



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Joshua's House AFH LLC Roger and Carlene Reaves	LICENSE NUMBER <div style="font-size: 2em; text-align: center; margin-top: 10px;">752957</div>
---	---

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.

Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

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.

Joshua's House AFH believes that no matter how educated, talented, rich, or cool you believe you are, how you treat people ultimately tells all. Integrity is everything. We sincerely want Joshua's House AFH to become "home" to our Residents. The Resident's safety and well being is our paramount concern. We strive to offer services that enhance the resident's independence, personal choice and dignity.

2. INITIAL LICENSING DATE

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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:

We provide nutritious home-cooked meals with Resident's preferences and medical diet need requirements. We provide assistance with eating (cutting up food, reminding to eat, etc.) to providing total assistance in feeding them.

2. TOILETING

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

We provide personal hygiene care and full incontinence care. We also cue Resident's to toilet if needed on a routine basis.

3. WALKING

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

We provide walking assistance, cuing and monitoring. Our Home is wheelchair and walker accessible.

4. TRANSFERRING

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

We provide transfer assistance from cuing, monitoring, stand-by and one or two person assist.

5. POSITIONING

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

We provide assistance with positioning to redistribute body weight, while sitting or lying down for long periods of time, to allow the body to improve circulation from areas of compression. We also cue resident's that are able to reposition themselves.

6. PERSONAL HYGIENE

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

We provide assistance in daily hygiene by setting up supplies for Resident to do independently, or provide assistance or total assistance. We can help with dental/denture care, nail care etc.

7. DRESSING

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

We provide cuing, assistance and total assistance in dressing the Resident.

8. BATHING

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

Our showers are walk-in showers totally accessible to walk in or roll in with wheelchair. There are shower chairs available. We can provide cuing, stand-by, assistance, to total assistance with showering. There are no bathtubs in our Home.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Our Home will do our best to meet the personal needs of our Resident's activities of daily living.

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 nurse/nurse delegation for medication administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Our Home provides dependable, safe measures to ensure our Resident's receive the proper medications.

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:

Medication management and administration.

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

Application, administration, insertion and insulin by injection by nurse delegation.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We provide Certified Nursing Assistants with experience in caring for the elderly and their needs.

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 Resident Manager is experienced in caring for those with Dementia and Mental Illness.

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: On call
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7 Certified Nursing Assistants on staff.
- Awake staff at night
- Other: _____

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:

English

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Our Home embraces the cultural differences of our Resident's and spends time getting to know the likes and dislikes of those we care for,ie: food, dress, celebrations, customs etc.

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:

Holiday celebrations, birthday celebrations, exercise, ice-cream socials, afternoon tea, piano/sing-a-longs, hairstylist visits, podiatrist visits, gardening, outdoor patios, movie and pizza night, morning newspaper, magazines,story telling/reading aloud, games, crafts, Family Bbq's, live music entertainment, wi-fi, Bible study, crafts and ongoing activities as appropriate for our Residents.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We strive to keep daily living exciting and fun. We provide activities appropriate to our resident's abilities and needs. Sitting in front of a television all day is not our vision for our Resident's. We constantly are looking for activities that enhance the lifes of our Resident's. We encourage visits from family and friends.

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