

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER NORTH RIDGE HOUSE, INC	LICENSE NUMBER 96800/98700
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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>2. INITIAL LICENSING DATE</p> <p>10/23/1992</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>745 N. 180th St. Shoreline WA 98133</p> <p>20031 6th Ave. NE Shoreline WA 98155</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input checked="" type="checkbox"/> Other: CORPORATION</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:

Assist with all levels eating/feeding needs in accordance with the resident's rights, PCP orders.

2. TOILETING

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

Assist residents with toileting needs as established in their care plan.

3. WALKING

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

Assist with all levels of ambulation according to the resident's care plan and PCP recommendation.

4. TRANSFERRING

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

Assist in all levels/methods of transferring that meet/exceed the residents care plan with the resident's consent.

5. POSITIONING

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

Assist in all levels/methods of positioning that meet/exceed the resident's care plan with the resident's consent.

6. PERSONAL HYGIENE

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

Assist in all levels of personal hygiene that meet/exceed the residents care plan, with the resident's consent.

7. DRESSING

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

Assist in all levels/methods of dressing that meet the residents care plan and PCP orders with the resident's consent.

8. BATHING

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

Assist in all levels/methods of bathing that meet the residents care plan and PCP orders with the resident's consent.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We will meet or exceed all levels of personal care needs in accordance with the resident's negotiated care plan with the residents consent

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:

North Ridge House provides all levels of medication assistance (self administered, assisted or delegated) according to the resident's negotiated care plan, standing orders, and resident's consent.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

Administration of most medications, non-sterile dressing changes, ostomy care, urinary catheterization, blood glucose monitoring, gastrostomy feedings, trach care etc., as permitted by law.

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

- 1. North Ridge House provides all delegated tasks under WAC 246-840-910, except: Administration of medication by injection (by intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) with the exception of insulin injections.**
- 2. Sterile procedures.**
- 3. Central line maintenance.**
- 4. Acts that require nursing judgment.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

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

North Ridge House staff are well trained to provide specialty care in Dementia and Mental Health.

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: **Once/twice a week**
- Licensed practical nurse, days and times: **N/A**
- Certified nursing assistant or long term care workers, days and times: **24 hours a day**
- Awake staff at night
- Other: **Medical Director onsite once a week**

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:

All backgrounds

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

North Ridge House utilizes HIPAA-certified interpreters when necessary.

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:

Interactive Entertainment & Activities

- **Birthday and Holiday celebrations**
- **Music and sound (Group sing-along, name that tune, etc.)**
- **Crafts (scrapbooking, card making, etc.)**
- **Puzzles and games (board games, bingo, jigsaws, boules, horseshoes, and ring toss)**
- **Exercises (exercise sessions, outside walks, and dance)**
- **Relaxation (meditation, seated yoga, and massages)**
- **Movie times (all genres – according to resident choices)**
- **Bowling (Residence’s preference)**

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