



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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HOME / PROVIDER HOLY GARDEN AFH LLC	LICENSE NUMBER 754154
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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.

We believe our Seniors can continue in the richness of life and experience their very best moments in their beautiful years. Our mission is to provide a safe, pleasant and peaceful home with compassionate, professional, and individualized care for our Residents and confidence for peace of mind for their loved ones. Our Residents are treated well physically and emotionally with friendship, compassion and quality care in a loving home.

2. INITIAL LICENSING DATE

7/30/2019

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

13819 NE 45TH STREET VANCOUVER, WA 98682

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

SAME AS ABOVE

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 may provide assistance with eating from cuing, reminders, cueing up, monitoring, hands-on assistance to guide or hand food/drink, to total dependent feeding assistance with all foods/fluids.

2. TOILETING

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

We may provide assistance with toileting from setting up, monitoring, encouragement, cueing, assistance with cleansing, care, pads, clothing and or stand-by assistance for transfer to total dependent for all toileting tasks. We may provide assistance with catheter and ostomy care on a case by case basis.

3. WALKING

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

We may provide assistance with walking using assistive devices, wheelchair, stand-by assistance for safety and cueing and monitoring, one person assist to bed bound.

4. TRANSFERRING

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

We may provide assistance with transferring for stand-by for safety, encouragement or cueing, hands-on guiding, one person assist to mechanical lifting using hoist, gait belts.

5. POSITIONING

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

We may provide assistance with positioning for stand-by for safety, cueing, monitoring or encouragement, repositioning intervals, one person assist.

6. PERSONAL HYGIENE

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

We may provide assistance with personal hygiene for set-up, monitoring, encouragement and cueing, hands-on assistance to guide through task completion to total dependent of all tasks.

7. DRESSING

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

We may provide assistance with dressing for monitoring, encouragement, cueing, lay out of clothing, help with shoes, socks, TED, to guiding of limbs, tying or buttoning, upper and lower body dressing, to total assistance.

8. BATHING

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

We may provide assistance with bathing for set up supplies, monitoring, encouragement and cueing, needs help getting in/out of shower, partial assistance to total dependent, to include requires complete bathing, bed baths.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We may provide assistance with oral and denture care, eye glasses, hearing aides, bladder and bowel management 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:

All of our caregivers and nurse delegated for administering medication to residents who have difficulty talking them by themselves such as: crushing medications, checking blood glucose and giving insuline.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

N/A

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 home may provide skilled nursing services to include physical, occupational and speech therapies through contracted home health agencies, and hospice care services. These services may be paid through the individual's health insurance, private pay or private insurance.

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

The home may provide skilled nursing services by delegation to include blood glucose monitoring, insulin injections, cathetar care, oxygen, simple wound care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

N/A

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 may provide services for individuals with mild to moderate dementia or other memory loss. We may provide services for individuals facing hospice/end of life 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: Nurse delegator available only as needed or upon request
- Certified nursing assistant or long term care workers, days and times: 7 days a week/ 24 hours a day

<input type="checkbox"/> Awake staff at night <input checked="" type="checkbox"/> Other: If needed, we will employ staff for patients who require monitoring throughout the night.
ADDITIONAL COMMENTS REGARDING STAFFING N/A
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 respect all cultural, ethnic, and religious backgrounds. This is an English speaking home.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS N/A
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: We cannot determine if we can accept Medicaid residents, until we have been informed of the daily rate and health condition.
ADDITIONAL COMMENTS REGARDING MEDICAID N/A
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 try to accommodate activities to Residents needs. Our house is equipped with large screen TVset with cable shows, news, musical, and sports. In home is WiFi. We provide residents with snacks. We will be having birthday and holiday celebrations with a party and birthday cake and flowers. The home is equipped with a small corner library with books, newspapers, magazines, board games, and puzzles. We have a fruit and vegetable garden that residents can help out if they desire so. We have a beautiful yard with flowers and benches.
ADDITIONAL COMMENTS REGARDING ACTIVITIES We are always open to suggestions.

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