



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

HOME / PROVIDER

**Soundview AFH, LLC/ Usha McCollum**

LICENSE NUMBER

**753912**

**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. **Soundview AFH offers a safe and comfortable living environment, nourishing and pleasing food, adequately staffed care (on a twenty-four hour basis), to meet the needs of each individual. We will always honor and respect each individual and their resident's rights. OUR goal is to enhance the quality of life while advocating and protecting each individual resident, honor resident's rights, maintain a quality work environment for staff and other outside entities ensuring continuity in care, to stay in compliance with the current STATE mandates, WAC's, RCW's, and operate The Facility in a manner that is consistent with good business and community practices.**

#### 2. INITIAL LICENSING DATE

**12/20/18**

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

**None**

#### 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:

- **Cuing, monitoring; supervision, assistance, total assistance**
- **Providing assistance or feeding if/when necessary**
- **Altering food for clients needs.**
- **Dietary preferences/restrictions/tube feeding; on a case per case basis**

### 2. TOILETING

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

- **Cuing, monitoring; supervision, assistance, total assistance**
- **Assistance with clothes, briefs, pads, perineum care, etc.**
- **Bladder and Bowel programs for incontinent residents**
- **Applying ointments and barrier creams**
- **Routine skin checks/skin care to prevent breakdown**
- **Track/document bowel movements**

### 3. WALKING

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

- **Cuing, monitoring; supervision, assistance, total assistance with walking**
- **Assistance with canes, walkers, wheelchair and other medical devices**
- **Encourage walking and maintaining independence**

### 4. TRANSFERRING

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

- **Cuing, monitoring; supervision, assistance, total assistance with/during transfers**
- **Using medical equipment for transfers (Slide board, gait belt, hoier lift, sit to stand) on a case per case basis**

### 5. POSITIONING

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

- **Cuing, monitoring; supervision, assistance, total assistance with with positioning.**
- **Day or night**

### 6. PERSONAL HYGIENE

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

- **Reminders, cuing, monitoring; supervision, assistance, total assistance.**

### 7. DRESSING

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

- **Reminders, cuing, monitoring; supervision, assistance, total assistance**

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

- **Reminders, cuing, monitoring; supervision, assistance, total assistance**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We have a 1:6 caregiver to resident ratio. We have 24 hour staffing; caregiver is available by call bell/monitoring system at night after 10 pm-6am and does routine night rounds depending on the resident's needs. We prefer NO NIGHT WANDERS or EXIT SEEKERS.**

**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:

**Reminders, cuing, monitoring; supervision, assistance, administration**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Staff will ensure medication is ordered, delivered and documented. Staff will monitor results of medication and report concerns and significant changes immediately. If medications are refused we will report to PCP/Dr.**

**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:

**The AFH works with home health agencies and home doctors. The home has a subcontracted Nurse Delegator available on call.**

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

**Medication administration, tube feeding, blood sugar testing, insulin injections, catheter care**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**We are able to be delegated to all the required tasks needed to provide extensive 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: **On call; every 90 days for Nurse Delegating; and as needed**

**NO** Licensed practical nurse, days and times: **NONE**

Certified nursing assistant or long term care workers, days and times: 24/7

**NO** Awake staff at night

Other: **Will offer HOSPICE care**

ADDITIONAL COMMENTS REGARDING STAFFING

**We prefer NO NIGHT WANDERS or EXIT SEEKERS.**

#### 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:

**Anyone from any background is welcome**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**The Staff speak English and**

#### 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

**We request 24 months of private pay before converting 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:

**Exercising, Puzzles, games, Music, TV, Books, Magazines.**

**Holiday and Birthday parties**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We encourage that the resident continue and activities they are accustomed to. We are open to suggestions and welcome feedback from resident/resident representative, their family and friends.**

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

PO Box 45600

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