



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

HOME / PROVIDER <b>GOSHEN ADULT FAMILY HOME LLC</b>	LICENSE NUMBER <b>753503</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](#)

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RCS/Public Disclosure

About the Home	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <b>Goshen Adult Family Home LLC is fully dedicated in providing Compassionate, Friendly, Excellent and Individualized care in a dignified manner.</b>	
<b>2. INITIAL LICENSING DATE</b> <b>11/27/17</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <b>N/A</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <b>N/A</b>	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <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:

**We offer cueing, supervision and 1:1 feeding assistance.**

### 2. TOILETING

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

**We offer incontinence, total care, stand by assist and cueing per Residents' level of care or need.**

### 3. WALKING

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

**We offer stand by assist, 1:1 with a walker/cane and use of gait belt**

### 4. TRANSFERRING

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

**Two person assist, total with hooyer lift or sit to stand, 1:1 person assist and stand by assist**

### 5. POSITIONING

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

**We provide Residents confined to bed Q2 turn and if confined to wheelchair, we position as needed as relieve pressure and prevent pressure ulcers.**

### 6. PERSONAL HYGIENE

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

**We provide assistance with personal hygiene from cueing, stand by assist to total assistance.**

### 7. DRESSING

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

**We provide assistance with dressing from setup, cueing and Total assistance.**

### 8. BATHING

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

**We provide assistance with bathing from stand by, bed bath, to total care per individual need.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Personal hygiene, balance diet and proper care will be highly maintained for health and safety.**

## 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:

**Resident Manager and other Caregivers will be Nurse delegated according to each resident's medications needs.**

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**All Medications will be stored in a locked cabinet, and MAR's will be signed every time a med is administered and updated as needed by pharmacy MD/RN will be contacted as needed**

**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:

**We have an assigned Nurse Delegator**

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

**Oral, rectal, eye drops, ear drops, tropical creams and inhaled medication**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**All caregivers will be Nurse delegated as soon as we admit a resident requiring full meds assistance.**

~~We provide Catheter care, colostomy and ileostomy care, as delegated by the Nurse Delegator~~  
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

**Nurse Delegation Core and Diabetes**

**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: As needed
- Licensed practical nurse, days and times: As needed
- 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:

**English is our primary language**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Swahili and Kikuyu is available too**

**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:

**Resident need to have a payee and/or guardian.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Private Pay residents has to be at Goshen Adult Family Home LLC for 6 mon before they convert to 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:

**Bingo, Simple exercises, Puzzles, Sing along music, Movies nights, Cards, Yahtzee and Legos.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Any new activities known by resident is also welcome too.**