

Received

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

RCS/Public Disclosure

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| HOME / PROVIDER<br><b>Bernadette Jones</b> | LICENSE NUMBER<br><b>603001</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.

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| About the Home   |  |
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| <b>1. PROVIDERS STATEMENT (OPTIONAL)</b><br>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.<br><b>We believe we were brought together to support and care for each other. We believe in celebrating together, our faith, heritage and traditions. We believe that everyone's feelings count, and that the uniqueness of each of us strengthens all of us.</b> |  |
| <b>2. INITIAL LICENSING DATE</b><br><b>01/01/1993</b>  | <b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> |
| <b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b>   |  |
| <b>5. OWNERSHIP</b><br><input type="checkbox"/> Sole proprietor<br><input checked="" type="checkbox"/> Limited Liability Corporation<br><input type="checkbox"/> Co-owned by:<br><input type="checkbox"/> Other:   |  |

"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:

**One person assist**

2. TOILETING

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

**One person assist**

3. WALKING

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

**One person assist**

4. TRANSFERRING

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

**One person assist**

5. POSITIONING

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

**One person assist**

6. PERSONAL HYGIENE

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

**One person assist**

7. DRESSING

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

**One person assist**

8. BATHING

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

**One person assist**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Provider and resident may make arrangements for more than a one person assist with the above services if compensated accordingly.**

**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:

- **Reminding or coaching the individual;**
- **Handing the medication container to the individual;**
- **Opening the individual's medication container;**
- **Using an enabler or placing the medication in the individual's hand; and**
- **"Such other means of medication assistance as defined by rule adopted by the Department"**
- **Preparation - "The non-practitioner may help in the preparation of legend drugs or controlled substances for self-administration where a practitioner has determined in consultation with the**

ADDITIONAL COMMENTS REGARDING NURSING 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:

**The owner of this AFH is an LPN and can some provide skilled nursing services, RN services must be paid for by the resident or state assistance**

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

**All staff at AFH have taken the Nurse Delegation Training and ND Training for Diabetics. RN Delegation must be paid for by the resident or state assistance**

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

**The owner has taken the Geriatric Specialty 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: \_\_\_\_\_
- Licensed practical nurse, days and times: **Provider is LPN, is available most days and nights**
- Certified nursing assistant or long term care workers, days and times: **Certified Health Care workers staff home when the Provider is not working in the home**
- 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

services)

The home is particularly focused on residents with the following background and/or languages:

**English is the only spoken language by staff or Provider**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Cultural background is always honored and taken into consideration.**

**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:

**This home accepts Medicaid payments as well as Private Payments**

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:

**Movies, Games, Puzzles, Crafts, Outings, Cooking, Gardening, Sports**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Residents may suggest any activities not listed, AFH staff is always interested in helping our Residents have a rich and fulfilling life**