



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER JOYFUL SERVICE HOME LLC	LICENSE NUMBER 758223
---	--------------------------

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. [Table of Contents](#)

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

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 commitment is to assist elderly and disabled adults in the improvement of their quality of life. We provide an environment that is safe, caring and facilitates personal growth.

2. INITIAL LICENSING DATE

6/11/25

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

16508 NE 65TH CT, VANCOUVER, WA 98682

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:

We prepare nutritious meals that meet the requirements and preferences of each individual resident. We ensure that meals include a variety of foods and the diet is well balanced. Caregiver perform all eating tasks including feeding the resident, pureeing foods, adding thick-it to liquids, providing diabetic meals.

2. TOILETING

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

Caregivers toilet all residents on a regular basis following the negotiated care plan. Toileting management and incontinence care plans are active and followed daily. Each resident is treated with dignity. Caregivers respect each resident's privacy.

3. WALKING

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

Caregivers assist and/or perform all mobility tasks for resident, keep floors uncluttered and premises well lit, are available to support in walking inside and outside. Each resident has different needs; therefore, we are available for short walks, long walks, walking with cane, being pushed in a wheelchair, spending time outdoors.

4. TRANSFERRING

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

Caregivers follow each residents' care plan to ensure that the transferring is done correctly. Transferring is done in the safest way for the caregiver and the resident. It can occur from bed to wheelchair, using a Hoyer lift, trapeze, grab bars; also, from bed to standing position, from wheelchair to chair or lift chair and from wheelchair back to bed.

5. POSITIONING

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

We assist with resident sitting up in bed, roll over, elevate feet, repositioning (as often as the care plan indicates), placing pillows to support good body alignment or to cushion bony prominences or to lift heels off the mattress to prevent developing pressure sores. Caregivers always explain to resident what is happening before engaging and is done in a gentle, unrushed manner; may break tasks into smaller sub tasks to prevent over tiring.

6. PERSONAL HYGIENE

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

We assist with showers, sponge baths, daily cleaning, brushing teeth, washing hair, lubricate skin, observe skin for changes (bruising, redness, breakdown), apply deodorant, examine gums and report pain and bleeding, file fingernails, polish if resident prefers.

7. DRESSING

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

We dress and undress resident daily in appropriate clothing for each season. We offer complete care in dressing with and without assistance following each resident's care plan. We ensure that all clothes are

clean, free of odors, changed daily and washed when soiled.

8. BATHING

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

We ensure that residents are clean and free of offensive body odors at all times. We supply all toiletries.

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:

Medication management and assistance, self-administration, delegated medication administration for residents that cannot take medication on their own including checking vitals before medication is taken, blood glucose monitoring, diabetic injections and anything else residents might need.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES N/A

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:

Observation and assessment of resident's changing condition, overall management and evaluation of negotiated care plans, monitoring vitals, respiratory support (set up oxygen), range of motion-passive and active, ongoing assessment of rehabilitation needs, room and bed maintenance services, routine personal care including but not limited to bathing, dressing, eating, activity and mobility, incontinence and laundry services.

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

Wound care, catheter care, diabetic care, medication management and administration, blood glucose testing, diabetic injections.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION N/A

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 **N/A**

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 24/7** Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **at all times**
- Awake staff at night
- Other: **Nurse Delegator Available By Appointment**
-

ADDITIONAL COMMENTS REGARDING STAFFING **N/A**

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:

We do not focus on specific backgrounds and/or languages.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS **N/A**

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:

Medicaid payments are accepted at all times as long as the guidelines of Medicaid are followed.

ADDITIONAL COMMENTS REGARDING MEDICAID **N/A**

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:

Our AFH will provides a range of activities. We will accommodate any other activities requested.

ADDITIONAL COMMENTS REGARDING ACTIVITIES **N/A**