Washington State Department of Social & Health Services
Transforming lives

# Adult Family Home Disclosure of Services Required by RCW 70.128.280

| HOME / PROVIDER | LICENSE NUMBER |
|---|---|
| GRACIOUS CARE ADULT FAMILY HOME LLC | 753259 |

**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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## 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. We are commited treating Our Residents With the highest Level of compassion and Proffensional care in a safe and nurturing Enveronment followed with dignity & Independende

| 2. INITIAL LICENSING DATE | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: |
|---|---|
| 1/5/17 | N/A |

4. SAME ADDRESS PREVIOUSLY LICENSED AS: No

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:

Setting and feeding

2. TOILETING

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

100% assistance

3. WALKING

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

Stand by assist and per Resident Care plan

4. TRANSFERRING

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

One or two person assist, Hoyer Lift or Sit-to stand Lift.

5. POSITIONING

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

Every two hours assistance.

6. PERSONAL HYGIENE

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

ALL ADLS assistance

7. DRESSING

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

→ To complet dressing assistance

Complete dressing assistance. from clothing Sellection

8. BATHING

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

From Setting to Complete body bath.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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## 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:

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:

NURSE Delegated tasks only

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

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: _____
- ☑ 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:

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)<br>☐ The home is a private pay facility and does not accept Medicaid payments.<br>☑ 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: |
| ADDITIONAL COMMENTS REGARDING ACTIVITIES |

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

Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

# ADULT FAMILY HOME LICENSE

**License Number:** *753259*

Pursuant to the laws of the State of Washington and the Minimum Licensing Requirements of the Department of Social and Health Services, a license is hereby granted to

## Gracious Care Adult Family Home LLC

to conduct and maintain an Adult Family Home at **5214 Arrowhead Rd SW**

City of Lakewood, 98499 Pierce County, State of Washington

for the care and supervision of adults as follows:

24-hour care for no more than 6 adults

This license shall be in force from the 5th of January, 2017 subject to suspension or revocation for due cause.

Developmental Disabilities Specialty, Dementia Specialty, Mental Health Specialty

Candace Jackson

_____, Licensing Authority

**NOTE:** The department renewal of a license does not preclude the department from taking any action under WAC 388-76, based on inspection.

**This license is not transferable, and is valid only for use by the corporation, partnership or individual(s) to whom it is issued and at the location above described.**

**Issued by Authority of Chapter RCW 70.128**