



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

HOME / PROVIDER

**Circle of Life, AFH Vincent and Andrea Noonan**

LICENSE NUMBER

**752290**

**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.

2. INITIAL LICENSING DATE

**08-22-2012**

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

**10510 Pacific Way Long Beach WA 98631**

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:

**From cueing to total assist**

### 2. TOILETING

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

**From cueing to total assist**

### 3. WALKING

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

**From cueing to total assist**

**2 person assist only if staffing is available (extra staff may be put in place w/prior notice)**

### 4. TRANSFERRING

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

**From cueing to total assist**

**2 person assist only if staffing is available (extra staff may be put in place w/prior notice)**

### 5. POSITIONING

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

**From cueing to total assist**

### 6. PERSONAL HYGIENE

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

**From Cueing to total assist**

### 7. DRESSING

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

**From cueing to total assist**

### 8. BATHING

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

**From cueing to total assist**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**"Circle of Life, AFH" provides daily bedbath, peri-care w/each toileting and has a "Roll-In" shower available**

**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:

**From cueing to nurse delegated tasks as stated in assessments**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Caregivers w/ proper credential will be delegated as needed**

**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:

**Glucose monitoring, insulin injection, flushing catheter, INR, O2 monitoring and administering medication, if needed nurse delegation will be put into place**

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

**Same as above mentioned**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Circle of Life, AFH, can provide an outside Agency for an In-Home nurse to address wound care, catheter changes and other skilled nursing services with the proper orders from PCP. This also includes Hospice Care.**

**Specialty Care Designations**

We have completed DSHS approved training for the following specialty care designations:

Developmental disabilities

x Mental illness

x Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

**Circle of Life, AFH also accepts residents w/TBI**

**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)

x 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: **Only on call** \_\_\_\_\_

Licensed practical nurse, days and times: \_\_\_\_\_

Certified nursing assistant or long term care workers, days and times: **24/7** \_\_\_\_\_

Awake staff at night

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Provider is very involved with the daily ongoings in the home and is also available 24/7**

**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:

**diverse**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Provider is bi-lingual (english and german). the home is always open to accomodate to any culture and background**

**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

**Resident is required to be private pay for 12 month before switching to Medicaid, unless a different arrangement has been reached with the Provider**

**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:

**Bingo, puzzles, painting, listening to music, TV, going for walks around the home, sitting out on the deck, reading ( or being read to), crossword puzzles, knitting, crocheting, quilting, visiting, exercises, mani/pedicures, discussions about different topics etc.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**The home is happy to accomodate different interests**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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