



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

HOME / PROVIDER <i>Perla Anasi / Good Shepherd AFH</i>	LICENSE NUMBER <i>684400</i>
---	---------------------------------

**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](#)

Received

MAY 17 2016

RCS/Public Disclosure

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. <i>Good Shepherd AFH values the opportunity to serve residents of varying needs. It is the providers desire to give each resident the opportunity to age gracefully, live &amp; spend quality time with the best possible services the home can provide.</i>	
<b>2. INITIAL LICENSING DATE</b> <i>Nov. 19, 2003</i>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <i>16706 5th Ave. NE Shoreline WA ; 17815 35th Ave NE Shoreline WA</i>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <i>Good Shepherd Adult Family Home</i>	
<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)	
<b>1. EATING</b>	

If needed, the home may provide assistance with eating as follows:  
Resident #1 M. Weber prefers to spoon feed her on weekends in the facility every meal. Resident #2 M. Brevooort stand by assist w/ eating by herself.

2. TOILETING  
If needed, the home may provide assistance with toileting as follows: M. Weber is full assist in toileting. M. Brevooort is independent.

3. WALKING  
If needed, the home may provide assistance with walking as follows:  
M. Weber is on w/chain but provides try to walk her w/walker on weekends in the home.

4. TRANSFERRING  
If needed, the home may provide assistance with transferring as follows:  
M. Weber is full assist in transferring from W/C to bed & vice versa.

5. POSITIONING  
If needed, the home may provide assistance with positioning as follows:  
Neither residents needs assistance in positioning.

6. PERSONAL HYGIENE  
If needed, the home may provide assistance with personal hygiene as follows:  
M. Weber is full assist in personal hygiene.

7. DRESSING  
If needed, the home may provide assistance with dressing as follows:  
M. Weber is full assist in dressing. M. Brevooort stand by assist in dressing.

8. BATHING  
If needed, the home may provide assistance with bathing as follows:  
M. Weber is full assist in bathing. M. Brevooort stand by assist in bathing.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE  
Re M. Weber since she goes to FullLife Senior Ctr. everyday, she wants all the beauty stuffs on her body, such as, lotion, perfume, deodorant, powder & necklaces

**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: Medication is provided only by a qualified caregiver with nurse delegation certificate. Medicines is placed in a clean medicine cup in front of each resident on schedule.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES  
Full assistance is provided for each residents in giving medicines

**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:  
N/A

The home has the ability to provide the following skilled nursing services by delegation:  
Rashes & pressure ulcers.

**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: \_\_\_\_\_
- 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

*Provider does only two charts and sleeps well at night.*

**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:

*Caucasians, English speaking residents*

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: *when DSHS has approved by their care services or level of care.*

ADDITIONAL COMMENTS REGARDING MEDICAID *Good Shepherd AFH accept medicaid as a payment source. If a private pay resident converts to medicaid, GSAFH expect a sixty days notice. Any deposits given by resident will be applied with the following*

**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:

*Exercise every Saturday or Sunday. Resident do some coloring.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*Bring charts to the small once a month.*

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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