



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <p style="text-align: center;">HAMPTONVILLE AFH, LLC</p>	LICENSE NUMBER <p style="text-align: center; font-size: 1.2em;">753612</p>
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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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About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p>Provide excellent care for our residents in accordance with each Resident's care plan with emphasis on compassion, respect, kindness and dignity of the individual.</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="font-size: 1.2em;">2/26/18</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p style="text-align: center;">CASSIDY'S ADULT FAMILY HOME.</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	

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

**Set up meals and assist as per each Resident's care plan.**

2. TOILETING

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

**Provide care for bowel and bladder incontinences. Cue, reminders, stand by assist and transfers.**

3. WALKING

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

**Assist with ambulation by providing stand by assistance, total assistance, using gait belt, cane, walker and general supervision.**

4. TRANSFERRING

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

**Total assistance using hooyer lift, gait belt, and stand by assistance.**

5. POSITIONING

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

**Repositioning, reminders and one or more persons physical assistance as per the care plan.**

6. PERSONAL HYGIENE

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

**Encourage, set up, total care and supervision and others as per the care plan.**

7. DRESSING

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

**Stand by to total assistance as per personal choice where applicable and according to weather appropriate.**

8. BATHING

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

**Set- up shower, bath, bed bath, supervision, assist with peri-care and total assistance.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Assist with oral care, shaving, denture care, catheter care, tube feeding, nail care and general grooming together with any other care as stipulated in the Resident's care plan**

**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:

**Reminders and care givers with RN delegation will assist Residents with oral and topical medication administration and insulin injections where applicable in accordance with the care plan.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We also do blood sugar monitoring and vital signs and any other medical procedures as per Physician orders and OT orders**

**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:

**We have qualified care givers who are Nurse delegated and we have an RN on call 24/7.**

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

**Blood sugar monitoring and insulin administration, eye drops, tube feeding and ostomy care.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Our care givers are RN delegated and we have a home Doctor and an on call RN.**

#### 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: **On call 24/7**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **Always.**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Our staff are fully qualified for the care we give and treat each resident with compassion , respect and dignity.**

#### 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:

**English.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We are a NO prejudice facility.**

#### 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 eligible residents with no conditions tied.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**None.**

**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:

**Bingo, Cards, Dominos, movies, and common television viewing.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Our home celebrate all National Holidays and encourage families to participate in activities of their loved ones.**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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