



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Oasis Care Inc</b>	LICENSE NUMBER 754267
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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><b>Oasis Care Inc. is committed to providing safety and quality care to residents, whose rights it shall promote and respect.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">10/20/2019</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 type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input checked="" type="checkbox"/> Other: <b>S-Corporation</b></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:

**When deemed appropriate, staff may provide the following:**

**Supervise and cue, or spoonfeed residents if need be**

**Alter food texture by cutting into bite sized pieces, chopping and or pureeing of food if necessary**

**Serve food per clients preference. (diet restrictions shall be observed).**

### 2. TOILETING

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

**Establish routine toileting**

**Provide pericare after each toilet use**

**Assist with use of bed pan, urinal or bedside commode**

**Change briefs and pads regularly**

### 3. WALKING

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

**When deemed appropriate, staff may provide contact guard or standby assist**

**Cue clients in the use of assistive device**

**Clear hallway, walkways of clutter and trip hazards**

### 4. TRANSFERRING

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

**When deemed appropriate, the staff may provide one person or 2 person transfers,**

**Provide hoist lift transfers as necessary**

**Assist with the use of slide boards and other assistive transfer devices**

### 5. POSITIONING

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

**When deemed appropriate, the staff turn and reposition residents who are at high risk for skin breakdown, (both on chair and bed)**

**For residents who have the ability to reposition, simple cues and reminders may be offered**

**Float heels or and other pressure points to prevent skin breakdown using pillows and cushions**

### 6. PERSONAL HYGIENE

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

**Provides assistance with oral care, nail care (for non diabetics)**

**Shampoo/wash hair .(Trim/shave if needed)**

**Apply deodorant, lotion**

**Wash or cue residents with handwashing after toilet use, before and after meals**

**7. DRESSING**

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

**Dress both upper and lower body**

**May simply cue and supervise with dressing**

**Respect residents preference with clothing**

**8. BATHING**

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

**Provide total assistance with showers if deemed necessary**

**May only provide cueing or partial assistance to residents who are still able and partly able**

**Regulate water temperature according to resident's preference**

**Assess resident skin condition during showers**

**Provide bed bath if resident in unable to shower**

**9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE**

**Resident independence is encouraged by letting them do things for themselves that they are still able to.**

**~~This will help build their self-esteem and and self-confidence~~**

**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:

**When deemed appropriate, the staff may simply cue and remind residents to take their meds**

**Administer meds to residents**

**May crush pills if indicated**

**Apply or assist with topical medications**

**Inject/Assist with insulin injections**

**ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES**

**Staff can be delegated to perform necessary nursing tasks.**

**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:

**Fortress Home has a Nurse Delegator on call to train staff or supervise with delegatable nursing tasks.**

**Services of Home Health Agency nurses may also be availed with referral from the resident's doctor (PCP)**

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

**Application of topical medication (cream, ointment, eye drops, ear drops), nebulizers, suppository, glucose check and insulin injections for the care of diabetics**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Costs of RN delegation and HH Agency services are paid for by client insurance or personal funds**

#### 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: **Nurse Delegator quarterly visits or as needed**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24/7**
- Awake staff at night
- Other: **Visiting doctor, Home Health Services can be availed of with PCP referral**

ADDITIONAL COMMENTS REGARDING STAFFING

**Staff has received all DSHS required trainings. 24/7 duty of one or 2 caregivers**

#### 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 is the primary language spoken at Fortress Home. Ethnicity, culture, beliefs and practices of residents shall be respected at all times.**

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:

**The home requires 2 years of private pay prior to medicaid conversion**

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:

**Board games, Wii sports, Bingo, Puzzle, Movie Nights, holiday parties, arts and crafts, consistent with resident abilities, interests, and preference.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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

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