,movies nights,baking activities.Individuals activities will be honoured too.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**If a resident has some individual preference of activities ,please let the provider/staff know and we will do our utmost best to honour them**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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