



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

HOME / PROVIDER <b>Greenville Adult Family Home LLC.</b>	LICENSE NUMBER 754458
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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.

### 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

**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.

**Greenville AFH LLC, is a family operated adult family home located in Olympia, WA. At Greenville AFH, we meet the unique needs of individuals with all types of developmental or physical disabilities, co-existing conditions, mental health and dementia. We enrich their lives and provide a safe, loving and nurturing home.**

**2. INITIAL LICENSING DATE**

3/26/2020

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

**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:

**All help with eating will be provided from cuing, monitoring, cutting up food, speacial diet to total feeding assistance.**

### 2. TOILETING

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

**All toileting help will be provided from cuing, monitoring to total assistance.**

### 3. WALKING

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

**All walking assistance will be provided including cuing, monitoring, stand-by-assist or one person assist.**

### 4. TRANSFERRING

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

**All transfering assistance will be provided including cuing and monitoring to stand-by-assist or one person physical assist.**

### 5. POSITIONING

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

**All positioning assistance will be provided including cuing and monitoring to one person physical assist.**

### 6. PERSONAL HYGIENE

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

**All personal hygiene assistance will be provided including cuing and reminders to total assistance.**

### 7. DRESSING

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

**All dressing assistace will be provided from reminders, cuing, setup and up to total assistance. Dressing assistance includes dressing appropriately for occasions, weather and cleanliness.**

### 8. BATHING

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

**All bathing assistance will be provided from reminders, cuing and set-up to total assistance**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Special equipment will be available for assistance with personal care such as shower chairs.**

## 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:

**We will provide all types of medication assistance for each resident and Nurse delegated as needed.**

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We use compliance packaged medications from a preferred delivery pharmacy.**

**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:

**We will have a contract with a Registered Nurse who provides Nurse delegation services as needed.**

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

**Any skilled services allowed by the state of Washington codes (WAC)**

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

**Provider has advanced training in all areas pertaining to disability including, positive behavior support and is dedicated to improving the quality of life for all persons with disability.**

**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 hrs 7 days a week**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**The AFH will have standby or oncall staff who will be available if needed.**

**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:

**Resident's culture and ethnic backgrounds will be respected, honored and accomodated.**

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:  
**Always**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Greenville AFH will accept both private pay and medicaid residents.**

**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:

**To improve quality of life for our residents, some of the activities provided include: exercise, walks, reading, music, gardening, card games, board games, painting, bean bag toss, puzzles, crosswords, word searches, bingo, cooking, food decorating, movies, knitting, beading, holiday decorating, birthday and holiday celebrations etc.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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