



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Just Like Home AFH, LLC/ Dara Mandeville	LICENSE NUMBER 751657
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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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Received

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RCS/Public Disclosure

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 mission is to provide a quality of care that is consistent with the love and appreciation we would have for our own family. Our own expectations of care will go beyond the expectations put upon us. We don't just commit to the standards set by the state, we go beyond that to make sure our residents feel "Just Like Home". "Perfection consists not in doing extraordinary things, but in doing ordinary things extraordinarily well."	
2. INITIAL LICENSING DATE 04/23/2010	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: None
4. SAME ADDRESS PREVIOUSLY LICENSED AS: None	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> 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:

Encouraging residents to eat quality meals by offering a variety of meals and options. Assistance with Queing and reminders, all the way to one on one assistance.

2. TOILETING

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

Providing assistance by queing and monitoring to complete assistance with peri-care and toileting.

3. WALKING

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

One on One assistance with gait belt thru just stand by assistance.

4. TRANSFERRING

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

One on One transfer and pivot transfer assistance.

5. POSITIONING

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

Rotating as ordered and as needed.

6. PERSONAL HYGIENE

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

Providing assistance from simple cueing to total care.

7. DRESSING

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

Providing assistance from simple cueing to total care.

8. BATHING

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

Providing assistance from simple cueing to total care.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Patient privacy and dignity are our main concern. We will provide whatever level of assistance the client is comfortable with

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:

Medication cueing and reminders to administration with delegated orders.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All medication is kept in a separate Med room under lock and key for client protection.

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 delegates all skilled nursing tasks

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

Medication assistance, wound care, tube feedings

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

We specilaize in Dementia and Alzheimer diagnoses

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 at all times**
- Licensed practical nurse, days and times: N/A
- 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

All of our staff speaks English as their first language

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:

We aren't particular to any certain backgrounds, we are open to anything

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.
- The home will accept Medicaid payments under the following conditions:

After completing 2 years of private pay as funds run out

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:

exercise, social activities as tolerated, arts and crafts, puzzles, movies, music therapy, and much more depending on resident wishes

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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