

June 2019

The Washington Voice

An E-Newsletter From



Adult Family Home Council

OF WASHINGTON STATE

Who We Are

Advocates for compassionate, individualized care. Serving adult family homes for more than 20 years!

Our Mission

To improve the lives and well-being of vulnerable adults through support of adult family homes.

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Hello Adult Family Homes of Washington,

The 2019 Spring Conference has been a great opportunity for me and the staff at the AFH Council to get out to every corner of Washington and meet with our members. Our one-day traveling conference met in seven cities, meeting with hundreds of providers and caregivers. The content included updates from the legislative session, information about new Medicaid rates, new funding for activity programs, our new AFH locator tool (powered by AIDA) and how to avoid common pitfalls during the admission process.

One of the reasons I always enjoy the spring conference is that it gets us back to the grassroots efforts of the AFH Council. This statewide association was created because regional chapters joined together to develop a central office. When I describe the AFH Council to new AFH operators, I always describe it as “mission-focused and member-driven.” By saying we are mission-focused, it means that all of our work is intended to further our mission of improving the lives of vulnerable adults through the support of adult family homes. To say we are member-driven, reflects how the priorities we establish are based completely on feedback and information provided by our members. Every course offered, bill introduced to the legislature or form in our document library was developed and moved forward because it addressed a member need or concern.

Another way we ensure our work is reflective of the members is through our governing board, which is 100 percent made up of adult family home operators. These board members volunteer their time to represent the various regions of the state. Our board reflects a mix of rural and urban areas; Medicaid and private pay homes; and elderly and younger developmentally disabled residents. This diversity of thought and experience helps us focus our work on what will best support our members to deliver on our mission.

Membership with the AFH Council provides many tangible benefits such as regulatory support, continuing education, increased wages and help with placements. There are also some intangible benefits such as voting for your board representative, moving ideas from concerns to solutions and being a part of the only organization representing the needs of these unique small businesses. We begin a new membership year on July 1. It is my hope we can grow our membership this year to new heights. If the AFH Council membership grows, it can provide more resources to take on more advocacy, education, support and marketing. If you are already a member, thank you. I also want to ask you to reach out to our office and participate in our annual membership drive. If you are willing to share what the AFH Council membership and support means to you with a non-member, please contact our office at 360-754-3329 or info@adultfamilyhomecouncil.org.

All the best,



John Ficker
Executive Director

AFH Council 2019 Annual Report

Highlights:

- Year in Review letter from Executive Director John Ficker
- Advocacy highlights
 - Legislation
 - Collective Bargaining
- Education highlights
- Support highlights
- Marketing highlights
- By the Numbers

Read our Annual Report: [HERE](#)



Affiliate Business Profile



CRISTINA LETA
Real Estate Adult Family Home Listing Consultant

PROFESSIONAL SUMMARY

Motivated real estate professional versed in all aspects of outside sales transactions. Adult Family Home Owner-Provider for 13 years. Experienced sales rep with closing and territory experience. Dedicated sales and marketing professional who exceeds goals, retains customers and maintains a strong reputation for customer satisfaction.

SKILLS

- Started a new AFH business In August 2005
- Innovative marketing strategist
- Detail oriented
- Accredited Staging specialist
- School of Business graduate with studies in Europe
- Certified Expert negotiator
- Strong organizational skills
- Bilingual
- Customer service oriented
- Excellent team work

CRISTINA LETA
ADULT FAMILY
HOME LISTING
SPECIALIST



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GOAL

The ultimate goal is to help clients in the process of selling their homes using three different ways:

- Price the home in correlation with the real estate market
- Sell the home in the minimum time possible conducting a stress free, smooth transaction
- Help clients to net the maximum amount of money at closing using my negotiation skills

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Vancouver WA 98663
Direct 360-513-9667
CLETA@BHHSNW.COM

Gastro-esophageal Reflux Disease

By Stefaniya Tubbs, Pharmacist Intern at Ready Meds Pharmacy, Pharm.D. Candidate 2020

Gastro-esophageal Reflux Disease (GERD) affects a large portion of the geriatric population and is the most common upper gastrointestinal disorder seen in the elderly. GERD occurs in the esophagus (the tube connecting the mouth to the stomach), when the lower esophageal sphincter (LES) pressure is lower than the pressure in the stomach. This pressure gradient allows for stomach contents, made up of acid and other irritants, to regurgitate up into the esophagus. The stomach contents then damage the esophageal lining, leading to esophageal mucosal inflammation. This irritation and inflammation can affect nerves and muscles that alter LES function and esophageal body motility. In the case of prolonged exposure of the esophageal mucosa to an acid, mucosal defense mechanisms may be overcome. As a result of this weakened defense, severe and complicated esophagitis can develop. A vicious cycle of inflammation and impaired motility, may then cause this disease to progress even further. If allowed to continue unchecked, Barrett's Esophagus can develop. Barrett's Esophagus occurs when esophageal tissue is replaced by tissue similar to the intestinal lining. The inappropriate tissue then decreases functionality, and in some cases, leads to esophageal cancer.

