



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Affinity Adult Family Home	LICENSE NUMBER 753094
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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

APR 11 2016

RCS/Public Disclosure

<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. Our mission is to provide quality care to individuals who needs assistance with activities of daily living, in a manner that promote independence, dignity and respect. We try to recreate those experiences and sentiments of being home away from home in a compassionate and responsive way to the resident unique needs.	
<b>2. INITIAL LICENSING DATE</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b>	
<b>5. OWNERSHIP</b> <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)	
<b>1. EATING</b>	

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

Set up beeps, utensils, cups, monitor meal texture and consistency, cueing and assist with feeding as needed.

**2. TOILETING**

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

Provide assistance with toileting as needed. Includes cueing, incontinence monitoring, brief change, total assist.

**3. WALKING**

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

Provide assist with ambulation as needed and as care planned.

**4. TRANSFERRING**

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

We will assist with all transfers as needed and as care planned.

**5. POSITIONING**

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

We will provide assistance with bed mobility and repositioning as needed with support materials to maintain skin integrity and prevent pressure ulcers.

**6. PERSONAL HYGIENE**

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

Provide assistance with oral care, grooming, and other personal hygiene as needed.

**7. DRESSING**

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

Encourage independence and assist with appropriate dressing as needed.

**8. BATHING**

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

We will provide assistance with set up, shower and bathing as scheduled and as needed.

**9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE**

Hair washed and trimmed, finger nails clipped, toe nails cut by podiatry, denture care.

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:

Oral, topical, rectal, eye, ear, nasal, inhalation.

**ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES**

Injections, diabetic management by a registered nurse and caregivers as delegated.

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:

All Medication administration, wound care, diabetic management, foley catheter care, suprapubic catheter care, tube feeding, wound management, communicating with health care teams, reordering medications, colostomy care.

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

Medication administration, diabetic management, wound care management.

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: 24 hours , 7 days a week
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 1 day shift, one night shift
- Awake staff at night
- Other: Volunteer visits, activity codinator, manicure.

ADDITIONAL COMMENTS REGARDING STAFFING

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) English

The home is particularly focused on residents with the following background and/or languages:

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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

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:

Caucasian, African American, Asian.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Arts and crafts, exercises, music, board games, books, cross words puzzles, movie nights, story tellings, outings.

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

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