



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <span style="font-size: 1.2em; color: blue;">Road to Eden AFH</span>	LICENSE NUMBER <span style="font-size: 1.2em; color: blue;">753382</span>
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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

Received

JUL 10 2017

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.  
Our mission is to establish outstanding relationships with our resident and their families. We believe in respect, integrity, compassion and excellence in the care of our residents. Our number one goal is to make it possible for our residents to have a good quality of life.

**2. INITIAL LICENSING DATE**

07-2006

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

139 2<sup>nd</sup> Ave S. Algona Wa. 98001

**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: Physical assistance feeding residents, cueing and supervising residents with all meals.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Transfers on/off toilet, peri-care, clothing adjustment, assist resident as needed.

3. WALKING

If needed, the home may provide assistance with walking as follows: Use gait belt, CG Assist as needed encourage resident to walk as much as possible, put shoes on residents always when walking.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: 1-2 person transfers, using Sit to stand or hoist lift if needed, use gait belt with all transfers.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: reposition residents every 2 hrs. or as needed, provide pillows if needed, be aware of pressure points, assist residents as needed.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: set-up as needed, physical assist if needed, brush teeth, open mouthwash, comb hair, peri-care, shave assist residents with their individual needs.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: pick out clothing, dressing residents, putting on shoes and socks, putting on under garments, assist residents as needed.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Assist residents in/out of bathtub/shower, use shower bench or shower chair as needed, supervise residents at all times, wash residents body and hair, help dress residents, assist as needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The home will order personal incontinent items if needed, keep inventory of items.

**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: put medications in med cup, hand to resident, make sure resident takes meds. medication assistance and medication administration are both provided.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

If medication administration is needed caregiver will get delegated for this task.

**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 has the ability to provide the following skilled nursing services by delegation: medication, administration, topical medications, Insulin injections, catheter care,

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION As residents need the home will call nurse delegator to delegate the task if it cannot be delegated a nurse will come in to do the task as needed.

**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: 24 hours
- 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 & Spanish, will accommodate cultural and ethnic backgrounds

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**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 The home accepts medicaid payments as well as private pay.

**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: music, current affairs, arts & crafts, television, books, magazines, outings to parks, barbecues, bingo - arrangement can be made for other things.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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

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