

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

HOME / PROVIDER <b>Rare Care AFH Rachel Yvonne Burt</b>	LICENSE NUMBER <b>173502</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	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p><b>To provide quality adult care in a home environment. To promote health, safety, and happiness of every resident while encouraging independence in a loving, family atmosphere.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p><b>11/01/2000</b></p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p><b>4125 S Adams Rd. Veradale WA 99037</b></p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	

## 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:

**Cook, serve, and feed if necessary nutritious, delicious meals and snacks. Provide diabetic and special menus as needed.**

### 2. TOILETING

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

**Provide all toileting needs, including changing briefs and assisting on and off of toilet.**

### 3. WALKING

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

**Walk next to and guide as needed. Help maintain balance and direction.**

### 4. TRANSFERRING

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

**Help with all transfers from bed to wheelchair, from wheelchair to recliner. From wheelchair to toilet etc.**

### 5. POSITIONING

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

**Position in bed when resident is unable to. Reposition every 2 hours if needed. Position in chair .**

### 6. PERSONAL HYGIENE

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

**Provide everything from setup to full assistance of all personal hygiene: wash hands and face, brush teeth, comb hair, shave, even assist with makeup if resident wears it.**

### 7. DRESSING

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

**Provide everything from setup to total dressing.**

### 8. BATHING

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

**Provide everything from setup and standby to full assistance, including transfers in and out of shower. Washing, hair, body, lotioning, dressing, blowdry hair if resident likes.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Provide all personal care needs depending on each individual resident. Always insuring dignity and privacy**

## 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:

**Oral, topical, insulin injections, meds via G-tube. With nurse delegation in place.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**also administer eye drops and suppositories with nurse delegation.**

**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:

**Medication as listed above.**

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

**Oral, topical, Insulin injections, meds via G-tube, suppositories, eye 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: **7 days a week 24 hours a day** \_\_\_\_\_
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**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:

**English**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Accomodate individuals with cultural diversity**

**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:

**If we are able to meet the needs of the individual**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Always willing to review assessments of Medicaid 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).

The home provides the following:

**Provide arts and crafts, coloring, exercise, outings, music, movies, facials if desired**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Depending on the resident: Disney on Ice, The Fair, Shopping, Out to eat, Cater the activities to meet the needs of each resident.**

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  
Olympia, WA 98504-5600