

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

HOME / PROVIDER <b>Spectrum Adult Family Home</b>	LICENSE NUMBER 754408
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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>Our commitment is to provide compassionate and personalized care to each resident. Our mission is to enhance quality of life by promoting independence with activities of daily living. We strive to provide the highest level of care and respect to residents in a safe and secure environment. Our goal is to deliver specialized care in a home setting.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p>3/6/2020</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>N/A</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p><b>Spectrum Adult Family Home</b></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:

**Meal preparation, tray set up, cutting food as needed, cueing, supervising. We provide from minimal assist to total 1:1 feedings. Special diets and textures accomodated, such as dysphagia, thickened liquids, etc.**

#### 2. TOILETING

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

**Toileting schedule, catheter care, bowel regimen, incontinence care and related skin care, peri care, transfers to and from bathroom, ostomy care**

#### 3. WALKING

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

**Use of mobility devices, such as cane, walker, crutches, etc. From cueing to stand by assist to one person total assist. Fall risk prevention. Use of gait belt.**

#### 4. TRANSFERRING

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

**From minimal supervision, stand by assist to sit to stand and hoyer lift transfers. Use of gait belt and walker for transfers.**

#### 5. POSITIONING

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

**From reminding mobile residents to shift weight to relieve pressure to providing total care to bedriden residents, including an every two hour turning schedule.**

#### 6. PERSONAL HYGIENE

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

**Setting up supplies and providing cues up to total assist with personal hygiene**

#### 7. DRESSING

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

**Assit with clothing selection, assist with putting on clothes, launder clothes**

#### 8. BATHING

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

**From supervision to setting up supplies and cueing to total assist with showering.**

#### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Additional services may be provided according to resident's assessment and 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:

**Administration and record keeping of all medications, including oral (whole or crushed), topical, injections, etc. Monitor for potential side effects of medications.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**The use of in house pharmacy is optional that delivers medications to 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 is owned and operated by RNs, so nursing care needs are addressed.**

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

**The home uses delegation for medication administration of topical, oral, eye drops, inhalers; blood glucose monitoring, insulin injections; use of nebulizers; hospice care**

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

#### **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: **RN on call**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: \_\_\_\_\_
- 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:

**All residents are welcome to Spectrum Adult Family Home provided that the facility can meet the residents' needs.**

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 facility will accept Medicaid payment after two years of private pay residence. If the resident runs out of funds before this time, the facility will help resident to find a Medicaid house with the help of a social worker.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**The facility can accept Medicaid as payment for resident before two years if agreed between all parties.**

#### 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:

**Various activities based on resident's capabilities, such as playing cards, reading books, tea time, music, movie night, walk around premises, puzzles, Bingo, etc.**

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~~

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