Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
GIBBA'S AFH	753232

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

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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.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
11/17	N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

10305 7TH AVE SE EVERETT WA 98208

5. OWNERSHIP

- ☐ Sole proprietor
- ☑ Limited Liability Company
- ☐ 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: As discribed in the Assessment

2. TOILETING

If needed, the home may provide assistance with toileting as follows: As discribed in the Assessment

3. WALKING

If needed, the home may provide assistance with walking as follows: As discribed in the Assessment

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: As discribed in the Assessment

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: As discribed in the Assessment

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: As discribed in the Assessment

7. DRESSING

If needed, the home may provide assistance with dressing as follows: As discribed in the Assessment

8. BATHING

If needed, the home may provide assistance with bathing as follows: As discribed in the Assessment

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE: If the clt. Wants a brand name for personal care items, clt/or clt. representative will be require to provide.

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: The Home provide assistance with all medication administration in the home. And also As prescribed by MD.

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: Apply Cold Compression to relief pain when needed F/c Come, Diabetic Care. If a Nurse delegation is Needed the home lease with the Hospital where Clt is kept by old. for Service

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

Home & Hospital arrange delegation Nurse for the Service for the staff

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: Every day.
- ☐ Certified nursing assistant or long term care workers, days and times: _____
- ☐ 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) Resident/ All family members were contacted regarding preference of meals and this have been documented in the NCP and Signed by all parties.

The home is particularly focused on residents with the following background and/or languages: Mental, DDD and Dementia.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS English

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: If clt. is DSHS & or ECS approved

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: WORD SEARCH, MONOPOLY, CARDS, PUZZLE, MAGAZINES; WALKING for those Needed Ambulation
ADDITIONAL COMMENTS REGARDING ACTIVITIES: The Home had Sook and asked both clts and family members regarding in home activities and the preference. The NCP has the recorded desire of clts and signed by the home and clt. Representative / or POA

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