

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Vickye Green	LICENSE NUMBER A12100
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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	
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. We feel our home is very family oriented. We and our clients do things as a family. we invite our clients along nearly every trip to where ever we may be going. We encourage healthy alternative activities, such as going with us to the gym, or swimming in the indoor heated pool we maintain year around, just for the pleasure or our clients. We have many different dominational churches near by. We are close to fast food resturants and grocery stores. We provide transportation to all Dr. Appts.	
2. INITIAL LICENSING DATE 11/29/1992	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 10920 W Sagewood Rd. Nine Mile Falls Wa 99026
4. SAME ADDRESS PREVIOUSLY LICENSED AS: Yes	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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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 will help with any needs during dining as needed by each resident. Including cluing and montiering.

2. TOILETING

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

We will assist setting on/off the toliet and will help maintaining cleanliness.

3. WALKING

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

We will assist in walking and use walker or gate belt if need. We will do one person assist as needed.

4. TRANSFERRING

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

yes we will help with transferring one person assist.

5. POSITIONING

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

one person assist

6. PERSONAL HYGIENE

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

we encourage clients to partisipate in hygiene but will assist in any way needed.

7. DRESSING

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

as needed by each client u to and including prompting and complete assistance as needed.

8. BATHING

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

We well do all body care washing hair, doing face, cleaning upper and lower body will do perry care too as necessary for them keep skin healthy and no break downs

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The residents rights and dignity are first and for most in our home, they are taken care of with the best care and have and have never had any problem with maintaining their care

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:

We do full assisite with meds we make sure med are taken right with liquid Milk, water, juice

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All our caregivers and provider have nurse delegation or Nac training. We meet all the requirements of the WAC's

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 home caregivers and providers have had nurse delegation or Nursing assistance care. We all have been trained to meet many of the needs for our home.

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

midazolam nasal spray for seizures and different skin care creams including acne face cleansing creams.

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

we stay up to date on continuing education

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: 7/24
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

we are the main staff

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:

any background but english speaking

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:

The clients must be at least a level 2

ADDITIONAL COMMENTS REGARDING MEDICAID

we have stairs

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:

Our clients have muliple activies here on grounds including horseback riding and a indoor swimming pool. Fenced yards with fruit trees a nd flower gradens. Outdoor barbaques, dining area' We have Dr.'s and Dentist office's within walking distance. community events and churches abound--- fast food and resturants nearby--we provide monthy trips into Spokane for shopping or activities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

provide transportation to all Dr. and medical appts.

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