



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Maple Terrace Quality Care/ Jane McAulay	LICENSE NUMBER 755107
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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.

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. Our humble home is committed to provide quality of care, a safe, healthy and peaceful environment to all our residents. We ensure to treat and care our residents equally with respect and dignity.	
2. INITIAL LICENSING DATE 7/30/21	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSSED AS: N/A	
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:

We provide eating assistance from cuing, monitoring and to total assistance base on their specific need and as indicated in the care plan.

2. TOILETING

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

We provide toileting assistance from cuing, monitoring and to total assistance. Caregivers provides incontinence care as indicated in the cae plan.

3. WALKING

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

We provide assistance from monitoring, standby assist or contact assistance and to one person assist using assistive or mobility device such as gailt belt, cane and fww. Encourage walking within the resident's ability.

4. TRANSFERRING

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

We provide assistance from supervision, standby assist, pivot transfer, to full assist with one person assist and following specific instruction from Physician, Physical Therapist such as partial weight bearing to a healing limb as indicated in the care plan.

5. POSITIONING

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

We provide assistance from cuing, monitoring and to one person assist with turning or changing position while in bed or chair. Positioning would be base on the resident's needs and abilities.

6. PERSONAL HYGIENE

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

We provide assistance from cuing, monitoring, set up, and to total assistance specifically with peri care, oral care, grooming, and skin care. Encourage participation during activity.

7. DRESSING

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

We provide assistance from cuing, monitoring, set up and to total assistance. Encourage participation during activity.

8. BATHING

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

We provide assistance from cuing, monitoring, set up , partial assist and to total assistance, following specific order indicated in the care plan.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Care will be provided as needed based on assessment and care plan.

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:

All medications will be assisted by the staff as indicated in the assessment and care plan. Staff will administer medication per delegation and will be documented on the Medication Administration Record. OTC and Prescription medication must have a written order from the resident's Physician. All medications in any form will be stored or kept in a secured locked medication cabinet.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Nurse Delegation

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:

Nurse Delegation for medication management and supervision.

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

Medication assistance or administration(oral, topical, inhaled medication, nasal sprays and eye drops.)

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All caregivers/staff can receive Nurse Delegation when is needed prior to providing care and services.

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: **1 staff available 7 days a week, 24/7**
- Awake staff at night

Other: **If a resident requires a full time awake night staff, charges or fees will be on the residents responsibility or family as agreed.**

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:

We accept from all ethnic background without discrimination related to preferences, religious and sexual orientation. Provider is bilingual English and Tagalog. English is the primary language spoken in our home.

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:

We require private funding resident to stay for 24 months from date of contract before switching to medicaid. Private pay resident need to give 90 days written notification before they switch to medicaid, refer to Maple Terrace Quality Care agreement for full disclosure.

ADDITIONAL COMMENTS REGARDING MEDICAID

We have limited rooms available for medicaid and our medicaid policy is disclosed to resident and families 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:

Holidays and birthdays celebration, arts and crafts, coloring, painting, bingo, puzzles, music, reading books, magazines, watch movies, etc.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Activities are based according to each residents participation level and interest. We acknowledge that activities may not apply to everyone and we respect each residents preference.

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