



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

DEC 29 2014

RCS/Public Disclosure

HOME / PROVIDER <p style="text-align: center; font-size: 1.2em;"><i>Dick Diaz</i></p>	LICENSE NUMBER <p style="text-align: center; font-size: 1.2em;"><i>719000</i></p>
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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	
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. <i>To provide high level of care to residents and their personal value, and understanding their needs and gave them full satisfaction as a family oriented care.</i>	
2. INITIAL LICENSING DATE <i>February of 2006</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>6107-16th AVENUE SE Lacey, WA 98503</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <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: *by showing the Resident the proper way to eat OR feed the Resident if Total Assistance needed.*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *Show the Resident the toilet and how to use it. IF Total Assistance Required help them to Peri-care.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *provide Walker to Resident and teach them how to use it, then guide them by staying behind OR in front of them and them for safety.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *provide assistance by being and help them to transfer, and guide them for safety.*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Show and help the residents to position their body to left or right side - and help them to position themselves to their satisfaction.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *Remind the Resident that cleanliness is necessary for everyone, and show them how to clean themselves, and always Remind the Residents daily.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *show the Resident how how to change their clothing by demonstrating to them the proper way. and allow them to choose their clothes and color.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Demonstrate to the Resident how to adjust the water temperature and position the shower curtain. Show them how to Apply the soap and shampoo.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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 medicine cabinet and individual daily boxes and cups for medications. Prepare the medications by placing it in a cup and give to the Residents for consumption.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Record the medications daily and order for a refills. lock the medicine 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:

none

The home has the ability to provide the following skilled nursing services by delegation: *from registered nurse under contract with DSHS. Only minor nursing services is delegated.*

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

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

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: *that we can understand, so there won't be a problem or conflict on giving personal care.*

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: *that meet the following criteria under our license: Elderly, Stroke, Diabetic (Type 2), Mental Health, Dementia, Alzheimer, Wheel chair/cane, Developmental disabilities, Cancer, Amputation, Alcohol.*

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: *EXERCISE MACHINE (2BA GLIDDER) and boxing bag and tread mill. play card card, checkered and chess.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

I have all male residents 2 client always go always go to senior center and YMCA, and walked with BHE counselor twice a week. and one had a shunt and scared to go out, because he might FALL.



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HOME / PROVIDER Adelines Adult Family Home Lillian Johnston	LICENSE NUMBER 373801
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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	
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. Adelines AFH is a home with a professional,friendly and courteous staff. Our mission is to help each resident live each day the best they can.We hope to meet the physical,mental,emotional, and spiritual needs of each person. Where each individual will be treated with dignity and respect in a loving and caring enviroment. This home is non-smoking/non-drinking.	
2. INITIAL LICENSING DATE 09/29/2000	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" 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:

Adelines AFH provides eating assistance from cueing and monitoring to total assistance.

2. TOILETING

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

Adelines AFH provides toileting assistance from cueing and monitoring to total assistance.

3. WALKING

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

Adelines AFH provides walking assistance from cueing and monitoring to one person assist.

4. TRANSFERRING

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

Adelines AFH provides transferring assistance from cueing and monitoring to one person assist.

5. POSITIONING

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

Adelines AFH provides assistance with positioning from cueing and monitoring to one person assist.

6. PERSONAL HYGIENE

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

Adelines AFH provides assistance with personal hygiene from cueing and monitoring to total assistance.

7. DRESSING

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

Adelines AFH provides assistance with dressing from cueing and monitoring to total assistance.

8. BATHING

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

Adelines AFH provides assistance with bathing from cueing and monitoring to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Bathroom with roll in showers are set up in the home for convenience and safety of the residents.

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:

Adelines AFH provides medication assistance from cueing and setup to total assistance. All employees are in good standing with credentials for nurse delegation. Other assistance is provided if it is delegated.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Any OTC meds need an order from residents PCP before the caregiver can administer the medication.

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:

A licensed nurse in the state of Washington may be coordinated if needed.

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

All staff at Adelines AFH have completed nurse delegation training and are able to preform all the following tasks: administration of oral meds, inhalants, topical ointments, patches, eye and ear drops, nose sprays, rectal and vaginal suppositories, dressing changes, blood sugar monitoring, insulin injections and any other tasks that are delegated by the delegating nurse.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

If at any time it is needed Adelines uses the support of Home Health agencies and Hospice services.

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

N/A

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: **Only as needed**
- Licensed practical nurse, days and times: **Only as needed**
- Certified nursing assistant or long term care workers, days and times: **7 days a week, 24 hours a day**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

N/A

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:

N/A

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Adelines AFH respects all races, religions and backgrounds. There is no preference in any background/language/or religion all are welcome.

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

Adelines Adult Family Home accepts both medicade and private pay residents.

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:

Upon request residents may suggest with Adelines AFH staff on activity planning. Provider is willing to customize activity plans for each resident.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

N/A