

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

HOME / PROVIDER <b>French Road Springs B AFH</b>	LICENSE NUMBER <b>3006</b>
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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.

### 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.

**Our goal is to provide quality care, show compassion for the residents and provide a loving environment**

**2. INITIAL LICENSING DATE**

**04/03/2001**

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

**10106 A SE French RD. Vancouver, WA. 98664**

**10106 B SE French RD. Vancouver, WA. 98664**

**10020 SE French RD. Vancouver WA. 98664**

**10030 SE French RD. Vancouver, WA. 98664**

**7100 SE Evergreen Hwy Vancouver, WA. 98664**

**1603 SE 79<sup>th</sup> Ct. Vancouver, WA. 98664**

**13100 SE Angus ST. Vancouver, WA. 98683**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**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)

#### 1. EATING

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

**Caregiver will set-up plate and eating utensils, will feed client if client unable to feed self.**

#### 2. TOILETING

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

**Assist resident on and off toilet, provide pericare as needed after toilet, if incontinent, check and clean resident every two hours or as needed to make sure they stay clean and dry.**

#### 3. WALKING

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

**Walk along with resident, stand by assistance, hold from gait belt to prevent falls**

#### 4. TRANSFERRING

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

**One-person assistance to transfer from wheelchair to bed and from bed to chair.**

#### 5. POSITIONING

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

**Positioning and repositioning in bed as needed for client comfort and**

#### 6. PERSONAL HYGIENE

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

**Washing face, brushing hair, brushing teeth, cleaning dentures, washing body as needed.**

#### 7. DRESSING

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

**Dressing up in the morning and as needed throughout the day and at bedtime.**

#### 8. BATHING

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

**Bath as needed 2 or 3 times per week and more often if client has incontinent accident**

**Set-up shower bench or rolling shower chair, wash body, shampoo hair, dry, apply lotion, help with dressing.**

#### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Care will be provided as needed based on assessment and as needs change**

### 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:

**Medication administration if needed and insulin injections, GBC monitoring, eye drops, lotions, ear drops**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**If client has problems with swallowing , provider will get a crush order , and with delegation CG will spoon meds in to clients mouth**

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

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

**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 and Spanish**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**If the home eventually gets a resident with another language, provider will provider will get materials and information in that language and will try to accommodate the residents culture**

**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:

**Watching TV, Playing cards, puzzles, reading stories from magazines,**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities will be adjusted according to desires of the residents and willingness to participate**

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