



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Vicky &amp; Peter AFH</b>	LICENSE NUMBER <b>667200</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

<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home. <b>Enrich peoples lives by providing a home-like environment with home cooked meals along with excellent care.</b>	
<b>2. INITIAL LICENSING DATE</b> <b>03/29/2004</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <b>1006 SE 119<sup>th</sup> Ave Vancouver, WA 98683</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <b>Vicky &amp; Peter AFH</b>	
<b>5. OWNERSHIP</b> <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:

**Prepare home cooked meals, set up and serve, along with providing assistance ranging from supervision, guided maneuvering, and/or total assist.**

**MD prescribed dietary orders as well as individualized preferences are taken into consideration**

### 2. TOILETING

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

**Provide assistance with toileting and incontinence care every 2 hrs and prn, ranging from supervision, stand by assist to total assist, depending on resident's care needs which may include assist to toilet, peri care, moisturizer application, changing briefs, offer bed pan and/or incontinence cares in bed.**

### 3. WALKING

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

**Restorative ambulation is performed inside and/or outside the home per residents need/ability.**

### 4. TRANSFERRING

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

**Provide transferring assistance with one or two person assist, depending on resident's needs.**

### 5. POSITIONING

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

**Provide turning schedule as needed for comfort and to prevent skin issues, as well as assist with repositioning as needed.**

### 6. PERSONAL HYGIENE

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

**Provide assistance with daily hygiene such as, oral care, brushing hair, washing/drying face and hands, make up application/removal, while taking in consideration resident's needs/preferences.**

### 7. DRESSING

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

**Provide partial to total assist with dressing (upper and lower body) depending on resident's needs/preferences.**

### 8. BATHING

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

**Provide partial to total assist with showers, two times a week and as needed per resident's need/request as well as provide bed baths for incapacitated/end of life residents.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We provide individualized, centered care with compassion and commitment.**

## 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:

**Medications are administered per MD orders by the caregiver that has been delegated. We provide oral administration of pill form as well as liquid form of various medications such as: cathartics, cardiac medications, narcotics, psychotropics, application of transdermal patches, ear gtt, eye gtt, inhalers, suppository, and enema.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**All scheduled and PRN medications are kept in a locked cabinet.**

#### 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:

**Administer eye and ear gtt, enema, nose medication, suppository, nebulizer, wound care, catheter care, and O2 care/handling.**

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

**Administration of medications, patches, creams, eye and ear gtt, nose medications, enema, suppository, wound care, catheter care, O2 care/handling.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**There is an RN- nurse delegator for this AFH.**

#### 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

**We provide care for individuals with Parkinson's, Dementia, Alzheimer's, CHF, and end of life.**

#### 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: 24/7
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Caregiver provides night assistance as needed.**

**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:

**No preference on background or languages.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**English and Romanian**

**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:

**When resident's finances are exhausted.**

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:

**Checkers, puzzles, dominos, coloring, reading time, music, prayer time per resident request, exercise, outdoor garden, outside BBQs weather permitting.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We strive to accommodate our resident's request and needs.**