



Adult Family Home Disclosure of Services

Required by RCW 70.128.280

HOME / PROVIDER Onyx Corner Adult Family Home LLC	LICENSE NUMBER <div style="font-size: 24px; text-align: center;">753772</div>
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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](#)

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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. To offer home healthcare with love, dignity and respect	
2. INITIAL LICENSING DATE <div style="font-size: 24px;">7/26/18</div>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <div style="font-size: 24px;">n/a</div>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <div style="font-size: 24px;">n/a</div>	
5. OWNERSHIP Sole <input type="checkbox"/> proprietor <input checked="" type="checkbox"/> Limited Liability Company Co- <input type="checkbox"/> 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:

Provide cuing, monitoring and full assistance ^{and} to tube-feeding

2. TOILETING

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

Provide set-up, commode and total assist

3. WALKING

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

Provide stand-by assist, walker or wheelchair

4. TRANSFERRING

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

One-to-two assist, sit-to-stand assistance or hoist lift

5. POSITIONING

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

One-to-two person assist and repositioning every two hours

6. PERSONAL HYGIENE

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

Provide cuing, set-up and total assist with activities of daily living

7. DRESSING

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

Offer choices, set-up and total assist

8. BATHING

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

Cuing, set-up assist to total assist

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Offer all activities of daily living as 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:

Medication administration, eye/ear drops and woundcare

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Blood glucose monitoring and coverage by way of nurse delegation

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:

Diabetic care, Nutrition as needed woundcare dressing change and g-tube feeding

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

insulin administration, blood sugar test, Application of ointments, nasal spray, wound care

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING 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: 24 hrs as needed
- Licensed practical nurse, days and times: Resident Licensed Spouse
- Certified nursing assistant or long term care workers, days and times: All day and night (24 hours) 7 days a week
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

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 residents regardless of their backgrounds provided they communicate in English

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Will provide meals to accommodate cultural background

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:

Client stay in the Home for two years before he/she may convert to Medicaid

ADDITIONAL COMMENTS REGARDING MEDICAID

A 90 day notice is required prior to private pay resident change to 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:

Card

games,music,movies,puzzles

and assisted exercises

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