



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

HOME / PROVIDER <i>Quality Life AFH</i>	LICENSE NUMBER <i>751790</i>
--	---------------------------------

**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](#)

<b>About the Home</b>	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>Mission of Quality Life AFH is given Quality care and living is our tradition</i>	
<b>2. INITIAL LICENSING DATE</b> <i>October 25/2010</i>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <i>N/A</i>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <i>the same. Quality Life adult family home</i>	
<b>5. OWNERSHIP</b> <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

**Received**

MAY 07 2015

**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:

Preparing food, setup, cuing, monitoring to a total assist feeding.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: monitoring to one to two person assist

From Bowel Program. Toileting Program. transferring from chair to toilet and from toilet to chair

3. WALKING

If needed, the home may provide assistance with walking as follows: helping walking based on their ability

from cuing. supervise / monitoring to one - two person assist.

4. TRANSFERRING

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

From Setup. cuing, supervise to one-two person assist. including hoist lifting.

5. POSITIONING

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

From setup, cuing. ~~one~~ one - two person assist. based on their needs (4 hours)

6. PERSONAL HYGIENE

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

From setup, cuing supervise; to one - two person total assist

7. DRESSING

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

From setup, cuing supervise to one - two person total assist. giving choices

8. BATHING

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

From Setup. supervise. hand on cuing to one - two person total assist

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Foley Cath. Tub-feeding Assistance, Ostomy Care, and Restorative Program

**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: Nurse Delegation RN available, as needed. from setup, supervise, cuing. medication assistance to total assistance

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medication delivery, bubble pack meds. prepared by Pharmacy.

Received

MAY 07 2015

**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: *nurse delegator contracted by DSHS as needed.*

The home has the ability to provide the following skilled nursing services by delegation: *Tube Feeding, O<sub>2</sub>, Nebulizer TX, dry dressing change, medication*  
*owned by Licensed Practical nurse*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

*owned by LPN*

**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

*Owned by LPN.*

**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: *owned by LPN*
- Certified nursing assistant or long term care workers, days and times: *24 hours*
- Awake staff at night
- 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:

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Received

MAY 07 2015

**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

Accept Medicaid Clients

**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: Holidays Party, Birthday Party, celebration, Puzzle Movies, Light Exercise, Bingo, Music.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

indoor and outdoor Gardening.

Received

MAY 07 2015

RCS/Public Disclosure