

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

HOME / PROVIDER <b>Alderwood Haven</b>	LICENSE NUMBER <b>1753699</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.

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### 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>Our home are here to provide your love ones a comfortable, safe, secure, and a happy environment to make them feel at home.</b>	
<b>2. INITIAL LICENSING DATE</b> 5/14/18	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b>	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <b>Corporation</b>	

## 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:

**Cueing, assisting in feeding, tube feeding, and supervision to prevent choking and aspiration. Altering the texture of the food like cutting into small bite size pieces and pureeing of solid foods or thickened liquids.**

### 2. TOILETING

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

**Commode assistance, toileting schedules, incontinent care using 1-2 person assist. Reminding the residence to use the bathroom regularly.**

### 3. WALKING

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

**Stand by assist with walking and/or use of walker or cane. Cueing residents to use assistive devices and demonstrate the proper use of all medical devices to ambulate properly.**

### 4. TRANSFERRING

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

**One person assistance or supervision with standby assist transfers. Transfer using a hooyer lift as needed.**

### 5. POSITIONING

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

**One person assistance for changing position or turning while in bed or on a chair or cue them if they are able to do it themselves. Repositioning in bed and in wheelchair about every 2-3 hours and as needed to prevent skin breakdowns and bedsores.**

### 6. PERSONAL HYGIENE

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

**Assistance with oral care including cleaning dentures; assistance in shaving, combing hair, washing face, application of deodorant and location.**

### 7. DRESSING

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

**Provide encouragement to the residents and cue them to promote indepenence offering them their choices of clothes. Assisting residents putting on their clothes in the morning, assisting with their socks, pants, shirt, jacket, sweater, etc. Changing their clothes at night in the evening before they go to sleep.**

### 8. BATHING

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

**Remind residents of their shower schedule and supervise and cue them as needed. 1-2 person assistance with showering for some residents two times per week, or as requested. Sponge bath in bed if necessary.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Assist in personal effects, such as glasses and hearing aids. Promote independence to each resident as possible**

## 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:

**The staff in our home will assist and administer oral meds, topical meds, eyedrops, creams, ointments, oral puffer, nasal spray, and rectal meds. Use nurse delegation for assisting, administering and training caregivers to the resident.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**All our medications are locked in our medication cabinets, We document each time medication was given to the resident**

#### 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:

**Skilled nursing services are provided through a contract nurse (nurse delegation).**

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

**Oxygen administration, tube feeding, insulin injections, medication administration, colostomy care and blood sugar checks.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The provider will contract a nurse to provide nurse delegation to train the caregivers so they can perform skilled nursing services by 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: **RN will be on call as needed**
- Licensed practical nurse, days and times: **LPN will be on call as needed**
- Certified nursing assistant or long term care workers, days and times: **1 to 2 person 24/7 of either combinations of Certified Nursing Assistants and Long Term Care Workers.**
- Awake staff at night
- Other: **Awake staff at night as needed**

ADDITIONAL COMMENTS REGARDING STAFFING

**Our staff meets all the training requirements and kindly serve the residents.**

**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:

**Our home respects and honors all ethnicity and cultures as long as the resident can understand and 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:

**Our home accepts medicaid after a minumum of two years of privately paying resident before being converted to medicaid.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Our home will then transfer the resident to a shared room 2 months prior to converting to medicaid or a supplemental fee can be added to resident who chooses to stay in the private room**

**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:

**Birthdays and Holiday celebrations, movie nights, bingo, music (piano & other musical instrument performances), watching tv, card games, crafts.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities can be customized according to the residents needs.**

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

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