

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Jubilee Way, Inc dba Jubilee House	LICENSE NUMBER 508500
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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.

The owner of the home has a Master of Science in Special Education and over forty years experience teaching and providing services to persons with developmental disabilities. The home specializes in providing care and training to persons with moderate to severe physical, mental and emotional disabilities.

2. INITIAL LICENSING DATE

08/01/1999

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

Hoyt Family Home, 12010 S. Andrus Rd, Cheney, WA 99004

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

NA

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- 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:

Preparing food according to dietician directed diets; serving food as designated: whole, chopped, pureed; feeding clients if needed; preparing and administering gastrostomy tube feedings

2. TOILETING

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

Taking residents to use the toilet on a scheduled plan; assisting clients with incontinent care; using lifts to assist clients to use a commode or toilet; changing incontinent clients who need total assistance.

3. WALKING

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

Set up and assist to use a walker; assistance to access a wheelchair for transportation; total assistance to be transported by wheelchair

4. TRANSFERRING

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

One or two person pivot transfer from bed or chair to wheelchair; total assistance transfers between bed, wheelchair, chair or bath using electronic ceiling lift of Hoyer lift

5. POSITIONING

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

Total assistance to move within bed or other positioning equipment to change position every 2-3 hours with physical or electronic assistance

6. PERSONAL HYGIENE

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

Partial to total assistance for oral hygiene, skin care, hair care

7. DRESSING

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

Partial to total assistance to put on and remove clothing

8. BATHING

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

Partial to total assistance to wash body and hair in either a shower or bath

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

All staff are able to provide total assistance care to residents in all activities of daily living

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:

All staff are trained to provide assistance with medication as needed with nurse delegation

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff are trained to crush and mix medication to administer via gastrostomy tube

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:

All skilled nursing services are provided through nurse delegation

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

Staff are nurse delegated to administer food and medication by G-tube; topical skin care; rectal suppositories and enemas; stoma care; eye or ear drops; minor wound care

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The facility has two nurses on call 24/7 to supervise nurse delegation, monitor the need for skilled nursing care, or provide care as needed

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

All staff have completed all specialty care designated training

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: **two RNs are on call as needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **three shifts, seven days a week 7-3, 3-11, 11-7**
- 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:

All residents currently understand American English; one staff is hispanic and can speak Spanish

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:
with DSHS assessment

ADDITIONAL COMMENTS REGARDING MEDICAID

All residents currently are state Medicaid payees with developmental disabilities

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:

In home games and entertainment; community integration activities; specialized recreation activities; Special Olympics

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to 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