

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER A Great Life, LLC/Arun Vijay	LICENSE NUMBER 754139
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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.

Great Life Care Home is a loving, engaging and dignified home; owned and operated by a physician (MD) with over 20 years of experience in the field of Medicine.

Our mission is to provide you, our cherished resident with the utmost level of care and comfort within a home-like setting. We guarantee to responsibly take care of your everyday needs to make sure your stay with us is as pleasant and comfortable as possible. You are a treasured member of our family, and we are honored to have you here.

2. INITIAL LICENSING DATE
07/12/2019

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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:

We will provide you with nutritious, freshly prepared and/or organic food and beverages. We will cater to your individual tastes and dietary requirements. We will make reasonable effort to ensure our meals will accommodate your personal preferences. Feeding assistance will be provided in a dignified manner when required. In addition to supplying foods that are easy to self-feed, appetizing and easy to swallow, our staff will assist through hand-feeding when a resident is not able to, shaky, forgets, or becomes too frustrated with moving food to their own mouth. Staff will help residents to wash hands before eating and to clean up after. We will adopt and use specialized strategies to help maintain the best possible nutrition and give your body every chance to stay well-nourished and hydrated, heal and feel as well as it can.

2. TOILETING

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

We will provide full toileting support and perineal care as needed around the clock to ensure your comfort. Incontinence supplies such as briefs/pull-ups, wipes, skin protection, gloves, bed liners etc can be provided at an extra charge. We will focus and specialize in managing and improving incontinence of bowel and bladder, and know exactly how to keep your skin (and dignity) in shape!

3. WALKING

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

To maintain your mobility, we will provide assistance to walk when needed whether you are using assistive devices or if you need minimal support with a gait belt. Therapeutic ambulation is prioritized through our Active Health Maintenance program, so you'll remain as strong and mobile as your health permits.

4. TRANSFERRING

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

We will at all times be available to assist you with your transfers. These will be according to your specific needs whether you need little help or are using assistive ambulating devices. Your safe transfers will always be our priority.

5. POSITIONING

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

We will always be at hand whenever needed to help with positioning and re-positioning around the clock. Correct and frequent positioning assistance is crucial if your mobility is impaired, to help you remain free of bed sores and related issues.

6. PERSONAL HYGIENE

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

We will, if and when needed, assist you with your showers or bed-baths as needed and with your toileting needs whenever needed around the clock. At all times, your privacy, safety and hygiene will be our highest priority. Our care home provides daily assistance with tooth-brushing, hair styling, make-up, moisturizing skin, grooming, shaving, dressing up, and basic nail care - so you will look your best! Other services such as hair-cuts and pedicure/manicures can be provided at an extra cost.

7. DRESSING

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

Your personal style and attire choice will be respected at all times and we will honor this even when you require our assistance with dressing.

8. BATHING

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

We will assist you with daily showers/baths/bed-baths, or as frequently as you require. We will respect your privacy and dignity always. Take advantage of our custom-built lip-free shower stalls and rolling bath chairs to stay safe and shower without discomfort or hassle.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

In our quest to maintain your privacy, we will ensure we keep your bedroom, bathroom and restroom doors closed when we are assisting with personal care.

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:

We will provide medication reminders. Our nurse delegated staff will assist you to take your medication should you need assistance.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Our nurse delegated staff will provide standard wound care. Wound care for Stage 3 or 4 pressure wounds or complex wounds that require a wound care nurse consult to treat them regularly will be provided at an extra charge.

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:

Under our registered nurse's delegation, we will be at hand to provide all delegated skilled nursing services required, provided they are within our scope of care.

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

Skilled nursing services available to you will be: basic wound care, assistance with urine bag replacement, colostomy bag replacement, and diabetes management.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Skilled nursing services provided will only be those ones delegated by our registered nurse, and within the scope of our caregivers.

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

We will seek additional training whenever available to make sure we are providing the highest level of specialty care.

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 x 7 x 365 days a year**
- Awake staff at night
- Other: **Either the provider or manager will be available via phone/email around the clock, 7 days a week, whenever needed. We are contracted with Visiting ARNP/MDs (for primary care), Beauticians, and Podiatrists.**

ADDITIONAL COMMENTS REGARDING STAFFING

We will be at all times be adequately staffed. Our highly skilled members of staff are compassionate, caring, and competent. We will focus on providing you the most kind and diligent care around the clock. Typically, we have two staff members present during the day to provide care and engage residents in activities; and one staff onsite overnight.

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:

We provide care without discrimination to ambulatory and non-ambulatory residents, memory care/dementia residents and residents on hospice.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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:

We will accept Medicaid as a payment source after a private pay resident has resided in the home for 48 months. We only admit or retain residents for which we can safely care for, and the services required by the resident must be within the scope of services we offer. We require 90 days advance written notice from you, when you plan to convert to Medicaid as a payment source.

Any exceptions to this policy will be at the sole discretion of the Provider.

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:

You will have access to an elaborate array of activities and programs tailored to your interests and activity levels. These include Active Health Maintenance programs, Game days, Movie-n-Popcorn days, Birthdays and Holiday celebrations etc. You will have access to cable television and video, internet, music (without disrupting other residents). Additional entertainment activities may include weekly live music and artist visits, and recreational therapist visits.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Your suggestions regarding activities are highly appreciated, and we will do our best to try to accommodate them.

Disclaimer: The services described in this document are "typically available" in our Care Home, but may change anytime. This information should not be construed as a guarantee of service, unless specifically agreed upon and contracted for at the time of admission.

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