

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

HOME / PROVIDER <b>Aging Gracefully Family Home LLC</b>	LICENSE NUMBER <b>752623</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. <b>Aging Gracefully Family Home is an Adult Family Home owned and run by registered nurses. We are located in quite neighborhood in Vancouver, WA near PeaceHealth SouthWest Medical Center. We are committed to providing quality care; maintaining the health, independence, dignity, and quality of life in our residents’ retirement years.</b>	
2. INITIAL LICENSING DATE <b>04/22/2014</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>N/A</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>N/A</b>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" 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:

**We provide eating assistance from cuing/monitoring to total assistance.**

### 2. TOILETING

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

**We provide toileting assistance from cuing/monitoring to total assistance.**

### 3. WALKING

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

**We provide walking assistance from cuing/monitoring to a one-person assist (hoyer lift).**

### 4. TRANSFERRING

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

**We provide transfer assistance from cuing/monitoring to a one-person assist (hoyer lift).**

### 5. POSITIONING

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

**We provide assistance with positioning as needed.**

### 6. PERSONAL HYGIENE

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

**We provide assistance from cuing, setup to total assistance.**

### 7. DRESSING

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

**We provide assistance from cuing, setup to total assistance.**

### 8. BATHING

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

**We provide assistance from cuing, setup to total assistance.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

## 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 medication assistance and administration of medication. All medications kept in locked cabinet and are monitored by registered nurse on a daily basis.**

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We work with closely with doctors and pharmacy staff and inform and consult with resident/POA/family**

### 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:

**Skilled nursing services include: indwelling catheter care, ostomy care, diabetic care, wound care, oxygen and hospice care.**

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

**Owner of this facility is a registered nurse and a nurse delegator, who will delegate skilled nursing tasks to other caregivers free of charge.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The caregivers will be delegated for all needed skilled nursing tasks.**

### 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 (husband and wife) both registered nurses lives in home providing hands on care.**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **Two experienced and qualified caregivers. One caregiver 24 hour/7 days a week staffing**
- Awake staff at night
- Other: **Call button provided to each resident and motion detectors are used as needed.**

ADDITIONAL COMMENTS REGARDING STAFFING

**Our caregivers are compassionate and dedicated to meet the needs of our resident.**

### 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:

**American English**

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:

**We will accept Medicaid payment after the resident has been private pay for 24 months prior to converting to Medicaid**

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:

**Aging Gracefully Family Home provides the following activities:**

**Exercise Program, Extension of Physical Therapy Plan**

**Music Therapist providing Memory care, Recreation**

**Walking Neighborhood**

**Unique and Individualized Activities that Stimulate our Residents**

**Birthday Parties that Honor each Resident**

**Special Holiday Celebrations**

**Cooking and Baking Participation**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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

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