



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER JG ADULT FAMILY HOME | LICENSE NUMBER 752462 |
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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 | |
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| 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. <div style="margin-left: 40px; font-family: cursive; font-size: 1.1em;">Quality Care and comfort is our Number One Priority</div> | |
| 2. INITIAL LICENSING DATE 04-27-2010 10-28-2011 | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 2601 SHATTUCK CT SOUTH RENTON, WA 98055 2501 SKYWAY LANE, AUBURN WA 98002 |
| 4. SAME ADDRESS PREVIOUSLY LICENSED AS: 07-22-2013 1922 28TH ST SE AUBURN, WA 98002 | |
| 5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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: Provide calm environment. One on one Feeding, supervision, set up help, stand by assist cut food into small pieces, etc.

2. TOILETING

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

Total care
2 person assist.
Stand by assist & peri-care

3. WALKING

If needed, the home may provide assistance with walking as follows: Level one clients only. However, caregivers are attentive and cautious while clients are using the stairs and can offer extensive/total assist if need be. Clear walk ways of clutter.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Level one clients only. The facility make sure proper instructions are given to the clients while transferring and offer stand by/covering from showers and stairs to avoid falls.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: G2 turns. However we admit level one clients only.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: pericare, eye to comb hair, total extensive and two persons assistance, to change clothes, groom facial hair as needed, trim finger nail / toe nails, wash face, hands before eating and after using Bathrooms.

7. DRESSING

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

Total
Extensive
supervision, set up help - assistance with choosing clothes.

8. BATHING

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

Total - spouse / shower
supervision, set up help.
stand by, assist, covering

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE - caregivers to make sure, Bath Bench, non-slip mats are set up and check water temperature before shower, Reminders and ensure skin intact over all pressure points. client clean/ tidy, bedding clean and beds made.

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: The medication come in bubble pack from the pharmacy. All caregivers are nurse delegated for eye drops, inhalers, rectal suppository - Fleet Enema & topical cream.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES must wash hands before administering medication. chart in the MARs, Re-order medication and report adverse reactions to a health professional. Keeps all medication under lock and key at all times.

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: Home Health Nurses

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

The facility has a Nurse Delegator.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION *Nurse Delegator always told us to a) Evaluate the resident - Ask the resident how he is doing. b) Prepare for the procedure - Review the delegated instruction. c) Complete the procedure - Identify resident correctly.*

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 *The facility have clients with speciality needs. Patience, tolerance is offered at all levels of care.*

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: _____
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other: *The provider is available during the day and at night if need be.*

ADDITIONAL COMMENTS REGARDING STAFFING *The facility have two caregivers 24/7 to make sure our clients are well taken care of and for their safety.*

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:

Primary language is English

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS *If the facility can get a non-speaking English client, we must get an interpreter.*

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: *clients having their payee or guardian*

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: walking, playing cards, colouring Books, drawing, Exercise, watching TV.

ADDITIONAL COMMENTS REGARDING ACTIVITIES Facility offer transportation to MD's appointments, and shopping.

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