Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Family First LLC	**750884**

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

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.

Our Goal is to provide proffessional, loving care to those in their golden years. Family First currently consists of six adult family homes in the Gig Harbor area. Each home is licensed to care for up to six people. We offer high end 24 hour care. Our goal is to give excellent care and enhance quality of life to our geriatric community. We strive to give family memebers the ability to have quality time with their loved ones removing them from the stress of care giving.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
08/05/1999	**4553 SE Burley-Olalla Rd, Olalla WA 98359, 2904 138th St NW, Gig Harbor, WA 98332, 8219 Dogwood Lane NW, Gig Harbor, WA 98332, 4001 59th St Ct NW, Gig Harbor, WA 98335, 3512 38th Ave NW, Gig Harbor, WA 98335**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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:

We cook and prepare residents meals. Cut food in to small bites if needed. We provide assistance ranging from cueing and monitoring to totally assistance feeding residents. Prepare snacks. Clean and wash dishes after every meal.

2. TOILETING

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

Two hour toileting schedules provided. Clean perineal area each time. Change pull-ups or briefs as needed. Check for any skin issues. We provide assistance from stand-by/cueing to total assitance.

3. WALKING

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

Stand-by assistance offered at all times. We provide cueing and monitoring to one person assistance.

4. TRANSFERRING

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

Assist residents in and out of cars, beds, chairs, showers. We provide cueing and monitoring to one person assistance.

5. POSITIONING

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

Assist residents to reposition every 2-4 hours. We provide cueing and monitoring to one person assistance.

6. PERSONAL HYGIENE

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

Assist residents with mouth care, fingernail care, and other personal hygiene. We provide cueing and monitoring to full assistance.

7. DRESSING

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

Assist Residents in chosing appropriate clothing for the weather. We provide cueing and set-up to full assistance.

8. BATHING

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

Stand-by assistance to full assistance provided.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Shower Chairs. Weekly head to toe skin checks provided. Daily to Weekly Vital sign monitoring.

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:

All medications are kept in a locked cupboard and administered at appropriate times. Each resident is provided with their own labeled bin and medication cup. We provide from cueing to full assistance.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All oral, topical, inhalers, sprays, drops and insulin are administered with nurse 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:

Insulin, some wound care. We contract out to a home health agency if needed or to our delegating RN.

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

Insulin administration, blood glucose monitoring, topical medications, inhalers, nebulizers, oxygen monitoring. Delegating RN available via cell phone for any and all questions.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

An RN nurse delegator oversees all delegated tasks. She provides visits every 3 months and as needed.

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

All staff complete necessary training.

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: **RN delegator every 3 months and available as needed.**
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **A CNA is there 24hrs/day-7 days/wk**
- ☒ Awake staff at night
- ☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Additional CNA possible if needed.

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:

All ethnic backgrounds. English language.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Specialized diets as needed per religious beliefs.

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:

Decided on a case by case basis and availability.

ADDITIONAL COMMENTS REGARDING MEDICAID

Quality care is provided whether private pay or 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:

Music, Games, TV, Movies, Coloring/Art, Exercise, Gardening. Birthday and Holiday Celebrations. Football parties. Individual residents likes/dislikes taken in to consideration.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We are accomodating to each residents likes and wishes, and will add or do activities accordingly.

Please Return the completed form electronically to 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