



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Shirley delos Reyes</i>	LICENSE NUMBER <i>127101</i>
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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	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>To improve the health and well being of those we serve to become the best AFH in our industry. To provide high level of care to resident through personalized care and client satisfaction</i>	
<b>2. INITIAL LICENSING DATE</b> <i>10/1979</i>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <i>2595 25th lp SE Lacey WA 98503</i>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <i>2595 25th lp SE Lacey WA 98503</i>	
<b>5. OWNERSHIP</b> <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <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:

*AFH Assistance from cuing and monitoring*

2. TOILETING

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

*AFH Assistance from cuing and monitoring*

3. WALKING

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

*AFH assistance from cuing and monitoring*

4. TRANSFERRING

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

*AFH assistance from cuing, monitoring and resident should be able to transfer themselves independtly with out assistance*

5. POSITIONING

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

*AFH Resident should be able to reposition themselves with out any assistance*

6. PERSONAL HYGIENE

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

*AFH provide assistance from cuing and set up*

7. DRESSING

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

*AFH provide assistance with dressing from cuing and set up*

8. BATHING

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

*AFH assistance with bathing from cuing and set up*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

*also provide services as follows: shampoo hair, scrubbing area that is hard to reach (upper back) and rinsing*

**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: *AFH Provide Medications assistance from cuing and set up. For any other route of medication administration Resident are able to apply them independtly*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

*only prescribed medications are given to residents. all OTC Meds needs order from PCP before the caregiver/ resident manager can administer the medication to residents*

**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:

*A licensed nurse in the State of Wa. may be coordinated if needed*

The home has the ability to provide the following skilled nursing services by delegation: *I have completed the nurse delegation training and is willing to perform all the following Nurse delegation tasks such as administration of oral medications, including inhalant, topical ointment, nose, ear drops*

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

**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: \_\_\_\_\_
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

*If caregiver needed, AFH provides care assistant that have requirement/licenses required by State*

**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:

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS *there is no preferences in any residents background/languages all languages and background are welcome*

**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

*AFH accept Medicaid and private pay*

**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: *upon request resident may work/suggest with AFH Provider are willing to customize activity plans for each individual resident*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*Resident who are interested in participating any activities can sign up at Thurston County Park and Recreation are offering all year round activities as well as Senior Center and YMCA*