



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Beatrice Adult Family Homes, Inc.	LICENSE NUMBER 753541
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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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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.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: None
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: Inc.	

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:

1:1 feeding, 3 nutritional meals and snack in between, follow diet recommendations by MD or speech therapist.

2. TOILETING

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

1 to 2 person assist to the toilet, incontinence care, peri care, able to care for Foley, suprapubic catheter and rectal tubes.

3. WALKING

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

1 to 2 person assist, independent, wheelchair bound.

4. TRANSFERRING

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

Gait belt walkers and cane if needed, 1 to 2 person assist residents, bed bound and wheelchair bound, independent, every 2 hours turns, knowledgeable about lifts if needed.

5. POSITIONING

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

Knowledgeable about positioning techniques and lifts.

6. PERSONAL HYGIENE

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

Mouth care, peri care, bathing, bed bath and sponge bath, nail care to non-diabetic resident.

7. DRESSING

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

Laundry provided, assist residents with dressing if unable.

8. BATHING

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

2 showers stalls available at home, 1 to 2 person bath if needed, sponge baths, may ask for shower aides if needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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:

Oral meds, IV and non chemo medications, tube feeding, insulin, IM meds, subcutaneous meds, rectal meds.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Will hire nurse delegator

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:

Foley and suprapubic cath, tube feeding, percutaneous drains, wound care, insulin, IV, most IV meds, chemo, subcutaneous

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

same as above

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Please talk to owner/provider for more details what our home can offer and do

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: **mostly everyday, usually around after 8pm**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24/7**
- Awake staff at night *if needed*
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

CNA/provider is on site everyday 24/7

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/American, Asian

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We welcome all residents with different background and can accommodate special meal requests.

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

Beatrice Adult Family Homes, Inc. will accept private pay residents and only accepts Medicaid after 5

years of 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 and Piano, cards, board games, dancing, singing, walking, exercises, can bring to a hair salon of choice, bring to church and malls, bingo, wellness.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Further activities can be added to what those disclosed above per special requests of family and residents.

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