



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Amelia C. Henderson</b>	LICENSE NUMBER <b>385000</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>Wells Adult Family Home is a home filled with love and patience. Our goal is for our residents to feel at home.</b>	
2. INITIAL LICENSING DATE <b>06/05/1997</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>3944 87<sup>th</sup> Ave S.E. Olympia, Washington 98501</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>same as above</b>	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input checked="" 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 with monitoring, cueing, and cutting food to small pieces. We will provide three balanced meals daily. Home will provide special dietary needs as ordered by physician.**

### 2. TOILETING

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

**Assistance with transferring on and off the toilet, changing briefs and peri-care.**

### 3. WALKING

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

**Assistance is provided by helping residents to stand, and assistance walking by holding their arms or hand.**

### 4. TRANSFERRING

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

**Assistance is provided by transferring in and out the bed, tub, couch, chair and/or vehicle.**

### 5. POSITIONING

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

**Assistance is provided by turning the client in the bed to prevent pressure ulcer, bed mobility and repositioning the client as needed.**

### 6. PERSONAL HYGIENE

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

**Assistance with brushing their teeth, flossing, combing hair, and applying lotion. Finger and toe nails will be cut as needed.**

### 7. DRESSING

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

**Assistance the client by cueing and/or picking out proper clothing. Assistance with zippers and bras, belts.**

### 8. BATHING

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

**Assistance is provided to the client from cueing, set-up and total assistance.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

## 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:

**Assistance is provided to the clients to take their medications, checking blood glucose levels. Medications will be placed in a cup and will ensure that the clients take the medications.**

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:

**License nurse by the State of Washington may be coordinated if needed.**

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

**Caregivers have completed the nurse delegation training and can perform all the following nurse delegation task such as administration of oral medications, inhalants, topical, ointments, nose, ear, 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: \_\_\_\_\_
- 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

**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:

**All residents have the right to and will be given quality care regardless of their financial status. The home will accept resident who are eligible for Medicaid funding at the time of admission. The home will also allow residents who have been admitted to the facility as private pay residents and convert to Medicaid to stay at the Adult Family Home. We request that before this occurs the resident should give the facility a thirty or sixty days prior notice to this change.**

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:

**Assistance of taking the clients to and from shopping, bowling. Community activites can be arrange with family members.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES