



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Hunt AFH</b>	LICENSE NUMBER <b>14002</b>
------------------------------------	--------------------------------

**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

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. <b>In this home we strive to promote the residents independence, pride, and dignity, regardless of physical or mental disabilities, to the best of their abilities. We provide a fairly quiet, mellow, rural environment. We have a variety of pets. We have a very limited access to public transportation, and are not licensed for wheelchair accessibility. The home is completely fenced, and has an electronic gate. We take great pride in being in business as a reputable AFH for over 13 years.</b>	
2. INITIAL LICENSING DATE <b>11/05/2001</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>N/A</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>N/A</b>	
5. OWNERSHIP <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:

**assistance ranges from cueing, monitoring, & prompting residents, to adapting meals/snacks for specialized diets and needs. We do not provide total assistance. Staff prepare, serve, and clean up all meals as residents are not allowed in the food preparation/kitchen area due to all residents safety.**

### 2. TOILETING

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

**cueing, monitoring, prompting, and providing 1 person limited assist with perineal care as needed. We do not provide care for residents with total incontinence.**

### 3. WALKING

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

**cueing, monitoring, prompting, and supervising with 1 person limited assist, as needed, with walkers, canes, & unsteady gait. We are not licensed for wheelchair accessibility.**

### 4. TRANSFERRING

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

**cueing, monitoring, prompting, and supervising with 1 person limited assist , as needed, for resident safety.**

### 5. POSITIONING

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

**cueing, monitoring, prompting, and supervising with 1 person limited assist , as needed. Ensuring each resident repositions at least every 2 hours, as needed for resident safety.**

### 6. PERSONAL HYGIENE

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

**set up, cueing, monitoring, prompting, and supervising with 1 person limited assist as needed.**

### 7. DRESSING

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

**set up, cueing, monitoring, prompting, and supervising with 1 person limited assist , as needed.**

### 8. BATHING

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

**set up, cueing, monitoring, prompting, and supervising with 1 person limited assist , as needed. There are grab bars in the tub/shower stall, and a bath chair is available. 1 bathroom is shared by all residents.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We do not provide 24 hour awake staff, or accept residents that are totally bedridden.**

## 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:

**All medications are monitored and are stored in locked cupboards. We will provide 1 person limited assist for medications that require nurse delegation.**

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:

**on an as needed basis that meet all requirements.**

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

**on an as needed basis that meet all requirements.**

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

**We are a family run facility. At least one staff member is present at all times.**

### 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

**We have provided services for a variety of cultural and ethnic backgrounds. English is the only known language spoken and understood by staff. Various techniques are used to try to meet each residents needs/wants.**

**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

**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:

**Cable tv in every room, puzzles, cards, games, needlework, movies, beading, art, and music.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES