



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>751291</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. <i>JCB AFH is equipped with professionals RN, Registered Nursing Assis- tants & qualified multidisciplinary Managers. All care is by its highest quality and standard of each resident. Our Mission is to give/provide the utmost care to individual uniqueness of each resident & their needs. Better. Always.</i>	
2. INITIAL LICENSING DATE <i>2008</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>757 N 200th St. Shoreline, WA. 98133 ; 19613 Linden Ave. N Shoreline.</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>JCB Adult Family Home, LLC 778 N 203rd St. Shoreline, WA. 98133</i>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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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: *1:1 feeding with mechanical diet, puree diet, diabetic diet + low salt diet. Honey, Nectar or thin liquid*
peg tube feeding

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *1-2 person transfer to toilet, HSC*
total assist in cleaning up after toileting. Toilet train every 2 hrs. to BR.

3. WALKING

If needed, the home may provide assistance with walking as follows: *SBA, Hands on assist or 1-2 person*
assist using a walker or cane. If in w/c 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; gait transfer, sliding board transfer, hoist lift or pole assist transfer.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *1-2 person Assist & positioning proper*
body alignment, use yellow support form of 2 hrs. for skin circulation & to relieve pressure.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *assist & cues or hand on*
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 to allow time for resident follow*
but if able will assist 1-2 person assist in dressing.

8. BATHING

If needed, the home may provide assistance with bathing as follows: *if able allow resident to clean parts that*
hands can reach but if unable will provide 1-2 person assist in bathing.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

as much as possible allow resident to do task
independently as possible with support & lots of cues. If unable then the home will
provide all the assistance needed to provide 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: *prepare resident medication & give*
it to resident. prepare meds & give it resident mouth or rectal route & may & apply cream
as ordered under Nurse Delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medication that is given by caregiver under P.O., inhaler, cream, Neb. nose spray, Urtic
cust non & H's & H's are under Nurse Delegation.

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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: *This home is RN provider. We can do rehabilitation in ambulation, ROM & stroke resident. wound care, cathostomy, Foley, PEG tube care.*

The home has the ability to provide the following skilled nursing services by delegation: *RN provider is also a nurse delegator, so she delegate her staff to do skilled nursing under her supervision.*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

1 of my resident is chronic PLE cellulitis that has cleared & healed from my amazing caregiver nursing skilled under my 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

Dementia & Mental comes together if resident has sub stage in the beginning of Dementia

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 24hrs every day 24hrs / 7 days on call*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *1 staff M-F; Residential Manager*
- Awake staff at night *1 staff S-Sun*
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

There are only 3 resident, ambulator & walker & may or may not need 1 person assist depending on needs so 1 staff & the residential manager present in the home.

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:

Caucasian, more on American Food except if some have resident from other ethnic background from all over their diets.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We cater each individual resident needs & preferences. **Received**

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

Medicare/Medicaid agreement is disclosed with admission Agreement signed by the family together with the rest of the full admission Agreement.

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: *120m daily 2x/day or more often if needed. Music therapy many other needs; Art therapy; kids therapy, TV + games board + puzzles.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Each individual has their own preferences we acknowledge and honor their preferences.

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