Symptoms we can measure or observe include heartburn, chest pain, regurgitation, esophageal redness, or swelling. Followed by, in complicated disease states, internal bleeding, weight loss or anemia. GERD may be a chronic condition, as is the case in many of our elderly clients. However, with proper intervention, it is not a condition our residents need to suffer from.

The following is a review of non-pharmacologic means of prevention and proper medication usage for GERD.

As with all disease states, prevention and non-pharmacologic management, is always recommended. Listed below are the best practices for prevention of GERD symptoms.

- Smoking cessation
- Implementing a GERD healthy diet. This includes decreasing fat intake (i.e. low-fat milk over whole milk, and lean meats like chicken or fish over red meats), limiting aggravating foods such as chocolate, peppermint, spearmint, coffee, green tea, black tea, orange juice, grapefruit juice, alcohol, pepper, chili powder, highly seasoned, high-fat meals (sausage, salami, bacon, ham and cold cuts), mustard, spicy or strongly seasoned food including cheeses, and all tomato products.
- Eating smaller more frequent meals throughout the day.
- Instruct resident not to lie down after eating or drinking but rather use a recliner or remain sitting upright after meals.
- Eating no later than 2 hours before bedtime. This allows stomach contents to empty before reclining.
- Elevating the head of the resident's bed uses gravity to keep stomach contents down preventing nighttime regurgitation they may or may not even feel.
- Controlling stress levels since stress can aggravate GERD symptoms.

Should non-pharmacologic means provide insufficient control or relief from symptoms, the next step up in treatment is medication.

Continued on page 5

Gastro-esophageal Reflux Disease

By Stefaniya Tubbs, Pharmacist Intern at Ready Meds Pharmacy, Pharm.D. Candidate 2020

Continued from page 4

Per guidelines, H2 blockers can be used as needed for symptoms, or routinely for prevention/management of uncomplicated GERD. H2 blockers function by competitively inhibiting H2-receptor blocker within the stomach. This reversibly inhibits the action of histamine on the gastric cells, thereby decreasing gastric acid secretion. Some examples of H2 blockers include; Ranitidine (Zantac), Famotidine (Pepcid), and Cimetidine (Tagamet). H2 blockers take about 30 minutes to be effective and last approximately 2 to 4 hours. Alternatively, antacids like Tums (containing calcium) can be used. These agents work almost immediately by binding and neutralizing acid within the esophagus and stomach. Although Tums work well for symptom relief, they are only effective for a short time and do not prevent GERD.

Proton Pump Inhibitors (PPIs) are used for long term treatment of. PPIs function by irreversibly inhibiting the hydrogen-potassium-adenosinetriphosphatase enzyme system found at the secreting surface of stomach cells. This action inhibits the final transport of hydrogen ions into the gastric lumen, leading to inhibition of gastric acid secretion. Some examples of PPIs include; Omeprazole (Prilosec), Pantoprazole (Protonix), and Esomeprazole (Nexium). Since PPIs function on the stomachs surface, and interfere with the digestive process of the stomach, they must be administered with special attention to meals and medications. To be effective PPIs must be given on an empty stomach, at least 30 minutes before eating or taking other medications, or at least 3 hours after eating. If not taken correctly PPIs, may cause or worsen GERD symptoms. This can lead to vomiting, continued disease progression, even decreased effectiveness of other medications. PPIs can also cause a decrease in bone density, so they are not recommended in patients with osteoporosis.

Due to the risks associated with PPIs, they should never be used for longer than 14 days without consultation with a doctor.

There are numerous interactions, complications, inconveniences, and a great deal of discomfort caused by both the disease state and the treatment options. It is important to ensure our clients suffering from GERD are managed properly. Always be sure the primary caregiver is kept up-to-date on the resident's condition, and staff are taking the appropriate steps to ensure the client's comfort and safety.



