



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER

**StillWater Adult Family Home/ James Murigi-Coins, RN**

LICENSE NUMBER

**753789**

**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 provide a safe, comfortable, and homelike environment for our residents while gathering to their individual needs. This home will provide activities that promotes healthy living and lifestyles.**

### 2. INITIAL LICENSING DATE

**8/14/18**

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

**None**

### 4. SAME ADDRESS PREVIOUSLY LICENSED AS:

### 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:

**Cuing and monitoring to total assistance.**

2. TOILETING

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

**Cuing and monitoring to total assistance.**

3. WALKING

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

**Cuing and monitoring to a one person assist.**

4. TRANSFERRING

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

**Cuing and monitoring to a one person assist.**

5. POSITIONING

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

**Cuing and monitoring to a one person assist.**

6. PERSONAL HYGIENE

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

**Cuing and set up to total assistance**

7. DRESSING

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

**Cuing and set up to total assistance.**

8. BATHING

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

**Cuing and set up to total assistance.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**The facility has a shared bathroom with a roll-in-shower for resident's use.**

### 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:

**Medication assistance is provided through nurse delegation by the provider, RN.**

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:

**The provider, RN is a wound care specialist, also qualified to do the following: IV maintenance, tube feedings, catheter care, symptom control, physical assessment, monitoring medication therapy, management of diabetes and other specialized disease states, nutritional assessment and maintenance.**

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

**medication management**

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: **RN is on site 2-3 days per week on morning shift, 3-4 days evenings shift, and available via cell phone at all times.**

Licensed practical nurse, days and times:

*N/A*

Certified nursing assistant or long term care workers, days and times: **at least 1 caregiver at all times, 24 hrs/day, 7 day/week**

Awake staff at night

Other: *as needed*

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

**This home accepts residents of all background, race/ethnicity, religious background, etc. This home is owned and operated by Seventh Day Adventist christians. The decor and some activities may reflect our beliefs. This home promotes healthy living/lifestyle, and encourages its residents and staff to treat one another with respect. Residents have the option to participate in any activities that reflect our beliefs but should never feel pressured to participate. Other beliefs and cultures are welcome.**

**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: **This home accepts Medicaid Payments after 2 yeas of private pay, provided a bed is available in the shared room.**

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:

**Planned activity programs are provided in consideration with the Resident's negotiated care plan. Exercises at least 5 times per week, walking/wheel chair mobility outside the home as weather permits, reading with trips to the public library to borrow/return books, music, movies, puzzles, crocheting, knitting, drawing/coloring, and other activities of interest to the residents. The activities are designed to promote healthy living and the overall well being of the residents.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**IF additional services or activities are offered by the facility, they will communicate the details and costs at least 2 weeks prior to the activity or event.**

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