



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER GREEN ADULT FAMILY HOME	LICENSE NUMBER 754509
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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.

I AM COMMITTED TO TRAIN MY CAREGIVERS TO HELP ME PROVIDE THE BEST POSSIBLE COMPATIONATE CARE TO ALL MY RESIDENTS. MY HOME STRIVES FOR COMFORT AND HAPPINESS FOR THE RESIDENTS UNTILL END OF LIFE. I BELIEVE IT STARTS BY EATING HEALTHY INORDER TO HEAL FROM INSIDE. I PROMOTE AND URGE RESPECTING EACH OTHER NO MATTER THE BACKGROUND, ETHNIC AND TRADITION.

2. INITIAL LICENSING DATE

5/8/2020

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- 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:

COOKING, CUTTING FOOD INTO SMALL PIECES, BRINGING FOOD AND FEEDING THE RESIDENT

2. TOILETING

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

STANDBY ASSIST, TRANSFERS TO AND FROM TOILET PROVIDE PERICARE AND CLEAN UP AFTER TOILETING.

3. WALKING

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

AMBULATING SUPPORT, STAND BY ASSIST WITH GAITBELT

4. TRANSFERRING

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

FROM CHAIR TO BED OR COMMODE AND VISE VERSA BY USING A GAITBELT FOR SUPPORT AND PIVOTING, USING A SLIDER BOARD, SIT TO STAND OR A HOYER

5. POSITIONING

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

WHEN NEEDED AND EVERY 2 HOURS IF REQUIRED BY USING PILLOWS FOR COMFORT AND SUPPORT

6. PERSONAL HYGIENE

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

SETUP FOR TOOTH BRUSHING, SHAVING, BRUSHING HAIR IF THE RESIDENT IS NOT ABLE TO DO ANY OF THIS WE WOULD OFFER TOTAL ASSISTANCE.

7. DRESSING

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

SETUP FOR DRESSING HELP PICK OUT CLOTHING AND IF THE RESIDENT IS NOT ABLE TO DRESS THEMSELVES WE WOULD OFFER TOTAL ASSISTANCE.

8. BATHING

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

SETUP FOR BATHS OR SHOWERS IF THE RESIDENT IS NOT ABLE TO DO ANY OF THIS WE WOULD OFFER TOTAL ASSISTANCE WITH SPONGE BATH, SHOWERS OR BEDBATHS

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

I PROVIDE BASIC CARE PRODUCTS SHOWER GEL, SHAMPOO, TOTH PASTE AND LOTION.

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:

PUT MEDS IN CUP AND ENSURE THE RESIDENT TAKES THEM. NURSE DELEGATION OFFERED FOR EXTRA HELP WITH MEDICATION NEEDS

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

I USE A LONG TERM CARE PHARMACY FOR ALL MEDICATION NEEDS

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:

N/A

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

EYE DOPS, EAR DROPS, ANXIETY PRN MEDS, INSULIN INJECTIONS AND BLOOD SUGAR CHECKS.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

PROFFESIONALS WHO CAN COME TO THE HOME AND OFFER SERVICES ARE WELCOME

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: **ACCORDING TO DR'S REFFERAL**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 HRS IN THE FACILITY**
- Awake staff at night
- Other: **PROVIDER IS IN AND OUT OF FACILITY.**

ADDITIONAL COMMENTS REGARDING STAFFING

AWAKE STAFF IS ON A NEEDED BASE.

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

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The home is particularly focused on residents with the following background and/or languages:

ENGLISH, SWAHILI, KIKUYU

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:

GREEN AFH accepts Resident's whose care is funded by Medicaid. We intend to continue to care for the Resident should it become necessary for a privately funded Resident to transition to Medicaid but since DSHS will establish the appropriate daily rate to pay for the resident according to the needs, GREEN AFH will either accept and accommodate the resident due to the low rates the state pays and the services we offer or issue a two months discharge notice to the Resident or Resident rep'

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:

Exercises (e.g. neighborhood walks), outings/scenic drives, movie nights, reading, scramble and puzzles birthday parties and holiday celebrations, gardening, reminiscent therapy and menu planning

ADDITIONAL COMMENTS REGARDING ACTIVITIES

ALL THIS ACTIVITIES DEPENDS ON THE RESIDENTS STRENGTHS.

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