

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Grace Adult Family home	LICENSE NUMBER 751932
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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.

We believe in the golden rule found in Luke 6:31

"Treat others just as you want to be treated"

2. INITIAL LICENSING DATE

05/17/2012

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

6906 NE 164th Court, Vancouver, WA 98682. Tel 360-883-8805 fax-360-983-8075

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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:

Partieal or total assistance up to one to one feeding assistance

2. TOILETING

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

everything including total care assistance

3. WALKING

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

walking exercise with one person assist in the home

4. TRANSFERRING

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

one person transfer only

5. POSITIONING

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

one person level assistance, but no two person assist

6. PERSONAL HYGIENE

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

one person assistance level: person has to be one person transfer to be cared for : Toileting shower and other

7. DRESSING

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

one person assistance in dressing. Resident has to help like putting his arms in the sleeves, able to move arms and able to keep balance in the sitting position

8. BATHING

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

one person assistance. resident has to be one person transfer . full shower or bed bath can be provided

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Care items are free for medicaid patients. Private patients are charged for special care items by suppliers

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:

we order medication, document meciation patient takes, give medication to patient according to doctor's order. We even crush meds and give to the patient with apple sauce if patient got swallowing difficultyns etc

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:

We report side effects to the prescribing doctors.

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

checking blood sugar and injecting insulin, administering breathing treatments like nebs, GT feeding, colostomy, medications, dressing changes etc

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: Owner registered nurse
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24 hours
- Awake staff at night
- Other: **No awake staff between midnight and 6 AM, unless it is agreed and included in negotiated care plan.**

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: All residents who speak english, Russian and Amharic languages.
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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input type="checkbox"/> The home will accept Medicaid payments under the following conditions: The home accept private and medicaid payments
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: News paper discussion, movies of choices ones a week (rented),Bingo, birth day lunch at the resturant of choise, barbeque on holidays, christmas and thanks giving celebrations and we give gift to our resident at Christmas, puzzel solving , etc
ADDITIONAL COMMENTS REGARDING ACTIVITIES We are open to suggestions

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