

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

HOME / PROVIDER <b>Nurse Julie's AFH,LLC. Julie Briggs Entity Rep</b>	LICENSE NUMBER <b>752500</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.

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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.

**Our home is situated on 5 landscaped acres minutes away from Orchards. We have an open living area with wide hallways and doorways to accomidate all wheelchair sizes. Every bedroom has its own private full bathroom. Staff is awake 24 hours a day to meet the needs of all Residents. Provider is a Licensed Nurse on call 24 hours/7 days a week**

**2. INITIAL LICENSING DATE**

**10/01/2013**

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

**N/A**

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

**N/A**

**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:

**Set up, cueing and full assist with eating**

### 2. TOILETING

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

**Assist with to/from toilet and on/off the toilet. Total cleaning and changing of incontinent products**

### 3. WALKING

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

**Assist with walkers, canes and wheelchairs. Constant stand by assist as needed**

### 4. TRANSFERRING

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

**1 person assist with all transferring needs, tailored to each Resident**

### 5. POSITIONING

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

**1 person assist with all positioning needs. Daytime and nighttime repositioning**

### 6. PERSONAL HYGIENE

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

**Stand by assist, cueing and help tailored to meet the needs of Residents**

### 7. DRESSING

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

**Set up, stand by assist, cueing and full assist to meet the needs of the Residents**

### 8. BATHING

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

**Stand by assist, full assist and bed bathing as needed to meet the needs of the Resident**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Our mission is to allow each Resident to do as much for themselves to increase the feeling independence**

## 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:

**full assistance and cueing with all medications. Insulin administration and monitoring**

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medication ordering, monitoring and parameters are monitored by provider, a Licensed nurse**

**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:

**wound care, insulin administrations, monthly injections and catheter care**

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

**insulin, topical medications and eye drops**

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: \_\_\_\_\_
- Licensed practical nurse, days and times: **On staff weekly up to 40 hours and on call 24 hours 7 days a week**
- Certified nursing assistant or long term care workers, days and times: **146 hours to 168 hours a week**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Our staff is awake 24 hours a day 7 days a week to meet the needs of all Residents**

**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:

**The home is operated and staffed by English speaking only**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**All cultural requests with be accommodated**

**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:

**There is only one medicaid room available in our home**

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:

**Board games, bingo, puzzles, arts and crafts, crosswords, reading the morning paper, sports on TV, movie time**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**All activities are offered and tailored to meet the wishes and wants of each Resident**

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