



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER GREENVIEW AFH, LLC /JOIE POKE	LICENSE NUMBER 753584
---	---------------------------------

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](#)

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 at GREENVIEW AFH, LLC. Are dedicated to provided competent and professional services to each resident who we serve. We take into consideration the Resident's mental status and physical capabilities. Our mission is to provide the highest level of care for the resident's. Our friendly, professional staff follow a set of core values creating a positive and safe environment for the residents.

2. INITIAL LICENSING DATE

7/31/18

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

7861 Greenview Dr. NE Lacey, WA 98516

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:

Food preparation, Serving, Feeding, Pureed, Tube feeding, Special diets, Well balanced home cooked meals with snacks.

2. TOILETING

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

Cueing, Transferring to and from toilet, Diaper changes, Bed pan, Catheters.

3. WALKING

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

Barrier free home, One to two person assistance when needed, Practice Range of Motion.

4. TRANSFERRING

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

One to two person assist, Hoyer lift, Sit to stand lift.

5. POSITIONING

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

One to two person assist, Rolling, Range of motion, Every two to three hours or as needed.

6. PERSONAL HYGIENE

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

Denture cleaning, Teeth cleaning, Shaving, Hair cuts, Visiting barber, Make up, Manicure, Pedicure.

7. DRESSING

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

Cueing, Set up, One or two person assistance in changing of clothing.

8. BATHING

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

Cueing, two large roll in showers, Shower bench and chair, Bed baths/ sponge baths, One to two person assist.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The Personal Care of our residents is the most important aspect of our home. A healthy diet and the quality of care can make such a positive impact on their lives. Although, the level of care can differ from person to person, we spend an ample amount of time assisting each of our residents with their Activities of Daily Living.

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, Set up, Medication management, Administering medication, Insulin, Pharmacy orders.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We follow strict rules and regulations regarding Medication Management, we work with their Doctors and Pharmacist to ensure medication is given with the right dose at the right time. All Staff are delegated to administer medications and insulin.

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:

Assured Home Health, Providence SoundHomeCare & Hospice.

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

Insulin, Blood glucose monitoring, Administration of medications, Non-sterile dressing changes, Eye drops, Ear drops, Suppository, Urinary catheterization, Ostomy care, Gastrostomy Feedings, Topical Medications.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

GREENVIEW AFH, LLC has a RN that works with staff to delegate specific tasks. We also can set up visits from Home Health Nurses, physical Therapist, and Occupational Therapist as needed.

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

We have been trained and have worked with residents from all 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: As needed
- Licensed practical nurse, days and times: As needed
- Certified nursing assistant or long term care workers, days and times: Two to Three staff at all times.
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Provider and staff live in home, Staff are available at night at all times.

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:

All backgrounds, English speaking preferred.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We cater to all cultural backgrounds through meals and celebrations.

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:

We accept Medicaid and Private pay.

ADDITIONAL COMMENTS REGARDING MEDICAID

We require 60 day notice from the resident or his or her legal representative if applicable of the intention to convert from private pay to Medicaid. During the conversion process GREENVIEW AFH, is willing to continue care for the resident.

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:

Board games, Bird watching, BINGO, Card games, Birthday parties, Musicians, Singing, Holiday parties, Summer outdoor barbecues, Outdoor movie nights, Exercise, Walks, Gardening.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We believe that living an active life is the key ingredient to a healthy meaningful life. We strive to be creative and try new things at GREENVIEW AFH.