



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

HOME / PROVIDER <b>A.J.A.N ADULT FAMILY HOME LLC</b>	LICENSE NUMBER <b>754587</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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<b>About the Home</b>	
<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>Mission: We promote the dignity and self-worth of all our residents and strive to give them excellent quality of life individually and as a group.</b></p> <p><b>Vision: To our residents, A.J.A.N is not just a care facility – it is your home and your community.</b></p> <p><b>Purpose: A.J.A.N is a home that nourishes social connections, individual dignity, and personal preferences.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">7/8/2020</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</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:

**All meals are prepared by staff, the needs for patients on special medical orders are met. This may include people on tube feeding, diabetics, People who have had stroke.**

#### 2. TOILETING

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

**Staff remains vigilant to toilet clients often, and to ensure those clients needing toileting are on a routine check.**

#### 3. WALKING

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

**Staff trained to keep patients mobile keeping fall risk factors as low as possible**

#### 4. TRANSFERRING

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

**Staff is well trained on proper body mechanics for the safety of client and staff**

#### 5. POSITIONING

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

**Residents unable to move are to be repositioned routinely, and skin checks are to be performed routinely.**

#### 6. PERSONAL HYGIENE

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

**Patients are to be encouraged, assisted or cued to keep abreast with personal hygiene.**

#### 7. DRESSING

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

**Assistance will be provided as needed, allowing patient to have the choice of preference**

#### 8. BATHING

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

**This assistance to be provided depending on care level of clients. Staff taught to encourage client's involvement as much as possible.**

#### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

N/A

### 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:

**staff have been delegated. Staff to encourage client's independence or administer medication to those that require the service due to level of need.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Narcotics are to be counted every shift change.**

**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:

**Tube feeding,colostomy care,wound care, foley catheter care**

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

**Tube feeding,colostomy care,wound care, foley catheter care**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Those needing a a higher level of care requiring RN 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

**We refrain from admitting physically combative clients that pose a danger to themselves and other clients of the home.**

**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: \_\_\_\_\_
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**There's enough support staff at all times.**

**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:

**staff speaks English.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**All religions and cultures are welcome.**

**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:

**A current assessment by the state and the ability to safely care for the clients. If a private pay converts to state, the client must comply to the conversions requirements from private to state pay per the contract**

ADDITIONAL COMMENTS REGARDING MEDICAID

**We have 4 beds 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:

**Music,TV, avtivities,Parties**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Residents are to be encouraged to participate willingly in activities of their choice.**

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