



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

HOME / PROVIDER <b>Edgewood Care Home LLC</b>	LICENSE NUMBER 754248
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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	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.  <b>We are ordinary people with extraordinary heart. We provide care that supports and maintain each resident's rights with dignity, respect and comfort in a private home setting.</b> <b>Our goal focuses is on safety and well being of those we serve at all times.</b>	
<b>2. INITIAL LICENSING DATE</b> 10/03/2019	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <b>5501 Tri Lake Dr SE Olympia, WA 98513</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b>	
<b>5. OWNERSHIP</b> <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:

**We provide home cooked nutritious meals and assistance with eating, cutting foods, feeding on a regular basis, cueing and monitoring to total assistance.**

2. TOILETING

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

**We provide monitoring, standby or cueing with toileting, commode, urinals and bedpan if needed . We assist with transferring on and off the toilet, cleaning pads, and we provide bladder and bowel incontinence cleaning.**

3. WALKING

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

**We provide standby assistance, cueing to take steps, walking assistance with gait belts and wheelchair assistance inside and outside the area.**

4. TRANSFERRING

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

**We provide standby assistance and help with walkers, and wheelchairs, on and off the toilet, shower, and in and out of bed.**

5. POSITIONING

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

**We provide assistance with ADLs with turning, transfer in and out of wheelchair, and reposition every 2 hours to maintain skin integrity.**

6. PERSONAL HYGIENE

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

**We provide assistance or cueing to clients according to their own preferences or ability from oral care, shaving, grooming, rinsing other part of the body and make-up applications.**

7. DRESSING

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

**We provide standby assistance or cueing to put on and take off clothes, help with buckels, buttons, put on and take off shoes, and undress as needed.**

8. BATHING

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

**We provide standby assistance on getting into and out of shower; we wash and dry all areas of the body. We use warm towels freshly out of dryer to make sure you are warm.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We accept extra/modification personal care according to your needs.**

**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 follow physician's order, pharmacy oversight using bubble packs and bottles.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medication are delivered to our home and we provide order refills and obtain doctors order.**

#### 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:

**Nurse delegation like tube feeding, medication administration, urinary catheter care.**

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

**Blood glucose monitoring, inhalation medication, topicals, insulin administration.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**We have a registered nurse who will provide oversight medical practices.**

#### 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 or visit every 60-90 days**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24 hours a day, 7 days a week**
- Awake staff at night
- Other: **We can easily attend to Resident if needed at night.**

ADDITIONAL COMMENTS REGARDING STAFFING

**Provider's hours are Monday - Friday 8AM to 6 PM, Appointments available, Weekends are as needed.**

#### 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:

**English**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We accept all types of languages/cultures.**

#### 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

**Policy is stated in our contract very clearly in Font 14.**

#### 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 have magazines, puzzles, books, music, gardening, games, cards, big deck and many other activities to engage the resident.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We have group of people come sing carolling on Christmas time.**

**We have BBQ outside the deck in the summer (weather permits)**

**We celebrate each Resident's birthday.**

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  
Olympia, WA 98504-5600