

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Best Select AFH LLC	LICENSE NUMBER 754541
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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>Best Select Adult Family Home was formed to provide excellent care for our residents in accordance with each resident’s care plan with an emphasis on compassion, respect, kindness and dignity of the individual.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>05/26/2020</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>4810 18TH AVE SE LACEY WA 98503</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>N/A</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:

Setting up meals and assisting as per resident care plan.

2. TOILETING

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

The home will provide assistance with bowel and bladder incontinences, cue reminders, stand by assist and transfers.

3. WALKING

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

Assistance with ambulation by providing stand by assistance, total assistance, using gait belt, cane, walker and general supervision.

4. TRANSFERRING

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

The home will provide total assistance using a hooyer lift, gait belt, and stand by assistance.

5. POSITIONING

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

Repositioning, reminders and one or more physical assistance as per care plan.

6. PERSONAL HYGIENE

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

Encourage, set up, total care and supervision and other help as per care plan.

7. DRESSING

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

If needed the home may provide assistance with dressing as follows.

Stand by to total assistance as per personal choice where applicable and to where appropriate.

8. BATHING

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

Set up shower, bed bath, supervision, assist with peri-care and total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Assist with oral care, shaving, denture care, catheter care, tube feeding, nail care and hair.

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:

Reminders, caregivers that have a nurse delegation or delegated will assist residents with oral, injection and topical medication administration where applicable in accordance with the care.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Assistant with blood glucose monitoring, vital signs and any other medical procedure per physician order

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 provide qualified caregivers who are nurse delegated. When deemed appropriate by the provider the AFH may contract with an RN delegator for nurse delegation.

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

When deemed appropriate by the provider the staff may perform delegatable tasks under WAC 246.841.405. The cost of these services will be the responsibility of the client.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate staffing in the home.

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

When deemed appropriate the AFH will provide special care and attention to clients with the following diagnosis mental illness, dementia and developmental 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: As needed for visits and on-call 24/7
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: Always 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:

The home welcomes residents from all backgrounds and will try to accommodate their needs.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We are a no prejudice facility.

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:

If there is an open availability.

The daily rate is sufficient to cover the care services.

ADDITIONAL COMMENTS REGARDING MEDICAID

A medicaid policy will be disclosed to the client or the representative prior to admission.

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:

Word puzzle, painting, cards, board game, tv/movies, holiday celebrations and arranged outings depending on each residents abilities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Daily activities are planned depending upon each resident specific abilities and interests.

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