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DSHS Overpayment Notices

Recently, we have been in contact with several different members who have received notices from DSHS stating they had been overpaid. As we help review the specifics of their cases, we noticed a problem. The overpayments were created by mistakes at DSHS. Residents were receiving rates that were higher than they should have when DSHS inaccurately assessed the resident or listed them in the wrong county. While these may be overpayments, we do not believe these are the responsibility of the AFH to pay back. In these cases, the resident should have received a “client overpayment notice.”

Here is why. An overpayment is defined in our contract as payment for services that were not provided or payment beyond what is authorized by DSHS (excluding allowable supplemental payments). The rate of pay an AFH receives is based on the need of the resident. If the resident’s benefit level was set inappropriately and they receive benefits to which they are not entitled, that constitutes a client overpayment. The AFH provided the services and did not take funds beyond what was authorized by DSHS.

The payment system makes it easier for DSHS staff to process a provider overpayment than a client overpayment. That has added to the confusion. We have been successful at getting some of these overpayments withdrawn or overturned. We are also working with leadership at DSHS to clarify and correct this practice. In the meantime, if you are member of the AFH Council and receive an overpayment notice, I encourage you to send it to our offices and allow us to review your appeal rights with you. In the end, an AFH should not be asked to pay back the mistakes of DSHS social workers.

Conflicting WAC Between ESD and DSHS

As AFH providers, almost all of us are employers, and as employers, we are all familiar with the Employment Security Department (ESD). If you lay an employee off, the employee collects unemployment benefits and you pay for it via ESD taxes... or at least it was that simple 50 years ago. Nowadays, if your employee quits and goes to work somewhere else, they can collect unemployment benefits at your expense for that as well. Don't believe me? Just google "ESD quit", click on the first hypertext you see, and behold the first bullet point.

My ESD experience was different, but equally baffling. DSHS ordered me to fire an employee with disqualifying, first-degree felony criminal charges... a decent employee otherwise... and a judge saw every reason to charge me \$9,700.00 in ESD taxes to pay for 26 weeks of unemployment benefits for her.

Why? Because the misconduct statute, RCW 50.04.294, is what was important to the judge and WAC 388-76-101631, the WAC that mandated that I fire the employee, is just a "rule", not a law.

To really understand WACs, recall all the media attention that some "executive orders" received when Barack Obama and Donald Trump issued them. Many of them were overturned in court. Why? because they lacked "statutory authority". No President or Governor can issue an executive order unless the order is supported by a law, or statute. Well, a WAC is just an executive order issued by the Governor's executive branch and when you reference a WAC online, you'll see the statutes listed below it that authorize it.

In my case, it turned out that WAC 388-76-101631 did not have statutory authority to order an employee discharge due to a criminal "charge". It only had authority to order a discharge due to a criminal "conviction" so, because everything in the law presumes innocence until one is proven guilty, the judge(s) ruled that there was no misconduct. If I had violated the WAC and insisted on retaining the employee, RCS would have certainly revoked my AFH license, but because I abided by the WAC, the employee was awarded the ESD benefits at my expense. The upshot: Crime can pay quite well while you are awaiting trial.

So, I was compelled to go to Olympia and rattle some bureaucratic cages. Because I had a rock-solid case against DSHS for creating a WAC that clearly exceeded statutory authority, I was able to get some significant concessions, but the WAC remains, awaiting the next unfortunate AFH provider with an employee who decides to incur disqualifying criminal charges.

To address that, I was able to get legislation introduced to protect AFH's in the future from what happened to me. They are **SB 5964** in the Senate and **HB 2118** in the House of Representatives. These bills simply state that when an employer is ordered by the state to discharge someone, that it be presumed that it is for reasons of misconduct. *These bills should be considered by the legislature next January, so I encourage providers to voice their support for them to their legislators.*

Until then, there are things you can do with your employee policy handbook to lessen your risk. For example, your handbook should mandate that an employee tell you if they incur a criminal charge. That will not eliminate the risk, but if it reduces the total length of time, they worked for you, it could result in a lower ESD tax assigned to you when they receive unemployment benefits. Remember, a judge will not assume they had an obligation to tell you about a criminal charge before their next, semi-annual background check unless you made it clear that they signed off on such an obligation via your employee handbook, as I painfully learned in my own experience.

