



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

HOME / PROVIDER <i>Deloris Thies Adult Family Home</i>	<i>Deloris Thies</i>	LICENSE NUMBER <b>753902</b>
---	----------------------	---------------------------------

**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	
<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. <i>We try to keep our facility a home away from home. Friends, families, grandchildren all welcome. Sometimes a pet will come to visit. in the 30 yrs I had my home, I feel I'm the one blessed.</i>	
<b>2. INITIAL LICENSING DATE</b> <i>12/13/18</i>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <i>(Same) 413 N 3rd Fairfield Wash 99012</i>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <i>Deloris Thies Adult Family Home</i>	
<b>5. OWNERSHIP</b> <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

RECEIVED

APR 23 2018

Management Services  
BAAU

**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:  
*cut up food, feed client if needed.*  
*check for any food allergies.*

*prepare. Soft food diet, diabetic diet, thicket to liquid if client has a swallowing problem & DR orders*

**2. TOILETING**

If needed, the home may provide assistance with toileting as follows:  
*help client to r from bathroom,*  
*if client uses pads. check client has clean dry pad on. assist client as needed.*

*remind client time to use toilet put on a schedule (R the bathroom)*

**3. WALKING**

If needed, the home may provide assistance with walking as follows:  
*stand by client as needed, make sure walker, or cane is near by if needed.*

*one or two person assist as needed.*

**4. TRANSFERRING**

If needed, the home may provide assistance with transferring as follows:  
*staff might only be needed for stand by.*

*for transferring clients → staff may use hoyer lift walker - cane, one, or two person if needed.*

**5. POSITIONING**

If needed, the home may provide assistance with positioning as follows:  
*check skin due to inability to position self.*  
*help reposition client as needed.*

*staff will reposition client as DR orders. g & hrs as needed.*

**6. PERSONAL HYGIENE**

If needed, the home may provide assistance with personal hygiene as follows:  
*wash face, wash hands, brush teeth & dentures, caregivers will assist with task as needed. ask if new clean incontinent supplies are needed. and assist*

*if client is unable to brush hair*

**7. DRESSING**

If needed, the home may provide assistance with dressing as follows:  
*ask client what they feel like wearing for the day. or if unable ask if they like what we have chosen. give client a chance to dress, assist client if having any problems, dressing or undressing*

*ask client what they feel like wearing for the day. or if unable ask if they like what we have chosen. give client a chance to dress, assist client if having any problems, dressing or undressing*

**8. BATHING**

If needed, the home may provide assistance with bathing as follows:  
*just water temp. make sure washcloths towels are handy. bath chair, no slip rug in shower. keep client in out of shower. due to declining health bed baths will be given. assist client as needed.*

*showers are given once or twice a week more often if needed. caregivers will*

**9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE**

*caregivers will assist resident washing hair putting curlers in lotion on. check skin for redness or breakdowns. and report to delegating nurse or D.R.*

**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: *all medication is assisted and administered in accordance with the state law. we check without delegating nurse for all task.*

**ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES**

*all medication is received in our facility. blister packed with clients name, medication name, frequency and dosage. clients sign a permission slip to assist administering any medication we always talk with our delegating nurse first. all medication is kept in a locked storage. all medication is recorded in a log when given and by who.*

**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: *Skilled Nurses are called in by Physician for treatment on clients - Providence, Assured Home Health or VNA, Nurses come to our adult family home for special treatments or physical therapy.*

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

*Diabetes care - skin care -  
two feeding - delegated staff can do.*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

*We have Nurse 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

*Specialty training on diabetes and insulin this is a Nurse Delegated task*

**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: \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: *8:00-5:00 pm / 5:00pm -11:00pm 7 days/week*
- Awake staff at night *NO AWAKE STAFF*
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

*There is a Certified Nursing Assistant at the Facility 24 hrs*

**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

*NA -*

**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:

ADDITIONAL COMMENTS REGARDING MEDICAID

*We accept Medicaid clients*

**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: *activities 2 times weekly - outside weather permits (birthday parties) - Bingo, Solitaire, music sing along - exercise and stretching, Crafts, popcorn movies*

ADDITIONAL COMMENTS REGARDING ACTIVITIES *if client is able - we take client to Spokane to shop once a mo. picnic at the park in the summer -*

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