



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>JJ'S ADULT FAMILY HOME / JEANETH JANIER</i>	LICENSE NUMBER <i>750928</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

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.

2. INITIAL LICENSING DATE

AUGUST 1, 2007

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

1939 SE KARLI WAY, PORT ORCHARD WA 98367

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

DUCHESS AFH / MELY NAVARRO

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:

PROVIDE EATING ASSISTANCE FROM CUEING & MONITORING TO TOTAL ASSISTANCE INCLUDING

2. TOILETING

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

TUBE FEEDING

TOILETING ASSISTANCE FROM CUEING & MONITORING TO TOTAL ASSISTANCE BY ONE PERSON

3. WALKING

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

WALKING ASSISTANCE FROM CUEING & MONITORING TO A ONE PERSON ASSIST

4. TRANSFERRING

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

ONE PERSON ASSISTANCE ON TRANSFER FROM CUEING & MONITORING

5. POSITIONING

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

PROVIDING ONE PERSON ASSISTANCE WITH POSITIONING FROM CUEING & MONITORING

6. PERSONAL HYGIENE

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

PROVIDING ASSISTANCE WITH PERSONAL HYGIENE FROM CUEING & SET-UP TO TOTAL ASSISTANCE

7. DRESSING

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

PROVIDE ASSISTANCE WITH DRESSING FROM CUEING & SET-UP TO TOTAL ASSISTANCE

8. BATHING

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

PROVIDE ASSISTANCE WITH BATHING FROM CUEING & SET-UP TO TOTAL ASSISTANCE

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

WE USE SPECIAL EQUIPMENT IF NEEDED SUCH AS FOLL-IN-SHOOWER ETC

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:

PROVIDE MEDICATION ASSISTANCE FROM CUEING & MONITORING & ADMINISTERING UNDER

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

NURSE DELEGATION MEETING
ALL LAWS & RULES / GUIDELINES
in WAC

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:

THE PROVIDER IS LPN & THE HOME PROVIDES NURSING SERVICES UNDER THE SUPERVISION OF PROVIDER

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

THE HOME PROVIDE SKILLED NURSING SERVICES & IN CONTACT WITH NURSE DELEGATION (RN)

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

THE HOME IS IN CONTRACT WITH REGISTERED NURSE TO PROVIDE NURSE 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: 7 days/wk ; 24/7 on call, Daily visit varied times
- Certified nursing assistant or long term care workers, days and times: One staff/day (6 days/wk)
- Awake staff at night PRN line-in caregiver
- Other:

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:

THE HOME ACCOMMODATE ANY CULTURAL & ETHNIC BACKGROUNDS

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

THE PROVIDER SPEAKS FLUENT ENGLISH & TAGALOG LANGUAGE

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

THE HOME ACCEPT BOTH PRIVATE & MEDICAID PAYMENTS

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:

THE HOME PROVIDES & HONOR CLIENTS CHOICE OF ACTIVITY SUCH AS: PUZZLES, BINGO ETC

ADDITIONAL COMMENTS REGARDING ACTIVITIES

TAKE CLIENTS FOR SIGHTSEEING DURING SUMMER THEN LUNCH IN RESTAURANT

TAKE CLIENTS ALL OR BY INDIVIDUAL FOR SHOPPING

CAKE & TEA SOCIAL FOR BIRTHDAY MONTH

MOVIE NIGHT ONCE/WK WITH POPCORN & DRINKS SERVE