



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER MEDMARIE & FAMILY HOMECARE LLC	LICENSE NUMBER 757511
--	---------------------------------

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	
<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>MEDMARIE & FAMILY HOMECARE LLC'S mission is to provide care and improve lives of adults including elderly through support, effective and efficient care with dignity and respect. To make a positive difference in every life we touch, promoting health, safety, and individual rights.</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">8/13/24</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p style="text-align: center;">10615 NE 25TH PL VANCOUVER WASHINGTON 98686</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>N/A</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:

Provide assistance from feeding, cueing, supervision with special diet requirements per doctor's order, monitoring for aspiration risk, and recording dietary intake.

2. TOILETING

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

Provide assistance with toileting from cueing and assisting medical contrivance, supervision, monitoring output for consistency and regularity and one person assist.

3. WALKING

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

Provide assistance with walking from supervision, verbal cueing to use medical equipment appropriately with one person assist.

4. TRANSFERRING

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

Provide assistance with transferring, from supervision to verbal cueing to use medical equipments with one person assist.

5. POSITIONING

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

Provide assistance with scheduled repositioning, supervision and monitoring of physical concerns with one person assist

6. PERSONAL HYGIENE

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

Provide assistance with scheduled repositioning, supervision and monitoring of physical concerns with one person assist.

7. DRESSING

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

Provide assistance with dressing from cueing and set up clothes to total assist.

8. BATHING

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

Provide assistance with bathing from cueing, monitoring, bed bath and total assist.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

To provide prompt, friendly, and professional services of the existing needs and/or preferences of each resident

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:

Assisting in medication management and provide medication administration through nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All medications are locked up at all times and only given under physician's order.

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:

Provide basic care and activities of daily living with maintaing and preserving the quality of life.

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

Medication administration, blood glucose levels, applying oitments, eye drops, wound dressings, colostomy, catheter, and tube feeding.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Any reasonable tasks can performed with reasonable accomodation.

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

Alziemers, Stroke, ALS, Huntington, MS, Diabetic

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: **24 hours a day seven days a week.**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 hours a day seven days a week**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Staff have all state required trainings plus 7 days in home orientaion before they are on their own.

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:

MEDMARIE & FAMILY HOMECARE LLC welcomes all backgrounds and will do our very best to accommodate their needs. English and Krio (Sierra Leone, West Africa) is the medium of our communication.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Respects the residents rights , cultural beliefs, and practices.

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 rate should be sufficient to cover up care expenses.

ADDITIONAL COMMENTS REGARDING MEDICAID

MEDICAID RESIDENTS MAY SHARE A ROOM.

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:

Assists exercise with PT/OT orders, games, music, walking exercise, and party for special occasions.

ADDITIONAL COMMENTS REGARDING 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