



# Adult Family Home Disclosure of Services

## Required by RCW 70.128.280

HOME / PROVIDER JEM AFH Millie James	LICENSE NUMBER 46600
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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 \_\_\_\_\_ 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 12-20-1993	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: NA
4. SAME ADDRESS PREVIOUSLY LICENSED AS: 13802 SE. 14 <sup>th</sup> St. Vancouver, WA. 98683	
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)	
1. EATING	

If needed, the home may provide assistance with eating as follows: Spoon fed, we provide eating assistance from cuing & monitoring to total assistance -

2. TOILETING  
If needed, the home may provide assistance with toileting as follows: Peer care after h.m. monitoring w/ changing pads during menstration & put pads into garbage

3. WALKING  
If needed, the home may provide assistance with walking as follows: We provide walking assistance from cuing & monitoring to a one or two person assist to total assist

4. TRANSFERRING  
If needed, the home may provide assistance with transferring as follows: Provide transfer assistance from cuing & monitoring to a one or two person assist total physical assistance

5. POSITIONING  
If needed, the home may provide assistance with positioning as follows: Provider provide assistance with positioning from cuing & monitoring to a one

6. PERSONAL HYGIENE  
If needed, the home may provide assistance with personal hygiene as follows: washing face/hand comb hair remind client to brush teeth or do it for them. Shave under arms -

7. DRESSING  
If needed, the home may provide assistance with dressing as follows: I provide assistance with dressing from cuing and set up to total assistance - dependence

8. BATHING  
If needed, the home may provide assistance with bathing as follows: Provide assistance w/ bathing from cuing & set up to total assistance, washes back, legs, feet, transfer in/out of shower

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE  
1 bathroom has walk in Shower w/ grab bars  
Other bathroom has tub & shower w/ grab bars -

**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: If a client needs a medication to be administered we do provide service through nurse delegation -

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES  
If a client is spoon fed, then the C. Provider will provide the medication with apple sauce, or whatever there preference is -

**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: C, N, A,

The home has the ability to provide the following skilled nursing services by delegation: contract with a nurse to provide delegation

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Eating: if needed the home will provide assistance with cut food into small pieces, keep liquids available, monitoring for choking -

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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: Only as needed
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 7:AM - 2 PM
- Awake staff at night
- Other: On call, care provider do nites & week-ends

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:

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:

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: *going for long drives to the park or lake, playing board games, shopping, out to lunch or dinner, watching movies together dancing*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*go on field trips, have Birthday parties, go for short weeks have one on one time w/ caregiver*

Please Return the completed form electronically to

The form may also be returned by mail at:  
RCS – Attn: Disclosure of Services  
PO Box 45600  
Olympia, WA 98504-5600

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