



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER HOMESTEAD ADULT FAMILY HOMES LLC	LICENSE NUMBER 75 3374
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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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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. At Homestead Adult Family Homes LLC, we are committed to provide our residents the best care possible in an environment that encourage health, dignity, rights and well-being of the residents thereby enchancing residents, independence and quality of life.	
2. INITIAL LICENSING DATE 6/27/17	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <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:

Behavioral intervention Independent, Cueing, reminding, encouragement, physical feeding them, Provide special diet, included Dysphagia and peg tube feeding continuously, peg tube.

2. TOILETING

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

Behavioral intervention, redirection, cueing reminder, encouragement on schedule toilet time (2 to 3 hrs) day/night, pericare each toileting, total care if bed bound.

3. WALKING

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

Behavioral intervention, independent, provide stand by assist use adaptive device equipment like: Wheel chair, walker, cane.

4. TRANSFERRING

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

Behavioral intervention, dependent, independent, cueing, reminders, encouragement, provide stand by assist, use adaptive device such as Hoyer lift, walker, 2 person assist, Power recliner, (chair lift).

5. POSITIONING

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

Behavioral intervention, independent, dependent, 2 person assist in chair and bed, uses of tilt and space w/c and specialty pads like (roho) pads. Torso brace, log roll, (250lbs maximum weight)

6. PERSONAL HYGIENE

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

Behavioral intervention, independent dependent, set-up with cueing to total care.

7. DRESSING

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

Behavioral intervention, independent dependent, 1 or 2 persons assist, set-up with cueing to total assist with upper and lower extremities.

8. BATHING

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

Behavioral intervention, independent, dependent, 1 or 2 persons assist, Set-up with cueing supervision, shower with bench, bar, shower head, bed bath total assist

9. ADDITIONAL COMMENTS REGARDING PERSONAL 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:

Provide nurse delegation for administration of medications.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Provide administration insulin under 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:

N/A

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

Administration of medications, Blood sugar monitoring, Insulin diabetes, Chamstick, Continuous Peg Tube feeding, Catheter care, dressing change, Oral suction.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

N/A

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **2 CARE GIVERS 24 HRS 7 DAYS A WEEK**
- Awake staff at night
- Other: _____

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

home respects resident's cultural practices.

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

Home accepts medicaid clients as well as private pay clients who later become eligible for 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:

games/puzzles, exercises, trips to the park, senior center, arrange transportation

ADDITIONAL COMMENTS REGARDING ACTIVITIES

from time to time residents may participate in their preferred activities at their own expense

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