Department of Social & Health Services
Transforming Lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
PRAIRIE MANOR LLC	754790

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.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
12/15/20	14917 NE 123rd Avenue Brush Prairie WA 98606

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Company
- ☐ Co-owned by:
- ☐ 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 may prepare and deliver food to your room, provide assistance from cueing, monitoring, cutting up your food, hand-over-hand assist or total feeding assistance.Assistance in variety of diets such as regular diet,regular diet large portions,regular diet small portion,mechanical soft diet and pureed diet

2. TOILETING

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

We may provide reminder, cueing ,schedule toileting with stand-by assist, total physical assistance in transfering from chair to toilet, adjusting clothing,bladder and bowel incontinence care,urinary catheter care,ostomy care and other toileting requirements as agreed in the Negotiated Care Plan

3. WALKING

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

Escort or stand by assist you with or with out use of adaptive devices in moving within the home or outside the building as needed. We may provide mobility assistance as agreed in the Negotiated Care Plan

4. TRANSFERRING

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

Routinely provide standby assist in and out of bed to w/c,on to and off the toilet or shower chair, One-person physical assistance in transferring,lifting with mechanical equipment and other transferring requirements as agreead in the Negotiated Care Plan

5. POSITIONING

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

Extensive assistance is offered in positioning , w/c may include 2 hour repositioning during bedtime

6. PERSONAL HYGIENE

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

We may provide reminders and cuieng , hand over-hand assistance and extensive assistance to perform and complete personal hygiene tasks and other requirements as decribe in the Negotiated Care Plan

7. DRESSING

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

We will provide total set-up as needed, cuieng , hand-over-hand assistance and extensive assistance to perform and complete the task and other dressing requirements as decribed in the Negotiated Care Plan

8. BATHING

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

Reminders will be provided on shower days,cueing,stand-by assist, physical assistance getting in and out of the shower,assistance to wash hard to reach areas, total bathing assistance if you can not bathe yourself, bed baths and other bathing services specified in the Negotiated Care Plan

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:

The home will provide medication mangement services as stated in the Negotiated Service Plan which may include reminders to self-administering residents, ordering medication both new and current cycle fill, transcribing and updating MAR, coordinating with PCP's office,Pharmacy and POA regarding recent changes in medication orders,scheduled and PRN oral medication administration,delagated medication administration and short term monitoring adverse reaction with new medications.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff will be delegated by RN as Negotiated Service Plan requires

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:

Physical, Occupational and Speech therapy through contracted agencies and hospice care services

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

Staff will be delated by RN if NSP requires services such as wound care, topical medication application, eye drops application, monitoring blood glucose levels and insulin injections,oxygen and catheter care

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Staff will be delegated by RN as Negotiated Service Plan requires

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: _____

☐ Awake staff at night

☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Nurse Delegator is available upon request

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:

The home welcomes all backgrounds and is primarily English speaking

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Tagalog speaking staff lives in the home. We will honor request for Cultural celebration

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

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:

Calendar of activities is prepared and accessible for residents for residents on a daily basis.Birthday and Holiday celebration is observed with respect to cultural and religious differences

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We will honor resident's wishes to not be a part of any activities per request. Residents who do not wish to be a part of the celebration for religious reason may be offered other activities

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