



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SERVICE OF SOLACE LLC / David Leymaster	LICENSE NUMBER 754174
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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	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p>Service of Solace (SoS) Mission Statement:</p> <p>Hope, healing and solace are the fundamental tenants and motivation by which we operate. Be a good servant; inspire others to serve by your example. Serve with enthusiasm to grow in experience, in wisdom and prudence. Our consideration and effort will always be with greatest regard for those who have honored us as trusted stewards of their care and quality of life.</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="font-size: 1.2em; margin-left: 20px;">8/7/2019</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	

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:

The home can accommodate residents whose needs range from reminders to assistance

2. TOILETING

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

Mobility and transfer to and from toilet/ washroom, hygien/ wash assistance.

3. WALKING

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

The home does have ramps installed and is able to accommodate residents with mobility aids, or residents who need more than one verbal cue or staff assistance to evacuate the home in the event of an emergency.

4. TRANSFERRING

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

transfer from bed to wheelchair and other transfers that do not require specialty equipment to hoist or lift other than a Sit-to-Stand device which the home maintains..

5. POSITIONING

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

Temporary bed rest repositioning

6. PERSONAL HYGIENE

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

Reminders, denture care, fingernail and foot care, catheter care

7. DRESSING

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

Assistance with dressing as needed, including clients with weak or limited mobility of extremity.

8. BATHING

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

Assistance as needed with entering and exiting the bath/ shower; assistance with washing and drying.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The home can also assist with nail and footcare, unless the resident has diabetes; Passive Range of Motion Exercises for shoulders, knees and ankle.

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:

The home can assist residents with medications whose assessed needs range from reminders to full administration with medications.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Residents will transfer their prescriptions to: readymedspharmacy.com, prior to moving into the home.

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

Ear drops, eye drops or ointments, nasal drops or sprays, oral inhalation therapy, rectal suppository or cream, vaginal suppository or cream, non-sterile dressing changes, glucometer testing gastrostomy feedings, ostomy care, straight clean urinary catheterization.

-Nurse delegation means a registered nurse transfers the performance of selected nursing tasks to competent and qualified nursing assistants. Staff at Service at Solace LLC are competent and qualified to perform certain nursing tasks through nurse delegation, and the facility contracts with a RN for nurse delegation.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Service of Solace has nurse delegation for diabetes and can assist or provide insulin administration

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

The home specializes in Traumatic Brain Injury.

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: **as needed for delegation tasks and assessments**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **Qualified staff on-shift 24/7**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

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: Military Veterans with Traumatic Brain Injuries.
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)
<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:
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: Art therapy Aroma therapy In/outdoor games Baking Swimming Gardening Physical fitness Yoga Off-site activities (events & parks) Puzzles Music therapy Movie Night (projector screen)
ADDITIONAL COMMENTS REGARDING ACTIVITIES

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