



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Golden Berry, LLC	LICENSE NUMBER 753732
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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. Golden Berry, LLC's goal and passion is to provide safety to all our residents, while preserving their individual rights and dignity. Each of our residents health care and daily services are tailored to each residents individual needs.	
2. INITIAL LICENSING DATE 6/20/18	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 29550 54th Ct S Auburn, WA 98001
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:

If needed, caregivers will provide verbal cueing and encouragement to clients to be able to eat more. Caregivers will provide hands on assistance as needed.

2. TOILETING

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

If needed, caregivers will remind clients to go to the bathroom on a regular basis to minimize or even completely prevent incontinence. Caregivers can assist with peri care as needed with clients' privacy in mind.

3. WALKING

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

As our home, does contain stairs, we will only be accepting ambulatory clients. We can and will offer stand-by assistance as needed for client's safety. We will also offer assistance with the use of gait belt.

4. TRANSFERRING

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

If needed, caregivers will provide stand-by assistance to clients as needed for safety, to provide contact-guard assist until resident is steady.

5. POSITIONING

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

If needed, caregivers will provide verbal cueing and encouragement to resident to reposition self to prevent skin issues. Caregivers will provide stand-by assistance while client is repositoning self, for resident's safety.

6. PERSONAL HYGIENE

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

If needed caregivers will provide residents with set-up help with performing personal hygiene tasks. Caregivers will assist clients with oral care, shaving, grooming but allow them to perform these tasks as much as they're able to.

7. DRESSING

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

After client has chosen, what clothes to wear. Staff will, at all times encourage clients, to wear clean clothes. If needed, caregivers will provide verbal cueing to total assist with performing dressing tasks.

8. BATHING

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

Staff will allow client to bath alone if client is able. Staff will standby at all times incase help is needed, with the client's privacy in mind.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

All clients will be watched to see if any help is needed.

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:

If needed, caregivers will hand medications to residents with the use of enabler such as medication cup, at the right time prescribed by the Doctor.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The AFH will accommodate self administration of medications if client is able to per 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:

Will provide Nurse delegation as needed.

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

Medication administration such as administration of inhaler, eye drops, ear drops, insulin injection and blood sugar checking.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

No staff will perform nursing tasks unless delegated by a 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

N/A

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: **Provider is a Registered Nurse who is in the AFH on a regular basis**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 hour staffing**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Awake staff will be provided as needed.

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

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

N/A

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

Golden Berry LLC will accept Medicaid after private pay for 24 months.

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:

AFH will personalize activities according to residents' activity preferences.

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