



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>K3S AFH Samuel D. Shirley</b>	LICENSE NUMBER <b>753003</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 10 2015

RCS/Public Disclosure

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. <i>Compassionate care with dignity. We welcome all religions and race. Quiet country atmosphere with beautiful views.</i>	
2. INITIAL LICENSING DATE <i>NA</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>NA</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>NA</i>	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	
"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 <i>We provide eating assistance from cueing and monitoring to</i>	

If needed, the home may provide assistance with eating as follows:	total assistance.
2. TOILETING If needed, the home may provide assistance with toileting as follows:	We provide toileting assistance from cueing and monitoring to total assistance.
3. WALKING If needed, the home may provide assistance with walking as follows:	We provide walking assistance from cueing and monitoring to a one person assist. 2 person assist when 2 caregivers are on staff (usually in AM)
4. TRANSFERRING If needed, the home may provide assistance with transferring as follows:	We provide transfer assistance from cueing and monitoring to a one person assist. 2 person assist when 2 care givers are shift (usually in AM)
5. POSITIONING If needed, the home may provide assistance with positioning as follows:	We provide assistance with positioning from cueing and monitoring from a one person assist. 2 person assist when 2 care givers are on shift.
6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows:	We provide personal hygiene from cueing and set up to total assist.
7. DRESSING If needed, the home may provide assistance with dressing as follows:	We provide assistance with dressing from cueing and set up to total assistance.
8. BATHING If needed, the home may provide assistance with bathing as follows:	we provide assistance with bathing from cueing and set up to total assistance.
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE	Residents receive more one on one personal care due to the low ratio of resident to care giver.
<b>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</b>	
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 <u>we provide medication administration from reminding resident to take medication to nurse delegation</u>	
<b>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</b>	
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: <u>We provide all skilled nursing services by contract with and through nursing agencies</u>	
The home has the ability to provide the following skilled nursing services by delegation: <u>We provide skilled nursing services by nurse delegation with Alice Semington RN</u>	

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

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/only as needed
- Licensed practical nurse, days and times: On call 3 as needed
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other: Won wake staff

ADDITIONAL COMMENTS REGARDING STAFFING

Staff is available to assist 24/7 with all care needs. 2 caregivers on staff in AM

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: SK APH serves special meals per resident request

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English

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: dependant on level of care

ADDITIONAL COMMENTS REGARDING MEDICAID

NA

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, card games, puzzles

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Youth church groups come several times per year to sing and interact with residents

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