

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>AMAZING GRACE AFH. / MARIA LETTY KRASSNER</b>	LICENSE NUMBER <b>602400</b>
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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	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>AMAZING GRACE AFH. INC. offers private rooms for both men and women esp. need medical assistance in all activities of daily living and with Dementia, Mental Health &amp; Alzheimers residents. This AFH. owned &amp; operated by Letty Krassner has medical background in profession capable in recognizing &amp; addressing medical needs of residents communicating accurately with residents MD. We are located in upscale &amp; secured residential area.</i>	
<b>2. INITIAL LICENSING DATE</b> <i>March 2002</i>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <i>18111 84th Ave W. EDMONDS, WA. 98026</i>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <i>7404 BRAEMAR DRIVE EDMONDS, WA. 98026</i> <div style="text-align: center;"><i>YES</i></div>	
<b>5. OWNERSHIP</b> <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: AMAZING GRACE PROVIDE ASSISTANCE IN EATING, FEEDING, TUBE FEEDING, CUEING, MONITORING UP TO TOTAL ASSISTANCE.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: WE PROVIDE TOILETING ASSISTANCE FR. CUEING & MONITORING UP TO TOTAL ASSISTANCE.

3. WALKING

If needed, the home may provide assistance with walking as follows: WE PROVIDE RESIDENTS WALKING ASSIST FR. CUEING & MONITORING FROM ONE OR TWO PERSON ASSISTANCE.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: WE PROVIDE ASSISTANCE IN TRANSFER FR. CUEING & MONITORING FROM ONE PERSON TO TWO PERSON ASSISTANCE TO HOVER, LIFT RESIDENT.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: WE PROVIDE ASSISTANCE WITH POSITIONING IN BED, RECLYNER, in chairs fr. cueing/monitoring up to total assist in repositioning.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: We provide assistance with personal hygiene fr. cueing, set up up to total care & assistance in pers. hygiene.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: We provide assistance with dressing from cueing, set up & up to total assistance.

8. BATHING

If needed, the home may provide assistance with bathing as follows: We provide assistance with bathing from cueing, set up, bed bath and total shower/bathing assist.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide assistance with residents in need to shower in bed or bathroom using roll-in shower chair in their private bathrooms depending on their needs to shower everyday or every other day.

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: We provide residents medications assistance in opening bottle, administered to them even provide nurse delegatable meds thru nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We provide our own Nurse delegation thru our own Registered Nurse delegation & free of charge to all residents.

**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: *we provide our own Nurse delegator to delegate our AFH staff and free of charge to all our residents -*

The home has the ability to provide the following skilled nursing services by delegation: *we provide services for eye drops, catheter services, tube feeding, colostomy care,*

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 / Alzheimers

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS *We provide any age fr. 65 - 100+ age of residents fr. Mental health, Dementia, Alzheimers up to Hospice care end of life -*

**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: *24 hrs. on call plus days*
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: *2 staff during day & 1 CG night*
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING *other than 2 regular CG during day plus 1 CG @ nite other on call CG. plus owner provider*

**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 accept residents in any religion, ethnic background and also catered to diabetic residents diet cardiac diet & or regular diet.*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS *we respect each & every religious and any cultural background in all residents.*

**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:

ADDITIONAL COMMENTS REGARDING MEDICAID *Our home accept private pay only for the beginning and if they run out of private money after 4 yrs. of private money then convert to Medicaid.*

**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: *We provide professional activities comes to the facility 4-5X per week such as Mon, Tues, Wed. & Friday plus we provide Bingo, puzzle &*

ADDITIONAL COMMENTS REGARDING ACTIVITIES *we provide puzzle game, Bingo, card game, transport residents to park, front Edwards ferry on summer*

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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