



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

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| HOME / PROVIDER<br><b>New Life Adult Family Home/ Jude Ogunleye</b> | LICENSE NUMBER<br><b>753100</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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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.

**New Life Adult Family Home is located in a quiet neighborhood next to a green belt. The home has an open-concept "great room" with a gas fireplace, beautiful hard wood floors and access to the deck. The master suite has it's own bath and the home had a walk-in soaking tub for resident use. The Resident Manager lives in the home.**

**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:

**Cueing, partial physical assistance and total assistance of 1 staff provided**

2. TOILETING

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

**Cueing, stand-by assistance, partial physical assistance and total assistance of 1 staff provided**

3. WALKING

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

**Cueing, stand-by assistance, partial physical assistance and total assistance of 1 staff provided**

4. TRANSFERRING

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

**Cueing, stand-by assistance, partial physical assistance and total assistance of 1 staff provided**

5. POSITIONING

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

**Cueing, stand-by assistance, partial physical assistance and total assistance of 1 staff provided**

6. PERSONAL HYGIENE

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

**Cueing, stand-by assistance, partial physical assistance and total assistance of 1 staff provided**

7. DRESSING

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

**Cueing, stand-by assistance, partial physical assistance and total assistance of 1 staff provided**

8. BATHING

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

**Cueing, stand-by assistance, partial physical assistance and total assistance of 1 staff provided**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**The home has a walk-in soaking tub for resident use.**

**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:

**Cueing and reminders for medications, medication assistance and medication administration. Medications are kept in locked storage. Nurse delegation is available and staff are qualified and trained to perform nurse delegation**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**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:

**New Life Adult Family Home has a contracted Registered Nurse Delegator. Nurse delegation is available and staff are qualified and trained to perform nurse delegation.**

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

**All delegatable services under WAC 246-841-405**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**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: **7 days/week; 24 hours/day**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Staffing levels (including awake staff at night) are dependent on the assessed needs of the residents.**

**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:

**No specialty focus**

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

**The home requires 90 day notice prior to conversion to Medicaid to assist in discharge planning.**

**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:

**Activities are individualized based on resident assessments and interviews.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES