

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Exceeding Grace Senior Care AFH LLC	LICENSE NUMBER 753974
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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. The staff at Exceeding Grace Senior Care welcome youa or your loved one. We are dedicated to quality, professional person-centered care, Offering peace of mind and care commitment. Staff are available 7 days per week, 24 hours day and night. Residents receive hearty and healthy meals, love, support and excellent care.	
2. INITIAL LICENSING DATE 03/01/2019	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: None
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:

Staff will assist residents who are unable to feed themselves.

2. TOILETING

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

Ensure privacy and dignity, safe transfers in/out of the bathroom, provide incontinence care, promote personal hygiene and cueing etc

3. WALKING

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

As needed to include use of assistive device-walker, cane, wheelchair; Supervision, contact guard with a goal to maintain safety etc

4. TRANSFERRING

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

As needed to include, supervision, standby assist, contact guard assist, use of devices; Fall risk precautions; residents requiring more than one person assist with transfers will be accomodated

5. POSITIONING

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

As needed to ensure adequate distribution of weight and balance in order to prevent falls; Frequent repositionings for dependent residents to prevent skin breakdown; skin checks, monitoring and follow up

6. PERSONAL HYGIENE

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

As needed to ensure client is well groomed, clean and dry in order to prevent skin infection, maintaining good hygiene

7. DRESSING

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

Ensure residents are well groomed throughout the day; Smplify choices; maintain optimal level of functioning, encourage independence and support as needed. etc

8. BATHING

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

Offer assist with bath, shower, or bed bath and ensure safety, privacy, honor and dignity, do skin check

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Establish a routine schedule, allow independence, respect rights, choice and privacy

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:

Cue, remind and assist with medication administration as prescribed.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Caregivers are nurse delegated and can administer medications.

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:

All nursing care needs including wound/incision care and management, catheter care etc

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

Insulin administration, instillation of eye drops, topical care, wound care etc

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All residents requiring more services will be addressed on a case to case basis to ensure safety

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: **24hours on call ans as scheduled. 90 day reviews or as needed and annual updates**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **7 days a week, 24 hour care**
- Awake staff at night
- Other: **Awake staff at night as needed**

ADDITIONAL COMMENTS REGARDING STAFFING

Provider/resident manager is on call 24hours/day, full staffing on all holidays

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:

N/A
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS Staff will engage client's support system (family and friends) to help with language barriers; use communication aids and interpreters when necessary
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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: Individuals must meet state Medicaid reimbursement/supplemental benefit requirements, agree to all facility policies and procedures, house rules, and understand/agree with AFH transfer/discharge policy
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: Music, playing cards, birthday celebrations, board games; varies according to each resident's likes and dislikes
ADDITIONAL COMMENTS REGARDING ACTIVITIES N/A

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