



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SEAN HO / GOLDEN YEARS 1 AFH	LICENSE NUMBER 754405
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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	
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. Providing quality care in a home like setting. Protect our vulnerable adults from abuse, neglect and financial exploitation.	
2. INITIAL LICENSING DATE 3/5/2020	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <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:

Will assist resident in feeding. Ex. guiding/steadying hands. Feed resident when needed. Cut food into small pieces. Provide all eating and drinking needs. Special dietary needs will be accommodated. Provide nutritious meals. Provide 3 meals a day and snacks in between. Will bring food in room when requested by the resident however we will encourage resident to eat in the dining room. Observe for chewing, swallowing problems, choking, dysphagia and aspiration.

2. TOILETING

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

Will assist resident with perineal care. Ex. wiping after each BM, change disposable undergarment when wet or soiled.

3. WALKING

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

Standby for safety, cueing, monitoring or encouragement. Keep assistive device within reach and in operational condition. Push wheelchair when needed.

4. TRANSFERRING

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

Standby for safety, cueing, monitoring or encouragement. Help guide limbs for the resident in order to turn or reposition.

5. POSITIONING

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

Standby for safety, cueing, monitoring or encouragement. Help guide limbs for the resident in order to turn or reposition. Support the residents while moving or lifting parts of the body. Reposition resident every 2 hrs or as needed.

6. PERSONAL HYGIENE

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

Set up supplies for resident. Assist resident in brushing teeth, combing hair, cleaning dentures, applying lotion and applying body deodorant. If needed provide all personal hygiene.

7. DRESSING

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

Assist on putting clothes over extremities. Guide residents limbs. Tie and fasten buttons as needed. Help with socks/shoes/Ted hose. Assistance with clothing selection. Lay out clothing or pick appropriate clothing. Keep clothes clean and well mended. Remove all dirty clothes for laundering. Encourage, monitor and cue as needed.

8. BATHING

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

Will assist resident shampooing hair, washing body, rinse and dry resident after each shower. Apply lotion. Assist resident in getting in and out of tub. Provide protective supervision. Provide standby assist, reminders, cues and observe for safety. Set up bathroom with towels, soap, etc.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Encourage showers at least 1-2x a week or per resident request.

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:

oral medication, inhalers, ointment and eye drops.

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:

This home does not provide any skilled nursing.

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

Insulin/ lantus injections, blood sugar monitoring, manual peg tube feeding, oxygen therapy, clean dressing, urostomy.

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: _____

- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7
- 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 and Tagalog

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:
Consistent 2 year of private pay. This facility reserves the right to transfer the resident from private to shared living status per availability, post arrangement can be made by the residents legal representative or POA and the facility per continuance of private room status.

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:

Card games, bingo, time out on the deck as weather permits.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

This facility will provide and promote opportunities for resident to participate in their activities of their choice and according to their needs and functional capabilities.

Please Return the completed form electronically to 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