



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Longhouse Adult Family Homes, 11339 A & B 8th Ave NE, 11520 and 11526 17th Ave. NE, Seattle, WA 98125	LICENSE NUMBER In order: 754372, 754353, 754397, 754374
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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. Longhouse Adult Family Homes provides care to individuals with the diagnosis of dementia. Our intent is to provide our residents with the best possible care, allow our families to again be family members and not caregivers, and to treat our staff better than any other employer in the business.	
2. INITIAL LICENSING DATE 01/14/2020	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: Evergreen Adult Family Homes	
5. OWNERSHIP <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:

Feed clients occasionally or on a routine basis.

We will also coordinate occupational therapy evaluations to maximize independence with eating, assist with purchase and maintainance of adaptive equipment for eating, and offer tube feeding.

2. TOILETING

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

Physically help clients to and from the toilet, help with incontinence products, provide urinary catheter care and routine ostomy care, care for bladder and bowel incontinence, including routine cleaning as necessary.

Personalized toileting schedules will be developed as needed.

3. WALKING

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

Stand-by assistance, physical help walking or moving about the building, escorts to on-site activities

4. TRANSFERRING

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

We provide stand-by assistance, one person and two person transfers, lifting with mechanical equipment. We also offer coordination of physical therapist and/or occupational therapist evaluations and ordering and maintaining transfer equipment.

5. POSITIONING

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

Positioning around the clock, typically on a two hour schedule

6. PERSONAL HYGIENE

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

Set out personal hygiene or grooming items, help with brushing hair, shaving, applying make-up, filing nails, oral care and brushing teeth, washing and drying face and hands, washing and drying other parts of the body as needed.

We also offer a visiting beautician, manicurist, and podiatrist. These independent contractors are paid for by the resident.

7. DRESSING

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

Help client put on, take off, and button/fasten clothing. Dress and undress clients who are not able to help with dressing themselves.

We will also coordinate occupational and physical therapy assessments to maximize independence, assist with the purchase of adaptive equipment and maintenance of devices, assist with application and removal of prescribed devices, and assist with application and removal of compression clothing.

8. BATHING

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

We provide bathing assist, partial and full, including bed baths for clients on hospice.

9. ADDITIONAL COMMENTS REGARDING 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 have a licensed nursing staff available to administer directly or to supervise the administration of medication. Caregiver will be nurse delegated to provide medication assistance 24/7. We will also assist in the transfer of prescriptions to a contracted pharmacy.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

At our registered nurse's discretion based on a nursing assessment, we will also provide diabetic management, including blood glucose testing and insulin injections, ongoing wound care for stable non-healing wounds, and non-complex chronic wound care, and skin integrity monitoring. Beyond the hours listed below, the Longhouse has a full time registered nurse and may increase hours at any specific Longhouse location as required by the Negotiated Care Plan. This notwithstanding, any service that requires a licensed nurse must be limited to the hours the licensed nurse is available onsite.

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

Non-routine ostomy care, tube feeding, ongoing wound care for stable non-healing wounds.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

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

Longhouse has services and programs that cater to clients with advancing dementia.

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: **M-Fri 9am-5pm doing rounds, on call or as needed all other hours**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **From 7am to 11pm we have 2 caregivers to 6 residents (1 to 3). From 11pm to 7am we have 2 awake caregivers available, one posted in each house and 1 that floats between 2 houses for transfers and emergencies. If the house census falls the fundamental commitment is 1 caregiver for 3 residents and always having a 2 person transfer caregiver available.**
- Awake staff at night
- Other: **Resident Care Coordinator works full time to give residents and family a delightful experience.**

ADDITIONAL COMMENTS REGARDING STAFFING

We also have a part-time Activity Coordinator for life enrichment activities.

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

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:

After 48 months of private pay and based on the availability of one of our two Medicaid beds, a person may convert to Medicaid.

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:

We will publish a monthly activity calendar and make it available to residents and family. It will include a well-rounded variety of activities, including such things as exercise classes, video conferencing with friends and family, reading together, bingo, food and drink socials, brain training games, gardening and bird watching, crafts, movies, beautician and manicures services, and fun with the community dog and other pet activities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Urgent and emergency transportation will be arranged by facility or designee and provided by external provider (typically 911).

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