



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Autumn Living Villa, LLC</i>	LICENSE NUMBER 754555
--	--------------------------

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.

Table of Contents

- [About the Home](#)
- [Personal Care](#)
- [Medication Services](#)
- [Skilled Nursing Services and Nursing Delegation](#)
- [Specialty Care Designations](#)
- [Staffing](#)
- [Cultural or Language Access](#)
- [Medicaid](#)
- [Activities](#)

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. <i>Our mission is to provide 24 hour care to vulnerable adults who cannot care for themselves assisting them to live as independently as possible. We work hard each day to provide loving care to our residents. We are located in quiet Nyanza neighborhood in Lakewood.</i>	
2. INITIAL LICENSING DATE <i>1 / 6/12/2020</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>319 Field Rd E, Spanaway, WA 98387</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>N/A</i>	
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: Feeding residents who cannot feed themselves, cueing residents who need assistance, pureeing food for those having a hard time swallowing and supervising residents to meet their nutrition requirement.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Changing incontinent residents, providing peri-care, cueing residents to visit restroom regularly, keep incontinence supplies well-stocked.

3. WALKING

If needed, the home may provide assistance with walking as follows: Staff remind resident to use their assistive device, push manual w/c, assist clients that needs assistance.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Two person assist if needed, sit to stand lift is use or hoier if necessary.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Staff are trained to turn residents that cannot reposition themselves, use pillows to make them comfortable

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: To residents that can do their oral hygiene, staff will help set-up. Those that can't, staff helps them.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Staff keep residents clothea washed & folded. Help clients dress, help with button and zippers etc.

8. BATHING

If needed, the home may provide assistance with bathing as follows: We assist residents to take their bath, monitoring water temp, scrub their back and legs, help them lotioned up and dry.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff are sensitive to residents needs, they know what every client 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: Pharmacy provides the home with pre-packaged meda. We follow MAR on the 5 R's.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We follow what the doctor ordered.

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 a nurse delegator who delegates our caregivers.

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

We have put nursing delegation into place to include medication assistance

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate skilled staffing.

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *16 hours (CNA) & hrs HCA*
- Awake staff at night
- Other: *Rounds 2x/night*

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:

English and Tagalog (Filipino) are spoken here.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We are respectful of cultural differences

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:

that they're willing to share rooms.

ADDITIONAL COMMENTS REGARDING MEDICAID

has a medicaid policy that is disclosed to residents prior to admission

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 enroll them in Adult Day if they so preferred to get involved socially.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Resident activities will match their capabilities.

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