



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER D.J.'S Adult Family Home LLC	LICENSE NUMBER 755833
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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. Our philosophy is to respect and honor each person's unique capabilities and contributions. All the comforts of home in a supportive and positive environment. Providing care according to your individual needs.	
2. INITIAL LICENSING DATE 09/07/2022	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 7704 Renton Avenue South, Seattle, Washington 98118
4. SAME ADDRESS PREVIOUSLY LICENSED AS: D.J.'S Adult Family Home Inc.	
5. OWNERSHIP <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:

Assist residents as needed, considering resident's physical condition that may make food intake difficult.

2. TOILETING

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

Resident will have assistance in private bathroom facilities depending on their care needs.

3. WALKING

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

Walking assistance is provided taking into consideration resident's ability and current environment.

Environment will be maintained for safety reasons.

4. TRANSFERRING

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

Transferring of resident will be done in a manner to prevent falling according to current needs.

5. POSITIONING

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

Positioning will be done according to residence comfort and taking into consideration physical limitation.

6. PERSONAL HYGIENE

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

Resident's will have assistance with current hygiene needs and include having proper supplies needed in order to benefit health of resident.

7. DRESSING

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

Dressing of resident will be provided depending on resident's ability taking into consideration current weather condition.

8. BATHING

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

A private bathing/showering with safety bars and equipment is provided in order to assist resident depending on their current need.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Personal care is important for optimal health. We take great pride in how we will go above and beyond in order for our residents to not just feel good but look good.

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:

Medication assistance within caregiver's scope of practise is provided with nurse delegation. Medication administration requiring a medical professional is not available.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Medication will be looked and documented.	
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: The home does not have a licensed medical professional on staff. Nurse Delegation is provided for residents and care staff.	
The home has the ability to provide the following skilled nursing services by delegation: Medication assistance includes but or not limited to, the following route's of administration; topical, oral, inhalation and drops, all nurse delegated.	
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION	
Specialty Care Designations	
We have completed DSHS approved training for the following specialty care designations: <input checked="" type="checkbox"/> Developmental disabilities <input checked="" type="checkbox"/> Mental illness <input checked="" type="checkbox"/> Dementia	
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS We have experience on working with resident who have a autistic spectrum diagnosis. We are currently taking more training to enhance our ability to provide to those with this special need.	
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)	
<input checked="" type="checkbox"/> The provider lives in the home. <input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times. <input type="checkbox"/> 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: <input type="checkbox"/> Registered nurse, days and times: _____ <input type="checkbox"/> Licensed practical nurse, days and times: _____ <input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: 7 days, 24 hours per day. <input type="checkbox"/> Awake staff at night <input type="checkbox"/> Other: _____	
ADDITIONAL COMMENTS REGARDING STAFFING	
Cultural or Language Access	

<p>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)</p>	
<p>The home is particularly focused on residents with the following background and/or languages: Our resident's mainly have an Intellectual Developmental Disability diagnosis, under the age of 60 years old and males only. Emergency evacuation level one as home has stairs.</p>	
<p>ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS Our language is english. No one at this time speaks a forwign language.</p>	
Medicaid	
<p>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)</p> <p><input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.</p> <p><input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: Acceptance of medicaid has no condition. Private pay resident going into the medicaid system is acceptable and we will work with resident and resident's representative in order to make process in a timely manner.</p>	
<p>ADDITIONAL COMMENTS REGARDING MEDICAID</p>	
Activities	
<p>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).</p>	
<p>The home provides the following: Activities are according to resident's likes. We work with resident and resident representative/family to include outside activities besides in home activities.</p>	
<p>ADDITIONAL COMMENTS REGARDING ACTIVITIES Our resident are of a younger population and involved with Special Olympics, Specialized Programs at Park and Recreation Centers. We work with the programs to find funding when needed in order for residents to have a variety of activities they like to participate in.</p>	

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