

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

HOME / PROVIDER <b>Charvie Adult Family Home</b>	LICENSE NUMBER <b>750288</b>
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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.

**Charvie Adult Family Home provide a professional, safe environment and good care to our residents with love and compassion, respect, and dignity. we are doing the best of care of our ability regardless of their physical, psychological, emotional and social condition.**

**2. INITIAL LICENSING DATE**

**02/09/2007**

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

**none**

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

**4017 San Mar Dr. NE Olympia, Washington 98506**

**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:

**AFH will provide meal preparation, supervision, cueing and feeding to the residents either with regular food pureed, diabetic diet, mechanical soft, low diet, and other nutritional food and drinks prescribed by a physician.**

### 2. TOILETING

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

**AFH will provide supervision, and assistance with toileting. If resident is able to assist minimally with these efforts. allow them to do as much as they can.**

### 3. WALKING

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

**AFH will provide assistance with ambulation. Staff must provide full support during walking and or pivoting from wheelchair.**

### 4. TRANSFERRING

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

**AFH will provide assistance, encouragement and support during transfer.**

### 5. POSITIONING

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

**AFH will provide one or two person as needed for positioning of the resident for comfort in chairs and bed. also reposition s often enough to prevent skin problems.uses pillows for positioning in bed.**

### 6. PERSONAL HYGIENE

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

**AFH will provide supervision, cueing and assistance to daily personal hygiene need of the resident such as washing the face and hands, brushing teeth, brushing hair, and shower the resident atleast 3-4 time a week as needed.**

### 7. DRESSING

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

**AFH will provide substantial assistance with dressing. significant help is needed getting clothed on and off. if resident is very limited due to confusion over what to do. encourage and promote their remaining cognitive and functional ability to perform the chore.**

### 8. BATHING

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

**AFH will provide supervision and assistance either one or two person assist. resident bathing needs atleast 3-4x a week as needed.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**individual differences will all considered when providing personal care to the resident.**

## 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:

**AFH provide assistance with oral, eye drops, ear drops, suppositories and medication crushed**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Nurse delegation for medication administration is delegated by an RN and reviewed quarterly.**

#### 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 will be coordinated if needed.**

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

**All staff are trained and with certificate to provide nurse deligated medication administration blood glucose monitoring, oxygen, oral, eye drops, ear drops, topical, and suppositories and others such as change wound dressing techniques.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Home healthcare/ hospice may be coordinated as necessary.**

#### 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

**AFH will provide care with mild stroke, with heart disease, parkinsons, colostomy, on oxygen, wheel chair/bed bound, and on hospice care.**

#### 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: **as needed**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **7 days a week a minimum of 2 caregiver. we required to wake up and attend to the residents every 2 hours as necessary.**
- Awake staff at night
- Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING
<b>Cultural or Language Access</b>
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: <b>Prefers English speaking. can also speak tagalog. no cultural preferences.</b>
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS <b>Eryone is welcome.</b>
<b>Medicaid</b>
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)
<input checked="" type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.
<input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: <b>AFH will consider taking care both private pay and state medicaid residents. When a private residents exhausts their funds and converts to medicaid we will continue providing care and services at the state medicaid payment rate as long as we meet their needs.</b>
ADDITIONAL COMMENTS REGARDING MEDICAID <b>will accept medicaid with the service code classification of D- high and E- medium/high.</b>
<b>Activities</b>
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: <b>activities will be provided to residents such as time outdoors, crafts/art, cards/games,reading/writing,talking/conversing,exercise and puzzles, building blocks, walk or wheel chair ride in the neighborhood.</b>
ADDITIONAL COMMENTS REGARDING ACTIVITIES <b>All activities will be based on the individual resident and participation level.</b>

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