

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

HOME / PROVIDER <i>Reese's Residential Care, AFH</i>	LICENSE NUMBER <i>444600</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. <i>Our mission is to provide a safe &amp; comfortable environment for all our clients &amp; care staff. We also want our clients to achieve the highest quality of activities of daily living.</i>	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>Been At this address for 18 years.</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>N/A</i>	
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)

Received

1. EATING

If needed, the home may provide assistance with eating as follows: *Chopping up food, Pureeing it & assist with Feeding client.*

**2. TOILETING**  
 If needed, the home may provide assistance with toileting as follows: *Our clients must be Ambulatory with little to moderate assistance, Pericare, etc.*

**3. WALKING**  
 If needed, the home may provide assistance with walking as follows: *Our clients must be Ambulatory with little assistance.*

**4. TRANSFERRING**  
 If needed, the home may provide assistance with transferring as follows: *Our clients must be able to transfer with little assistance.*

**5. POSITIONING**  
 If needed, the home may provide assistance with positioning as follows: *Our clients must be able reposition themselves with little assistance.*

**6. PERSONAL HYGIENE**  
 If needed, the home may provide assistance with personal hygiene as follows: *Cueing, Reminding & assisting where needed.*

**7. DRESSING**  
 If needed, the home may provide assistance with dressing as follows: *Cueing & Reminding & assisting where needed.*

**8. BATHING**  
 If needed, the home may provide assistance with bathing as follows: *Our clients must be able to bath self with little assistance.*

**9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE** *Reasoning behind needing Ambulatory clients - My husband is in a wheelchair & he helps me to go shopping & other*

**Medication Services** *appts.*

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: *we can open a container & hand client for them to take out or we can use bubble packs & pop into containers.*

**ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES** *we ask that all meds be in a bubble pack when available.*

**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: *none at this time, unless we use Home Health.*

The home has the ability to provide the following skilled nursing services by delegation: *none at this time.*

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

*my Specialty Care in our home is Mental Illness.*

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:         -0
- Licensed practical nurse, days and times:         -0
- Certified nursing assistant or long term care workers, days and times: Mon-Fri 24/7
- Awake staff at night
- Other: 2 STAFF @ night / 1 STAFF during Day

ADDITIONAL COMMENTS REGARDING STAFFING

*Unless live in STAFF Go on VACATION then It's 1 @ night*

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

*We serve multicultural Foods!*

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:

*no special 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: *Playing Cards / Games; Listening to Music; BBQ's, Picnics During Summer, Sitting Around Firepit.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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