

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

HOME / PROVIDER <b>Sally Adams Adult Family Home / Angelica Lontz</b>	LICENSE NUMBER <b>754386</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	
<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><b>Sally Adams is a nurturing, two to six resident, care facility. The name Sally Adams comes from two people. The first name is from my grandmother Sally. This is to remind caregivers to always treat residents as she would want her own family treated. The second name of Adams comes from our founding father, John Adams. His values of sacrifice for others, continued learning and loyalty to people are greatly admired at Sally Adams. He reminds us to operate using Adams' Ethics.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p><b>02/10/2020</b></p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p><b>N/A</b></p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p><b>N/A</b></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>	

## 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:

**The adult family home provides the following:**

- \* **Supervising & cueing clients who are at risk for choking/aspiration**
- \* **Altering texture of food: cutting into bite sized pieces, chopping and/or pureeing of solid foods**
- \* **Full assistance with eating**

### 2. TOILETING

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

**The adult family home provides the following:**

- \* **Reminding clients to visit the bathroom regularly**
- \* **Supervise or provide stand-by assistance while toileting**
- \* **Assistance with use of a bedside commode, bed pan, or urinal**
- \* **Changing of briefs/pads and incontinence as needed**

### 3. WALKING

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

**Stand by assistance for reassurance, cues such as reminding to use mobility devices.**

### 4. TRANSFERRING

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

**Cueing on technique and use of devices, stand by assistance for reassurance.**

### 5. POSITIONING

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

**Reminders to change position/move during awake hours.**

### 6. PERSONAL HYGIENE

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

- \* **Cueing and reminding**
- \* **Setup**
- \* **Full assistance**

### 7. DRESSING

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

- \* **Reminders and cueing to wear weather appropriate clothing**
- \* **Moderate assistance**
- \* **Full assistance**

### 8. BATHING

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

- \* **Independent**
- \* **Cueing and reminding**

\* **Stand-by assistance**

\* **Full assistance**

\* **Bed baths**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**The facility does not assist with menstrual care.**

#### **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:

**The adult family home provides the following:**

\* **Reminding clients to take their medications on time**

\* **Observing medications being taken**

\* **Ordering medications**

\* **Documenting when medications were taken as well as refused**

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:

**Services that require an RN or LPN are contracted through private nursing services. Payment for these services is the responsibility of the resident.**

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

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The home does not offer nurse delegation services.**

#### **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 as needed**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **When the provider is not present in the home, the provider will schedule the appropriate days & times for a CNA or long-term care workers in the home.**
- Awake staff at night
- Other:

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:

**English is the primary language spoken in our home. Sensitivity and respect of our client's ethnicity, culture beliefs and practices is important to our staff.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

### 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 payment source and require \$140 per day.**

**We require Residents who are using private funds to do so for one year before transitioning to the Medicaid payment system. In order to assure there is adequate time to process the Medicaid paperwork and there is not a lapse in payment, we require the resident to provide the home written notification 90-days prior to them transitioning to the Medicaid payment system.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**The facility has one Medicaid bed available.**

### 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:

- \* **Books and reading out loud**
- \* **Physical exercise**

- \* **Social, coffee or tea times**
- \* **Theme dinners and/or parties**
- \* **Family parties**
- \* **Community outings**
- \* **Crafts**
- \* **Gardening**
- \* **Card games**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Effort will be made to accommodate other activities that a resident may enjoy.**

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