



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Aspen AFH	LICENSE NUMBER 753700
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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

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 mission is to provide loving, compasion and comfotable enviroment, feeling at home with safe enviroment, treated with dignity. always goes extra mile to make sure our resident are given good care they deserve.	
2. INITIAL LICENSING DATE 5/14/18	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <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 provide assistance with set up, cuing, monitoring and assisting total care residents

2. TOILETING

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

we provide toileting assistance with cuing, stand by assistance to total care using hooyer/ sara lift

3. WALKING

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

we provide assist with ambulating depending on providers orders. Daily mobility will be provided

4. TRANSFERRING

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

Stand by assist, using safety devices to keep our residents safe will be provided.

5. POSITIONING

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

prompting assistance with positioning every 2hrs if resident cannot turn self and cuing those can to change position

6. PERSONAL HYGIENE

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

we provide partial and total support including bathing, oral care, hair care, skin care and nail care if resident not diabetic

7. DRESSING

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

Prompting partial, cuing and total support depending on resident capability

8. BATHING

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

we provide assistance with bathing, and also monitoring for safety

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

we provide care by following MD orders so care may vary according to orders

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:

BY following MD orders, staffs has to be delegated, follow rules and regulation

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medication has to be locked all the times, only trained staff can touch medication

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 and nurse delegated

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

wound care/ tube feeding, insulin injections

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Tube feeding, Trachs, Monitoring blood sugar, injecting insulin and wound care

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 BSN supervision**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24/7 CNA**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

There can be awake staff if care demand

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 is open to take care of any ethnic group

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

Private residents can covert to medicaid when runs out of money, prefer to be private at least 2 years and give 60 days notice

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:

Hosting birthdays, Holidays celebrations, playing cards, Bingo, puzzels, crossword, gardening flowers summer time and small groups activities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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