



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

HOME / PROVIDER <b>Lola Kay AFH/ Cheryl A. Miles</b>	LICENSE NUMBER <b>751618</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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<b>About the Home</b>	
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.  <b>The Miles Adult Family Home philosophy is “It is the residents’ home, we work for them”. We believe in an open-door policy for families and encourage families to come in to visit or stay for a meal with their loved ones at no cost. Honoring the wishes &amp; privacy of residents is the primary concern of all who work in any Miles Adult Family Home. This home provides senior citizens all aspects of assisted living care in a family home environment.</b>	
2. INITIAL LICENSING DATE <b>02/05/2003</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>226 S. 16th Ave. Yakima, WA 98902 600 S. 83rd Ave. Yakima, WA 98908</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>N/A</b>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> <b>Other: S-Corp</b>	
<b>Personal Care</b>	

“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:

**The home may provide assistance in all eating tasks indicated by need and determined by care plan.**

2. TOILETING

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

**The home may provide assistance in all toileting tasks indicated by need and determined by care plan.**

3. WALKING

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

**The home may provide assistance with all ambulation types determined by careplan.**

4. TRANSFERRING

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

**The home may provide assistance with all methods of one person transfers as determined by care plan.**

5. POSITIONING

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

**The home may provide assistance with all methods of positioning as determined by care plan.**

6. PERSONAL HYGIENE

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

**The home may provide assistance with all personal hygiene tasks indicated by need and determined by care plan.**

7. DRESSING

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

**The home may provide assistance with all aspects of dressing indicated by need and determined by care plan.**

8. BATHING

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

**The home may provide assistance with all bathing tasks indicated by need and determined by care plan.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL 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:

**The home provides all medication management assistance and if needed delegation for administering medications depending on need of resident.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**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 home may provide any skilled nursing care or service that can be delegated by licensed nurse delegation.**

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

**Any skilled nursing care or service that can be delegated by licensed nurse delegation.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING 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: \_\_\_\_\_

**Certified nursing assistant or long term care workers, days and times: 24 hours a day, 7 days a week**

**Awake staff at night**

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Lola Kay is a 1 caregiver per shift home. Provider believes in hands on ownership and visits the home everyday. Provider is also available 24 hours a day, 7 days a week 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:

**None in particular**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**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.

**X The home will accept Medicaid payments under the following conditions:**

**The home accepts medicaid residents if normal daily rate can be met for private room.**

ADDITIONAL COMMENTS REGARDING 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:

**Activities available are monthly music entertainment, arts and crafts, puzzles and games, outings, and pet therapy.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities are subject to change.**