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

| HOME / PROVIDER | LICENSE NUMBER |
|---|---|
| **A BETTER VIEW ADULT FAMILY HOME** | **679200** |

**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.

**A Better View AFH provides skilled nursing care in a family home. RN owned and run since 2004. Dementia, Mental health and DDA certified. Certificate of Geriatric Specialty from UW.**

| 2. INITIAL LICENSING DATE | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: |
|---|---|

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Corporation
- ☐ 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:

**Provide supervision to full feeding and tube feeding per residents care plan.**

2. TOILETING

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

**Provide Supervision to full assistance per residents care plan.**

3. WALKING

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

**Provide Supervison to full assistance per residents care plan.**

4. TRANSFERRING

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

**Provide supervision to full assistance per resident care plan.**

5. POSITIONING

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

**Provide supervision to full assistance per resident care plan.**

6. PERSONAL HYGIENE

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

**Provide supervision to full assistance per resident care plan.**

7. DRESSING

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

**Provide supervision to full assistance per resident care plan.**

8. BATHING

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

**Provide supervision to full assistance per resident care plan.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**24 hour awake staff, door alarms , owner RN since 1985, Geriatric, dementia certified.**

## 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:

**Provide supervision to full assistance per residents care plan. RN owner delegates to caregiver.**

ADDITIONAL COMMENTS REGARDING MEDICATION 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:

**RN owner can provide and or delegate nursing care as needed per resident care plan.**

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

**RN owner can delegate nusrsing services per residents plan of care.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**RN since 1985, AFH owner since 2004.**

## 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

**Geriatric, dementia certified via UW.**

## 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: **Various as needed.**

☐ Licensed practical nurse, days and times: _____

☒ Certified nursing assistant or long term care workers, days and times: _____

☒ Awake staff at night

☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**RN owner works full time and as needed in the home doing direct resident care.**

## 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:

**Primarily English but all cultures welcome.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Resident input requested for meal planning.**

| 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)<br>☐ The home is a private pay facility and does not accept Medicaid payments.<br>☒ The home will accept Medicaid payments under the following conditions:<br>**See medicaid disclosure in admission packet.** |
| ADDITIONAL COMMENTS REGARDING MEDICAID<br>**See medicaid disclosure form in admission packet.** |
| **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:<br>**newspaper, magazines, household duties per plan of care, wild life watching out windows, 2 cats in the home. Meals offered on covered patio as weather allows. Flat screen TV, movies, music,** |
| ADDITIONAL COMMENTS REGARDING ACTIVITIES<br>**Activities individualized per resident needs and plan of care.** |