But, regarding ESD unemployment benefits that have evolved to become a virtual entitlement in Washington State, there are many other ways an employer can minimize exposure to excessive ESD taxes when employees quit or must be discharged due to misconduct. Given my experience, perhaps AFH council webinars can cover this topic soon, if there is enough interest.



James Lowell

Dear Provider Letters

AL TSA: AFH #2019-007 PROPOSED AMENDMENTS TO CHAPTER 388-76 WAC

HERE

The department is proposing to create new WAC sections in chapter 388-76 WAC "Adult Family Home Minimum Licensing Requirements" on requirements for notifying the department of information changes and creating a succession plan. This proposal came from concerns raised by the AFH Council regarding barriers to entry for certain provider and entity types. The proposed rule changes are intended to address these issues and clarify other requirements for licensure that have been ambiguous. The anticipated effect is to reduce regulatory burdens for new qualified providers and to increase access to the adult family home industry and to access to beds for residents. Here is a link to the proposed changes [WSR 19-11-105](#)

The formal hearing for the proposed rules is scheduled:

Date: July 9, 2019 at 10:00 AM

Location: Office Building 2 (DSHS Headquarters)

1115 Washington Olympia, WA 98504



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Patrick Simon, Business Consultant
AFH Council, Mount Lake Terrace
Chapter Coordinator
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pspsatimon@gmail.com

 Washington
Adult Family Home Services

Upcoming Webinars



Webinar: AFH Legislative, Rate and Policy Updates

June 27, 2019 & July 9, 2019
10:30 – 11:30 am & 3:30 – 4:30 pm

Description:

Please join AFH Council's Executive Director John Ficker, for a review of the legislative, policy and rate changes from the most recent 2019 Legislative Session and 2019-2021 collective bargaining agreement. There will be time for questions and answers.

1.0 hours of CE are available for AFH Council Members who register and attend the webinar

Register: [HERE](#)

Stay up-to-date with all of our events by going to our website!

[HERE](#)

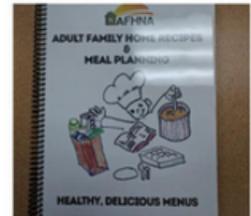
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Upcoming Administrator Training Courses

Highline College will be offering the AFH Administrator course on the dates below:

Session 1

June 26 - July 31

Item # 9711

Wednesday's: 5:00-9:00 PM

Saturday's: 9:00AM - 3:00 PM

Building 99, Room 131

Session 2

July 1 - August 7

Item #9713

Monday-Wednesday

6:00-9:00 PM

Building 99, Room 132

Session 3

August 6 - September 19

Item #9715

Tuesday/Thursday

5:00-9:00 PM

Building 99, Room 131

Register: [HERE](#)

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Stay up-to-date with more upcoming administrator trainings in our newsletter!

Upcoming Events & Trainings

Washington State Department of Social and Health Services

Transforming Lives

Suicide and Non-Suicidal Self Harm Training

Come and learn effective ways to support, engage and intervene with clients dealing with non-suicidal self-injury, suicidal ideation and suicide.

Tuesday June 25th 2019
900 E College Way, Suite 210, Mt Vernon.
There are two sessions of this course, you only need to attend one.
1st - 9:30am to 11:30am
2nd - 12:30pm to 2:30pm

All attendees will receive two (2) **free** CEUs upon completion of the training.

To register for one session:
Tammy Butler, BSc SW,
HCS Behavioral Support Specialist, HCS
tammy.butler@dshs.wa.gov
206 - 919 - 0600



Washington State Department of Social and Health Services

Transforming Lives

Residential Guide to Challenging Behaviors Training

Come and learn effective ways to work with residents with challenging behaviors.

Thursday June 27th 2019
1330 N. Washington
Rock Point III
Conference Room "A" next to Honewon Café
10 am to 1 pm

All attendees will receive three (3) **free** CEUs upon completion of the training.

To register please contact:
Amy Tabino, M.S.
HCS Behavioral Support Specialist
amy.tabino@dshs.wa.gov
(509) 568-3875



Washington State Department of Social and Health Services

Transforming Lives

Suicide and Non-Suicidal Self Harm Training

Come and learn effective ways to support, engage and intervene with clients dealing with non-suicidal self-injury, suicidal ideation and suicide.

Tuesday July 9th 2019
Smokey Point HCS office 3906 172nd St,
Arlington 98233.
There are two sessions of this course, you only need to attend one.
1st - 9:30am to 11:30am
2nd - 12:30pm to 2:30pm

All attendees will receive two (2) **free** CEUs upon completion of the training.

