

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Aging Well Senior Care LLC	LICENSE NUMBER 753453
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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.

2. INITIAL LICENSING DATE

10/13/2017

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

615 SE 104th Ave Vancouver, WA 98664

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Aging Well AFH

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- 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:

Provide assistance with transfer to/from table, cutting food, feeding, drinking. Provide cues to residents and staff for safety.

2. TOILETING

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

Provide assistance with transfer to/from bathroom, toilet. Supervision/assistance with peri-care, incontinence products. Provide toileting care in bed for bed bound residents.

3. WALKING

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

Provide stand-by assistance, contact assistance, and supervision when walking. Monitor recovery progress and continue PT and OT as needed and/or directed by physician/PT.

4. TRANSFERRING

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

1-person assist for walking/ambulatory residents. 1 person assist for non ambulatory residents to/from bed/wheelchair/toilet. No hooyer lift services provided at this time.

5. POSITIONING

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

Provide assistance with positioning in bed/chairs/wheelchair/sofa/recliner so the body is in proper alignment in order to prevent stiffness or skin problems.

6. PERSONAL HYGIENE

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

Provide assistance with all personal hygiene needs by direct assistance or cueing (washing face, hands, oral hygiene, brushing hair, shaving, applying moisturizer, trimming finger nails).

7. DRESSING

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

Provide cueing, moderate to complete assist with dressing, as needed. Provide cueing with clothing options.

8. BATHING

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

Provide skin assesment at each bathing session. Assist with transfer to/from shower provide supervision and partial to complete assist with bathing. Provide skin moisturizer after to keep skin integrity.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Provide a range personalized care for each residen, as needed that includes from minimal to complete assistance

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:

Administer all oral and topical medication as prescribed by PCP. Provide cueing, set up, and crushing, if ordered by PCP.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All administered medication is logged, timed, dated, initialed. All medication is stored in locked area.

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:

Administration of oral and topical medication, oxygen, crushing medication, blood sugar/blood pressure/weight/vital signs monitoring.

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

Oral, topical, optical medication administration. Dressing changes, nebulizer, inhaler, nasal sprays.

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7
- 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:

Provider and staff speak English.

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:

At least 18 months of private pay.

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:

Based on the resident's ability, we encourage independence and various choices. Group activities and entertainment are offered on a regular basis (movies, snacks, newspaper, wide array of TV programming).

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We provide accommodation for residents' birthday and holiday parties with timely request from family/friends.

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