



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

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|--|---------------------------------|
| HOME / PROVIDER<br><i>Deloris L. Thies</i> | LICENSE NUMBER<br><i>170900</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

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.

2. INITIAL LICENSING DATE

*June 1987*

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

*NA*

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

*NA*

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- 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)

**Received**

1. EATING

|  |  |
|--|--|
|  | If needed, the home may provide assistance with eating as follows: <i>bring food to client - cut food into small pieces, feed client if needed serve special diets example diabetic wipe mouths as needed, provide calm environment. pureed food if needed</i> |
| 2. TOILETING                                   | <i>assist to and from toilet as needed. staff will do peri care</i>  |
|  | If needed, the home may provide assistance with toileting as follows: <i>after toilet use if needed. change incontinence pads/briefs adjust clothing if needed. remove soiled pad/briefs. help client wash after using toilet.</i>                             |
| 3. WALKING                                     | If needed, the home may provide assistance with walking as follows: <i>one or two person assist or stand by for safety help with walkers? Cane, ? wheelchairs</i>  |
| 4. TRANSFERRING                                | <i>full support or help with walker - wheelchairs</i>  |
|  | If needed, the home may provide assistance with transferring as follows: <i>we have hooper lift if needed keep one or two person transfer.</i>   |
| 5. POSITIONING                                 | <i>if client is unable to turn over on their own. We turn</i>  |
|  | If needed, the home may provide assistance with positioning as follows: <i>92° reposition as needed.</i>   |
| 6. PERSONAL HYGIENE                            | <i>clean glasses, brush clients teeth daily shampoo clients hair trim</i>  |
|  | If needed, the home may provide assistance with personal hygiene as follows: <i>finger nails, comb clients hair if needed washing/drying face, hands and perineum.</i>   |
| 7. DRESSING                                    | <i>put on take off footwear - help select clean cloths</i>   |
|  | If needed, the home may provide assistance with dressing as follows: <i>help dress clients upper body - help client dress lower body - assist with buttons - zippers or as needed.</i>   |
| 8. BATHING                                     | <i>adjust water for showers, help client in front of shower - wash and dry</i>   |
|  | If needed, the home may provide assistance with bathing as follows: <i>apply lotion if young breakdown to skin have dry clean pads + cloths ready help client as needed getting dressed.</i>   |
| 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE | <i>we give give total care as needed.</i>  |

**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 medication is blister packed. put in locked cabinet. help client with medication as needed.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES *nurse delegation in place. answer any question client has about medication, remind client when it's time to take medication*

**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: *visiting nurses come in if needed.*

The home has the ability to provide the following skilled nursing services by delegation: *insulin injection tube feeding, nebulizer treatments, oxygen, diabetes B5V*

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

*Nurse Delegation for Nursing assistance - Special focus on Diabetes and <sup>insulin</sup> injections*

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: *Cindy Fox Delegating nurse (as needed)*
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: *either I or manager is here at all time. 2 workers on each shift*
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

*there is 2 staffing on 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) *yes we do.*

The home is particularly focused on residents with the following background and/or languages:

*English*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

*We will meet the clients cultural needs.*

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

*We exempt all medicated clients*

**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). *we do.*

The home provides the following:

*Bingo - puzzles - movies - Crafts - Cards nails*

ADDITIONAL COMMENTS REGARDING ACTIVITIES *we had a activity girl come in 2 times a week but the clients we have now - say no to participating in activities - she isn't coming in right now.*

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:

RCS - Attn: Disclosure of Services

PO Box 45600

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