



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>James N Jones Adult Family Home/Zakia Jones</b>	LICENSE NUMBER <b>755098</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 \_\_\_\_\_ of Washington Administrative Code.

Table of Contents

<b>About the Home</b>	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.  <b>At James N Jones Adult Family Home, our philosophy of care is based on the following statement: A caring heart is all it takes to make a difference. We are dedicated to providing the highest quality in memory care through the following commitments: integrity, compassion, accountability, respect, and excellence.</b>	
<b>2. INITIAL LICENSING DATE</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b>
7/22/21	
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b>	
<b>5. OWNERSHIP</b> <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:

**Direct staff attention or direct physical assistance while eating; Provide adaptive equipment while eating; Provide any nutritional needs other than what would be considered regular: Finger foods, Carbohydrate controlled diet, Consistency modified diets, such as pureed, mechanical, or thickened liquids**

### 2. TOILETING

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

**Remind residents to use the bathroom; Help residents who are unable to use the bathroom on their own (e.g pulling up and down pants, and wiping); Provide scheduled toileting; Assist with urinary catheter or ostomy care; Provide help for residents who are unable to stand independently yet require only one person assistance.**

### 3. WALKING

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

**1. Provide stand-by assistance as you walk or move about the building or 2. Physically help you walk, or move around the building.**

### 4. TRANSFERRING

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

**1. Routinely provide stand-by assistance while transferring into and out of bed or wheelchair, or onto and off of a toilet or shower chair; 2. One-person physical assistance with transferring; 3. Lifting with mechanical equipment.**

### 5. POSITIONING

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

**We provide assistance with positioning every two hours. Assistance ranges from cueing, monitoring, or total one person assistance**

### 6. PERSONAL HYGIENE

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

**1. Set out your personal hygiene and grooming items; 2. Help you with grooming tasks such as brushing your hair, shaving, applying make-up or filing your nails; 3. Help you with oral care and brushing your teeth; 4. Help you wash and dry your face and hands; 5. Help you wash and dry other parts of your body, as needed.**

### 7. DRESSING

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

**Help with the set up, selection, or laying out of clothes or grooming; Provide all the grooming toileteries (e.g shampo, toothpaste, shaving cream, deodorant); Staff attention or physical attention with any dressing tasks; Staff attention or physical attention with grooming tasks; One person total assistance with dressing or grooming.**

### 8. BATHING

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

**Provide at least two showers or baths a week; Set up bathing supplies including shampoo, soap, towels and safety devices; Staff attention or physical attention with bathing; One person total assistance with bathing.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Residents are toileted per the residency protocol which is every two hours.**

**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:

**Order and coordinate medication between family, health care providers and pharmacy; Staff attention or physical attention with taking medications; Storage of medications**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medication administration at our facility is delegated by a Licenced Registered Nurse**

**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:

**Wound care; Insulin injection; Blood pressure monitoring; Pulse monitoring; Weight monitoring; Daily ear, eye or nasal drops; Assist with daily medication patches; Assist with inhalers; Medication crushing**

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

**Blood sugar checks; Insulin injection; Medication administration; Medication Crushing; Catheter Care; Nubulizer/Inhaler/Oxygen treatment.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The facility uses nursing assistants under the delegation of a registered nurse.**

**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: on call
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 24hours/7 days a week
- 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, French, Arabic**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Our phylosophy is to embrace and respect cultural and religious diversities**

#### 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:

**Only if we can meet their level of care. We also require two years minimum of private pay**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Please refer to our residency agreement for more details about private and medicaid pay.**

#### 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:

**Spiritual activities, physical activities, social and intellectual activities**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**At James N Jones Adult Family Home, we believe in a person centered approach. Therefore our activities are customized to answer the needs of each resident. We are offering a program of daily activities for our residents to find happiness and meaning by supporting their unique needs.**

Please Return the completed form electronically to

The form may also be returned by mail at:  
RCS – Attn: Disclosure of Services  
PO Box 45600  
Olympia, WA 98504-5600