



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER MANN CARE HOME Yun Suk Mann	LICENSE NUMBER 524101
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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.

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. MANN CAre Home is dedicated to providing the best possible to care to all of our residents. Owner and Care Provider is a currently licensed Nursing Assistant Certified (NAC). Our entire staff is qualified and licensed to give long term health care to our residents.	
2. INITIAL LICENSING DATE 01/23/2001	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <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:

Basic care includes preparation and cooking of meals for our residents from set up assistance to total assistance that requires cueing and physical help.

Monitor changes in eating habits , weight changes , or any eating/ nutritional issues and report it to their physician, case manager, family/ guardian.

2. TOILETING

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

Incontinent care to residents that needs reminders and to residents that require total supervision and assistance.

Monitoring for any bowel and bladder problems and report any issues to the resident's physician, case manager or family/ guardian.

3. WALKING

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

Assistance in mobility through the use of walker/ cane/ crutches to independent residents, standby assist, one to two person assist and cueing and guiding inside and outside the facility.

Monitor and report any issues to the resident's physician, case manager, family or guardian.

Standard of care is based on the goal to encourage the residents mobility and activity.

4. TRANSFERRING

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

Cueing and physical assistance with one or two person assist to standby assist to move to/from bed, chair, wheelchair, toilet/commode, shower/shower chair, standing to sitting and sitting to standing ensuring the safety of the residents according to the resident's capabilities.

Assistance in mobility with the use of mechanical lifts for total care residents, if assessed as required.

5. POSITIONING

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

Assistance in turning in bed and chair frequently alternating on each side to prevent development of any skin issues.

Positioning body alignment properly to prevent issues like foot contractures by using pillows and to promote comfort as well.

Monitor and report any issues to resident's physician, family members or guardian.

6. PERSONAL HYGIENE

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

Monitoring and reporting of any skin issues, oral care issues including dentures, foot care issues, nail care issues to appropriate personnel. We assist in preparing, coaching and monitoring the residents to

promote good personal hygiene. Wound management abdcutting the toe-nails of diabetic residents are referred to home health services or outpatient facilities.

7. DRESSING

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

Assistance in changing clothes to total care residents. Assistance by cueing and one to one assistance to make sure that resident looks clean and presentable.

Monitor to keep clothes clean and dry.

8. BATHING

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

Assistance in peri-care, shampoo, shave and shower for residents. Facility has 2 bathrooms which are equipped with hand rails and hand held showers.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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:

Assistance with medications will be provided as identified in the full assessment and care plan.

Caregivers will assist residents with self-administered medications by reminding resident to take medications at the right time, pouring medication in a cup or handling medications to the resident for self administration.

Nurse delegation to onsite CNA can be set up when a resident can no longer self-administer medications or treatments within the scope allowed by law

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

Personal care services as stated .

Medication assistance, administration/ management.

Diabetes management specifically monitoring of blood sugar.

Oversight of oxygen administration, if required.

Hospice care.

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

Oral and topical medications and ointments.

Nose, ear, eye drops, and ointments.

Simple non-sterile dressing changes as directed by physician.

Blood sugar checks.

Facility will provide recommendations for transfer to a more appropriate setting when a resident's condition deteriorates beyond what can be safely accommodated in the facility.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **1 to 2 long term care workers at all times**
- 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:

Facility believes that every person deserves to be treated with respect, regardless of race, religion, culture lifestyle, gender or ethnicity.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Korean and Spanish language capabilities are available

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:

AFH will accept Medicaid eligible residents.

ADDITIONAL COMMENTS REGARDING MEDICAID

AFH accept both medicaid and private pay residents.

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:

Television and music therapy, birthday celebration, walking, and any activites according to the resident's interest and capabilities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Our facility is WIFI enabled for those residents who would like to use the internet. Residents must, however provide their own computer, tablet or smart phone for connection to the network.

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