To register for one session:
Tammy Butler, BSc SW,
HCS Behavioral Support Specialist, HCS
tammy.butler@dshs.wa.gov



Washington State Department of Social and Health Services

Transforming Lives

Mental Health Diagnoses and Interventions Training

Supporting Individuals in Long term care. Come and develop your awareness of Mental Health diagnoses and supports in care provision.

Tuesday July 16th 2019
Mt. Vernon HCS office, 900 E. College Way, Suite 210,
Swinomish Room, Mt. Vernon 98273.
8:30am to 1:30pm

All attendees will receive 4.5 **free** CEUs upon completion of the training.

To register please contact:
Tammy Butler, BSc SW,
HCS Behavioral Support Specialist, HCS
tammy.butler@dshs.wa.gov
206 - 919 - 0600



Are You Up-To-Date with Your Chapter?

Click on your chapter to view upcoming chapter meetings and events!



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**Click here to view
all chapter
meeting dates!**

Our Chapter Meetings need sponsors!

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\$ Buy - Sell - Trade \$

Adult Family Home Council Members Marketplace Page

Place an ad on this page in the next issue!

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Vancouver, WA



Turn-key ready adult family home nestled in quiet well-established neighborhood located within minutes from Peace Health Hospital and The Vancouver Medical Clinic. Beautifully remodeled 1900 sq. ft. home offers 5 bedrooms, 2.5 baths, large spacious great room with abundant natural light overlooking 0.34 acres of park-like landscaping with raised garden beds. Home is licensed for 5 residents and will be sold completely furnished including all appliances. New roof installed August 2017. Vinyl siding state of the art windows. Asking: \$419,000 for Home \$185,000 for business Call 360-600-0887 for more information and pictures. Please, qualified buyers only.

AFH For Sale Tokeland, WA



2591 Tokeland Rd, Tokeland 98590
List Price: \$349,900 Active Adult Family home located in Tokeland. Dolphin Cove Adult Home licensed for 6 client residents has been in business for 10yrs. Home & business sold together. Owner will assist in transition for new owners. 6 beds, 2.5 baths, large 2-car garage w/ workshop. Newer roof, outside paint, vinyl windows & doors. Inside new vinyl floors, new carpet upstairs, new paint. 2 bdrms & bonus rm located upstairs for owner. Handicap accessible, outside decks. Quiet peaceful location. Deeded access to bay. Presented by: Sandra Shea, Washington Coast Real Estate, 360-268-0977 sandrashea@techline.com

AFH For Sale Spokane, WA



9007 N Whitehouse St
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Nice and big house, 3136 sq, 5 bed 4 bathroom, new ramp, equipment, carpet, furniture, and more. Licensed for 4 residents and have potential for more residents. Now house is full with residents. List price: \$375,000
Call: 509-290-1817 for more information.
Sevending727@hotmail.com

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AFH For Sale



This gorgeous home is a dream. With two separate living spaces up & downstairs, two Kitchens, living/dining rooms, fireplaces; A huge garage / shop where you may park your RV, garden space, chicken coop, inviting deck and landscape that is the envy of all gardeners! Owner can live upstairs as downstairs is an adult family home with good income. Turnkey and ready for you to move in!

MLS #1462522

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Code of Ethics for Adult Family Home Providers

This Code of Ethics for Adult Family Home Providers has been developed as a guide for carrying out provider responsibilities in a manner consistent with professional values and more standards which define the essentials of honorable behavior for the Adult Family Home Provider.

As Adult Family Home Providers, we want the public to acknowledge us as professionals. Part of this process is to develop a system of ethical codes of conduct and standards of practice that incorporate our principles and values regarding quality care. Through their Associations and working with fellow members:

- An Adult Home Provider recognizes and respects the dignity of residents without consideration for race, religion, gender, sexual orientation, social or economic status.
- An Adult Family Home Provider, while honoring the residents' rights to self determination, will promote and protect the rights of all their residents.
- An Adult Family Home Provider is responsible and accountable for their individual practice and determining how they deliver optimum care to their residents.
- An Adult Family Home Provider acknowledges the responsibility to protect their own integrity, maintain competence in their field, and continue their personal and professional growth.
- An Adult Family Home Provider will promote their profession with continued education and political action in shaping the WACs and rules that govern their profession

523 Pear Street SE, Olympia, WA 98501

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Fax - 360-943-6653

www.adulthoodfamilyhomecouncil.org