



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>IZZIE BEST ADULT FAMILY HOME LLC</b>	LICENSE NUMBER <b>753658</b>
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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	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.	
<b>2. INITIAL LICENSING DATE</b> <b>4/13/18</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSSED:</b> <b>N/A</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSSED AS:</b> <b>MANN HOME CARE LLC</b>	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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:

CLIENTS WHO ARE NOT ABLE TO FEED THEMSELVES WILL BE FED BY STAFF

2. TOILETING

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

TRANSFERS IN/OUT OF THE BATHROOM, PERICARE & CHANGING OF BRIEFS-

3. WALKING

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

STAND BY ASSISTANCE

4. TRANSFERRING

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

MAKING SURE CLIENT IS NOT TRANSFERRING ON HIS OWN DUE TO FALLS

5. POSITIONING

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

REPOSITION EVERY TWO HOURS AND AS NEEDED

6. PERSONAL HYGIENE

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

PREPARING SERVICES/SUPPLIES OF MATERIAL, MAKING THEM AVAILABLE

7. DRESSING

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

MAKING SURE CLIENT HAVE CLEAN CLOTHES & HELP THEM DRESS UP PROPERLY

8. BATHING

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

GETTING THEM READY TO BATHE, WIPING THEM & TRANSFERRING FROM THE SHOWER

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

MAKING SURE CLIENT IS COMFORTABLE WHEN ASSISTING HIM/HER

**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:

ORDERING MEDS FROM PHARMACY, APPLICATION OF CREAMS/INSULIN THROUGH DELEGATION

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

ALL MEDICATION NEEDING DELEGATION WILL BE GIVEN AFTER DELEGATION

**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:

ALL NURSING CARE NEEDS INCLUDING CATHETER CARE, WOUND CARE ETC.

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

INSURIN, APPLICATION OF TOPICAL MEDS, EYEDROPS WOUND CARE

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

ALL CLIENTS ADMITTED REQUIRING MORE SERVICES/CARE WILL BE ATTENDED BY 2 STAFFS

**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

N/A

**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: (2) DAYS A WEEK FROM 8AM TO 8PM
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 3 DAYS A WEEK & ON CALL 24 HOURS
- Awake staff at night DEPENDING ON THE CARE OF RESIDENTS
- Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING

STAFFING WILL BE DONE ACCORDING TO THE CARE OF EACH RESIDENT.

**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:

N/A

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

N/A

**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:

NONE

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:

MUSIC, WATCHING & VARIOUS DEPENDING ON CLIENT HOBBIES

ADDITIONAL COMMENTS REGARDING ACTIVITIES

NA

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