



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

Received

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RCS/Public Disclosure

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|--|---------------------------------|
| HOME / PROVIDER<br><b>The Right Place Homes, LLC</b> | LICENSE NUMBER<br><b>752854</b> |
|--|---------------------------------|

**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.

**We provide excellent 24 hour care in a community-based setting. Our personalized care services include medication management, healthy home cooked meals, assistance with all activities of daily living– mobility, dressing, bathing and personal hygiene. We monitor vital signs daily and utilize each Resident's care plan to ensure that all preventative measures will be taken to promote each individual's wellness.**

**All of our homes are wheelchair accessible, with ramps on the front and back entrances. Our homes have spacious living areas, dining room and large decks in a private backyard. Each house has two bathrooms for residents, including roll in showers for accessible bathing.**

**We have private and semi-private rooms available to our Residents. Residents may bring some of their own furnishings to personalize their room. We can provide furnishings if a Resident does not wish to bring their own.**

|  |  |
|--|--|
| 2. INITIAL LICENSING DATE<br><b>2003</b> | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:<br><b>9338 Forest Ct SW; Seattle, WA 98136</b> |
|--|--|

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

Sole proprietor

Limited Liability Corporation

Co-owned by:

Other: **S Corporation**

**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:

**Healthy home cooked meals tailored to individual dietary needs, as well as, assistance with feeding as needed by one caregiver.**

2. TOILETING

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

**Assistance is provided from cuing to total assist by one caregiver.**

3. WALKING

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

**Assistance is provided from cuing to total assist by one caregiver.**

4. TRANSFERRING

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

**Assistance is provided from cuing to total assist by one caregiver.**

5. POSITIONING

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

**Assistance is provided from cuing to total assist by one caregiver.**

6. PERSONAL HYGIENE

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

**Assistance is provided from cuing to total assist by one caregiver.**

7. DRESSING

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

**Assistance is provided from cuing to total assist by one caregiver.**

8. BATHING

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

**Assistance is provided from cuing to total assist by one caregiver.**

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:

**Assistance is provided from cuing to total assist by one caregiver.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medication administration (medications need to be administered orally) can be provided with nurse delegation**

#### 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:

**Oral and topical medications and ointments, Nose, ear, eye drops, and ointments, Dressing changes and urinary catheterization using clean techniques, Suppositories, enemas, and ostomy care in established and healed condition, Blood glucose monitoring; and Gastrostomy feedings in established and healed condition**

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

**Oral and topical medications and ointments, Nose, ear, eye drops, and ointments, Dressing changes and urinary catheterization using clean techniques, Suppositories, enemas, and ostomy care in established and healed condition, Blood glucose monitoring; and Gastrostomy feedings in established and healed condition**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The AFH is not responsible for any fees that occur for such Nursing Delegation. The Resident/Representative will be responsible for such fees**

#### 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: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24 hours a day**
- Awake staff at night
- Other:

ADULT FAMILY HOME DISCLOSURE OF SERVICES REQUIRED BY RCW 70.128.280  
DSHS 10-508 (REV. 09/2014)

ADDITIONAL COMMENTS REGARDING STAFFING

**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:

N/A

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:

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:

**Reading materials; movies; television; music.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES