



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Seniors Choice Care, LLC	LICENSE NUMBER 753841
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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 mission is to provide and maximize the quality care, comfort, health and safety of all individuals while at Seniors Choice Care Adult Family Home.

2. INITIAL LICENSING DATE

10/12/2018

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

20214 53RD Ave Ct E Spanaway WA 98387

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

n/a

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- Co-owned by:
- 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:

From cueing and monitoring to total assistance as per Negotiated Care Plan. Supervising clients who are at risk for choking and/or aspiration, feeding as indicated, altering texture of food or drinks as per MD order(s). Meals are prepared and served to meet Resident’s needs.

2. TOILETING

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

AFH staff reminds clients to use the bathroom on regular basis. From cueing and monitoring to total assistance by one person. We provide assistance with bowel and bladder, use of bedside commode, wiping and changing briefs/pullups. If needed, we provide catheter care.

3. WALKING

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

From cueing and supervising by one person stand by assist, assistance with use of walker/wheelchair. We are unable to accommodate motorized electric scooters.

4. TRANSFERRING

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

From cueing and monitoring to one person lift assist. Also, we assist to accommodate transfers with Hoyer lift.

5. POSITIONING

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

From cueing and monitoring by one person assistance with turning and repositioning at regular intervals as per Negotiated Care Plan and MD order(s).

6. PERSONAL HYGIENE

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

From cueing and monitoring to total assistance by one person: personal hygiene, showers, oral care, assistance with dentures, nail care, grooming. CNA assists with application of hygiene products, fingernail and toenail trimming as needed, except diabetic clients, who require specialty care by Podiatrist doctor. Skin assessment is done regularly.

7. DRESSING

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

From cueing and monitoring to total assistance by one person.

8. BATHING

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

From cueing and monitoring to total assistance by one person including bed bath. Supervising during showers. Clients are not left unattended. Skin assessment is done regularly for redness, breakdowns and sores.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We encourage our Residents to be as independent as possible in order to improve quality of life.

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:

As per Negotiated Care Plan, we assist our Residents with taking medication and by reminding them at the proper time, opening, crushing, pouring into a medication cup as disclosed on the assessment or doctor's order. Medication administration is provided through Nurse Delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We monitor our Resident's health by checking vital signs daily or as needed, daily pain management, comfort care at end of life. Staff is trained and delegated by Nurse Delegator to perform various tasks.

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:

We provide Home Health Care Services, Palliative, Comfort and Hospice Care.

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

All medications are administered on timely routine. Skilled Nursing Services such as glucose treatment, dressing changes, applying ointment to skin, oxygen therapy based on orders from Provider and/or RN Delegation instructions.

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: **Nurse Delegator RN is available as needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **AFH Provider on site 24/7. All staff are**

experienced, certified and licensed by the WA state.

- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Provider does rounds at night

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:

Seniors Choice Care AFH celebrates major Holidays and Heritage. Residents and Families are encouraged to celebrate together. Welcome to our Home!!!

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Cultural and religious beliefs are important to our Home. We will make every effort for our Residents to feel comfortable in their own environment.

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:

Medicaid payment is accepted as payment per AFH Provider's approval and proper assessment. We require our private pay clients to give us notice 6 months in advance prior converting to Medicaid coverage.

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:

We offer music, piano playing, movies, games, arts and crafts, newspaper, puzzles, bingo, exercises, gardening, easy meal cooking and preparation, grill and BBQ (when weather permitting).

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We aim to provide activities that are based on Resident's preferences, abilities and desires.

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