



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

HOME / PROVIDER <i>JCB Adult Family Home, LLC / Josepina P. Barreras</i>	LICENSE NUMBER <i>750520</i>
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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	
<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>This Home is equipped with professional, RN, NAR + qualified Residential Managers. All care are of its highest quality standard for each resident. Our mission is to give the utmost care (etc) to individual uniqueness of each resident + their needs. Be their advocate in all care.</i>	
<b>2. INITIAL LICENSING DATE</b> <i>2002</i>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <i>718 N 203rd St. Shoreline, WA. 98133</i> <i>19013 Lusk Ave. N. Shoreline WA. 98133</i>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <i>JCB - Adult Family Home, LLC</i> <i>757 N 200th St. 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>	

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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 clean up after toileting to bed or chair resident. Total time usually 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 propel 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 comb, brush during 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 residence 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 + B/S nose cream; may spoon feed meds if unable.  
*Crush meds / dissolve & administer into peg tube.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES  
Medication ordered that is given by caregiver P.O, inhaler, 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, PORN, stroke resident, wound care, colostomy care, Foley care, Peg care

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

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ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

*Consigns are checked periodically, carefully + PRN for medications, Supervise nursing task needed Nursing judgement, any guidelines or errors from consigns*

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: *on call 24/7 ; M - Sunday 2-H hrs + PRN*
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: *2 staffing M-F + 2 staffing weekend*
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

*Level 3 resident. 4 resident*

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 language + Caucasian or other ethnic origin.*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

*As much as possible english language. If resident with other language must have an interpreter.*

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 entering the home private pay for at least 3-4 years until Medicaid Received*

ADDITIONAL COMMENTS REGARDING MEDICAID

*all true agreement 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: *ROM; Music therapy weekly; day therapy visits, ind visit; Board, puzzles, games & TV*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*The Home acknowledge each residents preferences.*

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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