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An Adult Family Home **is a home**. It is a home in any neighborhood that is licensed by the Washington Department of Social and Health Services (DSHS) as an AFH. (Chapter 388-76 WAC) It is licensed to care for a maximum of six residents and has set standards of accountability. The goal of AFHs is to provide skilled, nurturing care that delivers the highest possible quality of life. A State Licenser, usually an RN, is assigned to each home, and will visit the AFH every 12-18 months for a patient care/facility review. If there is a complaint about the home, a complaint investigator will immediately visit the home to document any problems, and DSHS will proceed with educational or disciplinary action as needed.

Adult Family Home providers must ensure that their staff is competent, receiving training and oversight as necessary to perform all appropriate assigned tasks. Staff is required to complete DSHS approved training classes and yearly continuing education. In addition, to care for some clients, AFHs are required to have certain 'specialty' designations on their license. These designations are:

- Dementia
- Mental Health (like depression or schizophrenia)
- Developmental Disability

If an individual has a primary diagnosis of dementia, the home must have a Dementia designation on its license. For a primary mental health diagnosis, the home must have its Mental Health designation, and if a client is developmentally disabled, the home must carry that designation.

Adult Family Homes offer a wide variety of settings and skills. The family setting offers the client a homey atmosphere for comfort and security. The settings may vary from very plain and no frills, to opulent. Homes may offer private rooms and baths and have views of water or mountains. By the same token, many homes are not fancy but their caregivers are exceedingly skilled and caring in their relationship with each resident. Some homes are owned and managed by registered or practical nurses and provide highly skilled nursing care. Visiting Nurse Services, Occupational Therapy, Physical Therapy and Mental Health Therapy can be brought into the AFHs as indicated. The price of the home is reflected by the needs of the client and by how upscale the home is. A well-run Adult Family Home is generally 25% to 50% less than that of a nursing home with comparable or better care. Finally, a few words about who is a good candidate for an AFH. Because an AFH is small, patients who are noisy and disruptive are generally not appropriate for AFHs. If a patient is a risk to himself or to others, he/she is not a candidate for an AFH. A patient being admitted to a non-RN or non-LPN home should be medically stable or on hospice. A medically stable patient is a patient who does not need frequent skilled nursing evaluations or care. Remember that nurse delegators are NOT allowed to delegate for a patient that is not STABLE AND PREDICTABLE. Usually, patients with complex medical issues will need to be admitted to an RN or LPN provider who has the training and experience to deal with their

specific issues. We recommend using a RN Placement Service for medically complex individuals.