

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER EMERALD ESTATES AFH , Maria E Perez	LICENSE NUMBER 7536665
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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. Our goal is to provide quality care, show compasion for the residents and provide a loving enviornment	
2. INITIAL LICENSING DATE 12/16/2008 10-15-2010 10-7-2011 9-4-2013 4-20-2018	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 12717 SE FOREST STREET, VANCOUVER, WA 98683 15901 NE 89TH AVENUE, VANCOUVER WA 98682 9214 NE 150th AVENUE, VANCOUVER WA 98682 7712 NE 148TH AVENU, VANCOUVER WA 98682 3007 NE 117th Court Vancouver, WA 98682
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input 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:

Caregiver will set-up plate and eating utensils, will feed client if client unable to feed self.

2. TOILETING

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

Assist resident on and off toilet, provide pericare as needed after toilet, if incontinent, check and clean resident every two hours or as needed to make sure they stay clean and dry.

3. WALKING

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

Walk along with resident, stand by assistance, hold from gait belt to prevent falls

4. TRANSFERRING

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

One-person assistance to transfer from wheelchair to bed and from bed to chair.

5. POSITIONING

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

Positioning and repositioning in bed as needed for client comfort and safety

6. PERSONAL HYGIENE

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

Washing face, brushing hair, brushing teeth, cleaning dentures, washing body as needed.

7. DRESSING

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

Dressing up in the morning and as needed throughout the day and at bedtime.

8. BATHING

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

Bath as needed 2 or 3 times per week and more often if client has incontinent accident

Set-up shower bench or rolling shower chair, wash body, shampoo hair, dry, apply lotion, help with dressing.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Care will be provided as needed based on assessment and as needs change

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:

Medication administration if needed

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Services will adjust based on client assessment

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:

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Nurse Delegation for GBC checks, Insulin injections, Eye Drops, Ointments, patches, Med Administration

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: _____
- Awake staff at night
- Other: **NAR staff with all credentials**

ADDITIONAL COMMENTS REGARDING STAFFING

Some have Nursing Assistant Registration prior to 2012, some have Home Care Aid Certificates

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

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

If the home eventually gets a resident with another language, provider will provider will get materials

and information in that language and will try to accommodate the residents culture

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

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:

Ball Throwing, Music Playing, Watching TV, Playing cards, puzzles, reading stories from magazines,

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Activities will be adjusted according to desires of the 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