



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

HOME / PROVIDER <b>Methow Valley Family Home Center - Jamie's Place</b>	LICENSE NUMBER <b>752368</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.

### 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

### 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.

**Mission: We provide our Elders a caring home for a meaningful life. We practice person centered care, we believe that every Elder has worth and value, can continue to grow and thrive and is not defined by their "medical" diagnosis. We are community built and based, and are a non-profit entity.**

**2. INITIAL LICENSING DATE**

01/15/2013

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

109 B Norfolk

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**The Cove - Jamie's Place**

**5. OWNERSHIP**

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other: **Non Profit**

**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:

**We provide nutritional support from independence , cues & monitoring, to full assistive eating.**

2. TOILETING

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

**We provide toileting assist from independence, cues & monitoring, 1 person assist, and incontinence care.**

3. WALKING

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

**We provide open, one level, ADA compliant living space with stand by assist to 1 person assistance.**

4. TRANSFERRING

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

**We provide stand by assist to 1 person transfer assist with or without assistive devices. Use of lifts possible on person by person assessment.**

5. POSITIONING

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

**We provide contact assist to full one person assist with two person assist available during end of life care**

6. PERSONAL HYGIENE

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

**We provide encouragement of independent abilities to full assist of 1 person.**

7. DRESSING

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

**We provide encouragement of independent abilities to full assist of 1 person.**

8. BATHING

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

**We provide encouragement of independent abilities to full assist of 1 person.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Individual bedrooms, private ADA bathrooms, roll in showers with built in benches.**

**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 provide oversight of medication to full assist with RN management of medication.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Nurse Delegation of medication administration available. Coordination with pharmacy service available.**

**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:

**Registered Nurse, Nurse Delegator on staff. Availability varies**

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

**Medication administration and simple wound care**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Care plan assessments can be done by RN on staff. On site Hospice Service available with referral.**

**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

**Currently accepting dementia specialty residents only - unless Mental health is a secondary diagnosis.**

**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: **20 hours per week, varied hours depending on workload**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **1 CNA/HCA 8-12 hour shifts at all times**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Manager &/or Executive Director also onsite approx. 20 per week at varied hours.**

**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

**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:

**Maximum of 2 Medicaid beds, must have medicaid opening available.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**We allow our private pay elders to transistion to Medicaid. We ask for a 2 year private care pay plan .**

**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:

**Private & public television, music, exercise, outdoor fenced gardens with elder participation encouraged, conversation, visitors, planned special meals (ie BBQ, family gatherings,etc) Elder requested activities, supervised walks.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Our daily activities of living are elder centered and much activitiy is spontaneous depending on the desire of the elder. Lunch and dinner are planned as family dining to encourage conversation and particiapation as well as relationship building. Elders are encouraged to participate in directing care of the home: ideas for meals, gardens, house maintence, shopping etc.**

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