



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

HOME / PROVIDER <b>OCEAN BREEZE AFH LLC</b>	LICENSE NUMBER <b>755017</b>
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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>Ocean Breeze AFH is a loving, engaging and dignified home; owned and operated by RN with over 15years experiences in the medical field. As a high-quality adult family home, we promote and protect an individual’s ability to age in place, in a warm, friendly, nurturing home environment where their care needs will be met. Our home is located by the ocean, unique in architecture, style and setting. All resident provided a private room and private bathroom.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p><b>05/23/2021</b></p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSE</p> <p>903 180<sup>th</sup> ST SW Lynnwood, WA 98037</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p>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:

**Caregivers prepare homemade meals three times a day as well as nutritious snacks and deserts.**

**Caregivers sit and eat with residents providing up to full assistance with eating if needed & Engaging in social and conversational activities during the meal.**

**Up to 100% assistance provided. We can accommodate pureed, soft, low salt, and other diets.**

### 2. TOILETING

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

**Caregivers provide full assistance with whatever amount of care the resident needs regarding toileting. awake staff at night to assist with nighttime toileting needs, and our caregivers assist in bathroom as often as needed and/or change care products and provide skin/peri/hygiene care as often as is needed.**

**Up to 100% assistance provided. We specialize in managing incontinence of bowel and bladder.**

### 3. WALKING

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

**We encourage mobility and provide caregiver assisted exercise to encourage continued strength and endurance. Caregivers walk with residents indoors as needed throughout the day and outdoors up to twice daily as appropriate, to facilitate continued mobility or more often as directed by care plan. We promote and encourage mobility**

**Up to 100% assistance provided. Walkers, canes, and wheelchairs accepted.**

### 4. TRANSFERRING

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

**Ocean breeze AFH has two caregivers working during all waking shifts and a fully awake caregiver staff at night. We can provide 2: person transfers during the daytime and evening hours and 1 person transfers during the overnight shifts**

**Up to 100% assistance provided. We can help you get in-and-out of bed, chair, toilet, and shower.**

### 5. POSITIONING

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

**Ocean breeze AFH prepared to position or reposition residents up to every hour as needed. Proper positioning adds greatly to resident comfort as well as promotes healthy circulation. In general, bed bound residents are repositioned every 2 hours during night or more often if directed to do so by care plan or provider.**

**Up to 100% assistance provided. We can provide assistance with turning and positioning 24/7.**

### 6. PERSONAL HYGIENE

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

**Caregivers at Ocean Breeze provide up to full assistance with hygiene, including full assistance and/or management of oral care, shaving, personal skin care, peri care, showering, hair care, nail care and**

**toenail care. Caregivers value personal appearance of residents and understand that looking good promotes feeling good.**

**Up to 100% assistance provided. This includes things like grooming, shaving, and washing assistance.**

7. DRESSING

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

**Caregivers provide whatever level of assistance with dressing that is needed, up to and including dressing residents that are fully dependent upon caregivers for all their dressing and undressing needs. We encourage and support personal choice and encourage and assist residents to choose their own clothing and accessories when able to.**

**Up to 100% assistance provided with dressing, undressing or changing clothing anytime.**

8. BATHING

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

**Ocean Breeze AFH have a full roll in shower room, where residents are provided assistance from a caregiver to shower, up to full and complete assistance with bathing is provided if needed. Most residents shower twice a week, but a preference for showering more often can be accommodated.**

**Up to 100% assistance provided. We provide bathing /showering assistance based on your preferences, needs, and care plan.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Ocean Breeze AFH promotes and encourages as much independence as possible as in general, residents feel more in control and have better self-esteem if they participate in their personal hygiene. Caregivers will provide up to full assistance with all hygiene tasks though if needed or as increased needs develop due to aging, illness or decline over time.**

**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:**

**Ocean Breeze AFH owned and managed by an RN. Nurse Delegation is provided free of charge and all levels of care are provided, from medication assistance through to full nurse delegation/administration of all medications.**

**Up to 100% assistance provided. We provide assistance for all oral medication, inhalers, and can be delegated to assist residents with blood glucose monitoring, insulin pens, eye drops, oxygen, and more.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Our staff provide all services in relation to medication management, from communication with the MD or ARNP team, to ordering and obtaining medications from the pharmacy, to ensuring that medications are given and documented appropriately.

**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 Provider is an RN in Washington State, and can provide nursing tasks such as wound dressing changes, refilling medication organizers, nursing health assessments, as long as those services remain within the scope of practice for Washington State.**

**Care is provided 24 hour a day by licensed nursing assistants who are fully trained and supervised by the facility RN/ Provider. RN is on call for the facility 24 hrs. a day and is in the home daily.**

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

**State-allowed nurse delegated tasks can be provided in our AFH. If the State allows it, our staff can provide it. The only allowed injectable medication is insulin.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**We are NOT a "skilled nursing facility." However, we do contract with Home Health agencies who can provide skilled nursing services in our home.**

#### 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: **Owner is RN available 9-to-5 Mon to Fri, and 24/7 for emergencies.**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long-term care workers, days and times: **Licensed caregiver are always in the home.**
- Awake staff at night
- Other: **The home is owned and managed by an RN, will be available around the clock, 7 days a week when ever needed.**

**In-home services: ARNP for primary care; Beautician; Podiatrist; Musician.**

ADDITIONAL COMMENTS REGARDING STAFFING

**We will be at all times be adequately staffed. Our highly skilled members of staff are compassionate, caring, and competent. We will focus on providing you the most kind and diligent care around the clock**

#### 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 speaking individuals with a traditional background, We provide care without discrimination to ambulatory and non-ambulatory residents, memory care/dementia residents and residents on hospice.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Caregivers at ocean Breeze are very accommodating of cultural or dietary needs and strive to create a comfortable environment that caters to the individuals needs of residents

**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

**We will accept Medicaid as a payment source after a private pay resident has resided in the home for 48 months. We only admit or retain residents for which we can safety care for, and the services required by the resident must be within the scope of services we offer. We require 90 days advance written notice from you, when you plan to convert to Medicaid as a payment source.**

**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:

**You will have access to an elaborate array of activities and programs tailored to your interests and activity levels. Activities that seniors enjoy are varied and differ from person to person. By default, we offer live music concerts, Birthdays and Holiday celebrations, daily exercise, therapeutic walking, puzzles, reading, and ball-toss. Game days, Movie-n-Popcorn days, Birthdays and Holiday celebrations etc. You will have access to cable television and video, internet, music (without disrupting other residents). Additional entertainment activities may include weekly live music and artist visits, Recreational Therapist visits.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Your suggestions regarding activities are highly appreciated, and we will do our best to try to accommodate them.**

**Disclaimer: The services described in this document are "typically available" in our Care Home, but may change anytime. This information should not be construed as a guarantee of service, unless specifically agreed upon and contracted for at the time of admission.**