



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

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| HOME / PROVIDER<br><i>DELUXE FAMILY HOME, LLC / NDEMI ASHPOLE</i> | LICENSE NUMBER<br><i>750105</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.

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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.  
*To provide general supervision and personal care services for individual adult who requires assistance in activities of daily living.*

**2. INITIAL LICENSING DATE**

*9/23/2006*

**3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:**

*12915 NE 42nd St. Vancouver, WA 98682*

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

*DELUXE FAMILY HOME, LLC*

**5. OWNERSHIP**

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other: *LL Company*

### 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)

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**1. EATING**

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If needed, the home may provide assistance with eating as follows: Cut food into small pieces, keep liquids available. Encourage liquids. Monitor for choking. Provide calm environment. Bring food to client.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Monitor to prevent feces smearing. Maintain inventory supplies. Make bathroom easy to find. Provide perineal care. Cue to toilet. Toilet client regularly. Change pads at least every 2hrs. Assist with clothing.

3. WALKING

If needed, the home may provide assistance with walking as follows: Remind to use assistive device. Keep walkway clear of clutter. Encourage to walk daily. Assist w/ stairs. Hold client's hand. Keep client within sight. Assist on uneven surfaces.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Maintain contact until steady. Bring water to client. Talk to client through each transfer. Transfer slowly. Assist with all wheelchair transfer.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Use pillows/towels for support. Keep sheets clean + smooth. Monitor pressure points daily. Assist client to sit up in bed; assist to roll over. Reposition client every 2 hrs.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Cue client to wash face & hands. Assist with meneses care. Trim fingernails/toe nails as needed. Cue client to brush teeth; comb hair as needed. Groom facial hair as needed.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Cue to change clothes. Encourage to change clothing. Help select clean clothes. Remove clothing tags. Fasten clothing. Put on/take-off footwear.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Cue to bathe. Shampoo client's hair. Standby while client bathe. Transfer in/out of shower. Avoid water in face. Wash back, legs & feet. Shampoo client's hair. Give client bed/sponge bath. Assist w/ drying & dressing.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Apply lotion after bath.

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: Nurse delegation for NA - Special Focus on Diabetes. \* RN provides nurse delegation, caregiving training & on going oversight for medication management.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

client to take med. Re-order med. Document medication taken. Remind medications.

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: Palliative Care & Hospice Assistance.

The home has the ability to provide the following skilled nursing services by delegation: \* Nurse delegation for NA - Special Focus on Diabetes; Caregiving training & on going oversight for medication management.

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: *Monday to Sunday 6am to 10pm*
- Awake staff at night
- Other: *Provider on call 10 pm to 6am*

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:

*English speaking residents*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

*Accepting residents w/ Asian culture & Tagalog speaking.*

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: *The resident receives Medicaid funding. When a private resident runs out of money & becomes Medicaid.*

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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: *Planned social hours consist of singing; dancing; listening to pre-selected music on CD; Karaoke sing-a-long; Card games; Walk to the mall; BINGO*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*Movie night; Picnic at the park*

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

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AUG 26 2015