Washington State Department of Social & Health Services
ALTSA Aging and Long-Term Support Administration

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Your Care Home, LLC / James Tipton	75 3398

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.

To treat people with disabilities as my own family and provide them with love and respect they deserve.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

NA

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other: **Sole Corporation**

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:

I provide assistance in eating. It ranges from cueing and monitoring to total assistance in eating.

2. TOILETING

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

I provide toileting assistance from cueing and monitoring to total assistance. The assistance is for the use of toilet room, commode, bedpan or urinal. The help also includes transfering on/off toilet, cleaning, changing of incontinence pads, managing ostomy or catheter and adjusting clothes.

3. WALKING

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

I provide walking assistance from cueing and monitoring to a one person assist. The assistance is for inside the home and outdoor area.

4. TRANSFERRING

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

I provide transferring assistance from cueing and monitoring to a one person assist. The assistance is for how they move between surfaces, to/from bed, chair, wheelchair, standing position. I am also trained and experienced in using sit to stand lift and hoyer lift.

5. POSITIONING

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

I provide positioning assistance from cueing and monitoring to a one person assist. The positioning includes bed mobility from lying position, turning side to side and positions body while in bed. Also includes positioning while in the wheelchair.

6. PERSONAL HYGIENE

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

I provide personal hygiene assistance from cueing, monitoring to total assistance. This includes combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands and perineum.

7. DRESSING

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

I provide dressing assistance from cueing and set up to total assistance.

8. BATHING

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

I provide bathing assistance from cueing and set up to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

I have two full bathrooms with roll-in shower for people with disabilities convenience and safety.

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:

I provide medication assistance from cueing and set up to total assistance. I have a current and in good standing credentials for nurse delegation. Provided the task is delegatable, I will administer medication.

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:

If nusing care is needed, I will only coordinate with a nurse licensed in the state of Washington to provide nursing care and services.

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

I am a Registered Nursing Assistant with the Department of Health. I have completed nurse delagation training and is willing to perform the following nurse delegation task: Administration of oral, including inhalants, topical medications and ointments; Administration of nose, ear, eye drops and ointments; Administration of rectal and vaginal suppositories and enemas; Dressing changes and urinary catheterization using clean techniques; Suppositories, enemas and ostomy care in an established and healed condition; Blood glucose monitoring; Gastronomy feedings in an established and healed condition; Insulin injections; and Other tasks delegated at the discretion of the delegating nurse.

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: **Only as needed**
- ☐ 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:

I respect each and every individual's culture and religion and my home accommodates any nationality, religion or beliefs. With that in mind, I provide specialized diet, cultural or religious events at my home.

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:

My home accepts Medicaid as a payment source. I also accept private pay who may no longer have the ability to pay privately and later become eligible to the Medicaid program as their funding source.

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:

At Your Care Home, LLC, we strongly encourage residents to be active as possible. We will strive to involve residents in activities that they enjoy and are willing to participate in. Your Care Home, LLC will work closely with residents and their representatives to include activities the resident has enjoyed throughout his/her life and if possible, offer the resident the opportunity to engage in them while living at Your Care Home. Various activities will be included to increase mental and physical stimulation. They might include such things as reminiscing, current news discussions, gardening, light exercise, watching tv, listening to music, celebration of birthdays and some holidays.

We honor our residents as unique individuals, and endeavor to bring joy to this part of their journey. We are always open to suggestions and encourage any inputs to best serve our residents.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

For residents who are interested in other activities, Thurston County Parks & Recreation offers recreation all year round. It is very important to note that the activities provided by Thurston County Parks and Recreation are fee based, which are held accountable under the residents' expenses.