PATIT CREEK

ADULT RESIDENTIAL CARE

Providing quality Health Care since 1964

423 W Main St, PO Box 49, Dayton, WA 99328

Phone: 509-382-2410 Fax: 509-382-2674

REFERRAL FORM

INFORMATION REGARDING PATIT CREEK

Patit Creek Adult Residential Care is a licensed 30 bed long-term residential care facility in Dayton, WA specializing in the care of those with chronic behavioral health issues. We are licensed for ARC, EARC and ECS levels of care. Our Residents are primarily Medicaid however, we do accept private-pay individuals on a case by case basis, depending on level of care.

PERSON MAKING REQUEST

rral: Today's Da	Today's Date:	
Email:	Email:	
hat agency? If not, what is your re	elationship to the potential Resident?	
RESIDENT INFORMATIO	N	
-DOB;	SS#:	
Mother's Maiden Name:	Known Allergies:	
caid and/or Medicare benefits: edicaid number and/or Medicare	number:	
	Email: /hat agency? If not, what is your not not agency? If not, what is your not not agency? If not, what is your not	

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What is your source of Income (check all that apply):	
☐ Social Security	
☐ Social Security Disability	
U Veteran's Administration	_
□ Other (explain):	
Have you been assessed by Home and Community Services:	
☐ Yes (include a copy of most recent HCS Assessment)	
□ No	
Where are you <u>currently</u> residing:	
☐ Hospital, name of hospital:	
AFH/ALF, name of facility:	
Own apartment	
□ Own home	
□ With Family	
□ Shelter	
□ Homeless	
☐ Other (explain):	
an LRA (90 or 180):	
How many inpatient hospitalizations have you had (reasons for each):	
many inpatient nospitalizations have you had (reasons for each):	
f not hospitalized, reason for leaving current residence:	
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Explain any assistance needed with ADL's:	
☐ Mobility (ambulation aids: cane, walker, wheelchair, etc.) Explain:	
□ Transfers Explain:	
☐ Eating (include any dietary restrictions) Explain:	
□ Toileting Explain:	
□ Bathing Explain:	
□ Dressing Explain:	
☐ Medication (assistance, administration, reminders, etc) Explain:	
□ Other (explain):	
Diagnosis – list all mental health, substance abuse and/or physical health diagnosis:	
List all current prescribed medications:	
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Do you have any of the following (check all that apply):	
☐ Representative Payee Name and contact information:	
reams and contact information;	2
☐ Guardian	
Name and contact information:	
D Device of All	
□ Power of Attorney Name and contact information:	
name and contact mormation.	
☐ Durable Power of Attorney	
Name and contact information:	
☐ Advance Directive	
Medical or Behavioral Health:	
Do you have any "special" medical needs (i.e. injections,	treatments, colostomy bag, oxygen, etc):
□Yes	
Explain:	
A STATE OF THE STA	
□ No	
LI NO	
Is there any history of violence/aggressive behavior, inap	propriate sexual behavior and/or interactions with
law enforcement?	, , and of mid-addolla with
□ Yes	
Explain:	
□ No	
nclude or attach any other pertinent information you feel	we should be aware of for consideration.
	-
Please submit Deferred E to	0.20
Please submit Referral Form to attention Mary Roughton	via mail, fax or secure email to
eatitcreekarc@gmail.com. If you have any questions, pleatoughton at 509-430-1751.	ise feel free to email us or call Mary
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Services

At Patit Creek, we provide our Residents several on-site services—like nutritious meals and housekeeping support—as well as daily living activity assistance. Our Residents are also encouraged to engage in group activities and social opportunities.

Patit Creek Adult Residential Care Activities:

We help Residents arrange social, recreational, religious, and/or other activities at our facility and in the community. From Bingo and various card or board games to relaxation techniques, arts and crafts, and movie nights, our Residents are able to choose the activities that best suit their interests.

Food and Diets:

We provide three meals per day, as well as nutritious snack options. Prescribed general low sodium diets, general diabetic diets, and mechanical soft diets are available.

Arranging Health Care Appointments:

We help Residents arrange all health care appointments and work with them to manage scheduling and day planning.

Coordinating Health Care Services:

A Resident has the option to coordinate the services they receive from health care providers in the community with the services provided by Patit Creek Adult Residential Care. Our Clinical Director is available for consultation with local health care providers as necessary and requested by a Resident.

Laundry:

We provide laundry service to help our Residents keep their clothes and linens clean and in good repair.

Housekeeping:

We maintain our Residents' living quarters—and the Patit Creek Adult Residential Care facility—in a safe, clean, and comfortable condition.

Intermittent Nursing Services:

When needed, a contracted licensed RN may provide services such as foot and nail care, or other primary health care provider prescribed care that is allowable in licensed assisted living facilities.

Medications:

Medications are stored in a locked cabinet accessible by staff members only. If needed or requested, Patit Creek Adult Residential Care staff will assist Residents with their medication. We can remind Residents to take their medications, hand medications to them, and/or open the medication container.

Care for Residents with Disabilities:

We specialize in providing services for Residents who have significant on-going behavioral health issues and those with developmental disabilities. All staff are provided with specialized training in these areas.

Transportation:

We help arrange transportation to all medical appointments through the local transportation system.

Smoking:

We maintain a smoke-free facility. Residents are permitted to smoke in a designated outdoor area on facility grounds as long as they can (a) safely walk to the area on their own and (b) smoke safely, such as not falling asleep while smoking and (c) dispose of cigarettes appropriately.

End-of-Life Care:

We do not provide hospice services. However, we will support any advanced directives a Resident may have or choices they make regarding end-of-life decisions.

Patit Creek ARC also provides the following assistance with activities of daily living (ADLs):

Bathing:

if needed, we provide a Resident the occasional reminder to wash and dry all areas of the body. We also offer stand-by assistance for the Residents who need support getting in and out of the tub or shower, or help staying steady as they bathe. Additionally, we provide physical assistance as needed—such as helping a resident wash the areas of the body that may be hard for them to reach, or total bathing assistance if they cannot bathe themselves.

Toileting:

If needed, we provide a Resident the occasional reminder for necessary toileting activities. We offer stand-by assistance as needed.

Transferring:

If needed, we provide reminders or physical support to help a Resident transfer in and out of a bed, tub, shower, or wheelchair, or on and off of a toilet.

Personal Hygiene:

If needed, we provide occasional reminders for Residents to comb their hair, brush their teeth, shave, wash their face and hands, or apply make-up. We occasionally provide stand-by assistance and steady them while they perform these tasks. Additionally, we are contracted with a licensed RN to provide foot and nail care as needed.

Eating:

If needed, we provide occasional reminders for Residents to eat and drink. We can help them cut up their food, prepare their food and beverage, and bring food and beverage to them as needed.

Dressing:

If needed, we provide occasional reminders and cue
Residents to put on, take off, and lay out their clothes—
and necessary prostheses when the assistance of a
licensed nurse is not required. We occasionally provide
stand-by assistance to help steady a Resident while they
perform these tasks.

Mobility:

if needed, we provide our Residents occasional reminders to move between locations in the facility. We may occasionally provide stand-by assistance to steady them as they move about.

Described Cliest Release Face

Home	Contact	Gal in Touch
Abwiut I)g	Mailing Address:	
Services		
Referral	Physical Address:	
Centact	45 mg Hojo (4 2) Wisha 39A 39292	
	Population of the Community of the Commu	