



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

HOME / PROVIDER <b>The Gracious One AFH LLC</b>	LICENSE NUMBER <b>752936</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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Received

DEC 31 2015

RCS/Public Disclosure

### 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.

**It is the vision of The Gracious One AFH to provide the best care for vulnerable adults and help meet their needs to the best of our ability.**

**2. INITIAL LICENSING DATE**

**09/03/2015**

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

**None**

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

**Katie's AFH**

**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**

<p>If needed, the home may provide assistance with eating as follows:  <b>Cutting foods into bite size, setting up, cueing , feeding and supervision.</b></p>
<p>2. TOILETING  If needed, the home may provide assistance with toileting as follows:  <b>Assist to sit on commode, transfers, stand-by assist, do pericare, change briefs/pads e.t.c</b></p>
<p>3. WALKING  If needed, the home may provide assistance with walking as follows:  <b>Provide support while walking or using walker, monitor movements.</b></p>
<p>4. TRANSFERRING  If needed, the home may provide assistance with transferring as follows:  <b>One person or two-person assist, total transfer, use of gaitbelt.</b></p>
<p>5. POSITIONING  If needed, the home may provide assistance with positioning as follows:  <b>Repositioning as frequently as needed.</b></p>
<p>6. PERSONAL HYGIENE  If needed, the home may provide assistance with personal hygiene as follows:  <b>Assist with set up, cueing, supervision or total assist.</b></p>
<p>7. DRESSING  If needed, the home may provide assistance with dressing as follows:  <b>Assist with selecting appropriate clothing, encourage to wear clean clothes, offer assistance as needed.</b></p>
<p>8. BATHING  If needed, the home may provide assistance with bathing as follows:  <b>Set up, cue and offer stand by assist as needed.</b></p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE  <b>We will assist with shaving, trimming fingernails, denture cleaning, applying deodorant e.t.c.</b></p>
<p><b>Medication Services</b></p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is:  <b>The home will ensure the resident takes medication following the 5 rights , will put medication in medication cup and hand to the resident, order medication for resident, document and inform PCP of observed changes.</b></p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES  <b>If needed, the home will be delegated to administer eye drops, monitor blood sugar under an RN.</b></p>
<p><b>Skilled Nursing Services and Nurse Delegation</b></p>
<p>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)</p>
<p>The home provides the following skilled nursing services:  <b>Nurse delegated tasks to caregivers who are State licensed with NAC or NAR</b></p>

The home has the ability to provide the following skilled nursing services by delegation: <b>All tasks that are nurse delegated</b>
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION <b>All caregivers must be licensed with NAR or NAC</b>
<b>Specialty Care Designations</b>
We have completed DSHS approved training for the following specialty care designations: <input checked="" type="checkbox"/> Developmental disabilities <input checked="" type="checkbox"/> Mental illness <input checked="" type="checkbox"/> Dementia
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
<b>Staffing</b>
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) <input type="checkbox"/> The provider lives in the home. <input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times. <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Registered nurse, days and times: _____ <input type="checkbox"/> Licensed practical nurse, days and times: _____ <input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <b>Live-in staff (24hrs)</b> <input type="checkbox"/> Awake staff at night <input type="checkbox"/> Other:
ADDITIONAL COMMENTS REGARDING STAFFING <b>Staffing will change to accommodate needs/care of residents</b>
<b>Cultural or Language Access</b>
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: <b>English</b>
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS <b>The home is open to residents of diverse culture.</b>
<b>Medicaid</b>
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) <input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

**The home will disclose its policy to all residents on accepting Medicaid payments**

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:

**Card games, puzzles, shopping and outings**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities depend on resident's likes/hobbies and resident has the right to decline.**

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