



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>JCB Adult Family Home, LLC / JOSEFINA C. BORROMEO</i>	LICENSE NUMBER <i>750222</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](#)

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>JCB-AFH is equipped with professionals, RN, Registered Nursing Assistance and Qualified Residential Manager. All care is of its highest quality and standard of each resident. Our mission is to give the utmost care to individual uniqueness of each resident and their needs. We are advocates in all areas.</i>	
<b>2. INITIAL LICENSING DATE</b> <i>2006</i>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <i>757 N 200th St. Shoreline, WA. 98133</i> <i>778 N 203rd St. Shoreline, WA. 98133</i>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <i>JCB Adult Family Home, LLC</i> <i>19613 Linden Ave. N. Shoreline, WA. 98133</i>	
<b>5. OWNERSHIP</b> <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)	
<b>1. EATING</b>	

Received

AUG 18 2015

If needed, the home may provide assistance with eating as follows: 1:1 feeding with mechanical diet, puree diet, diabetic diet + low salt diet + honey, nectar or thick liquid.  
*peg tube feeding*

2. TOILETING  
If needed, the home may provide assistance with toileting as follows: 1-2 person transfer to toilet, BSC, total assist in cleaning up after toileting or bed or anal resident. Total train every 2-4 hours PR / BSC.

3. WALKING  
If needed, the home may provide assistance with walking as follows: SBA, Hands on assist, 1-2 person assist using a cane, walker. if in a wheelchair will propell wheelchair for resident.

4. TRANSFERRING  
If needed, the home may provide assistance with transferring as follows: Hands on assist, 1-2 person assist with transfer; pivot transfer; sliding board transfer, hoist lift or pole transfer assist.

5. POSITIONING  
If needed, the home may provide assistance with positioning as follows: 1-2 person assist with positioning proper body alignment, use pillow support, turn every 2-4 hrs for circulation and to relieve pressure.

6. PERSONAL HYGIENE  
If needed, the home may provide assistance with personal hygiene as follows: Assist with every personal hygiene. First encourage resident if has difficulty will finish the task.

7. DRESSING  
If needed, the home may provide assistance with dressing as follows: Give cues allow resident to follow simple direction. if not able will assist or total care in dressing.

8. BATHING  
If needed, the home may provide assistance with bathing as follows: if able allow resident to do task independently as possible with supervision and lots of cues. If not able will provide 1-2 person assist in bathing.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE  
Will assess resident ability to do ADL's allow resident to do task independently as possible + supervision + cues. If unable will provide all the assistance needed for residents 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: Prepares medication, With Nursing delegation; crush meds + BPs nice cream; may spoon feed meds if unable.  
*Crush meds / disperse + administer into peg tube.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES  
Medication ordered that is given by caregivers P.O, inhaled, nebulizer, cream, nose spray, eye drops, suppository pr, + meds crush are under nursing delegation

**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 provide supervision  
Can do rehabilitation in ambulation; POD1, stroke resident, wound care, calisthenic care, Foley care, Peg care

The home has the ability to provide the following skilled nursing services by delegation:  
RN provide is the nurse delegate for the home is delegated to do skilled nursing services under RN supervision

Received

AUG 18 2015

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION  
*Caregivers are checked quarterly + PRN if needed further supervision on nursing task needed nursing judgment, or any question or concern from caregivers.*

**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  
*Understandably Dementia/Alzheimer's together sometimes with mental health is a challenge for caregivers. CE in this field is important.*

**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: *M through Sunday; 2-4 hours/day; on-call 7/24*
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: *2 staffing M-F; 2 staffing S-S*
- Awake staff at night
- Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING  
*License for 5 resident all hall 3.*

**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: *4 resident Caucasian; 1 Argentinian; American born; may prepare as they order*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS  
*We prepare meals/snacks to each individual resident needs + preferences but if there are exemption req. to MD meals.*

**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:

*Resident initially private pay for 3-4 years until convert to Medicaid -*

Received

AUG 18 2015

ADDITIONAL COMMENTS REGARDING MEDICAID

*all these agreements are stated in the contract.*

**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: *RDM daily; music therapy weekly; dog therapy, lead therapy; board, puzzle games + TV.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*Each resident has their own preferences + we acknowledge, as much as possible offer activities they like.*

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

Received

AUG 18 2015