



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>HAM CARE SARAJANI KUMAR</i>	LICENSE NUMBER <i>6688000</i>
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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	
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. <i>Quality Care 24/7 Staffing trained caregivers best meals</i>	
2. INITIAL LICENSING DATE <i>29<sup>th</sup> JULY 2004</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>17314 102<sup>nd</sup> AVE SE Renton WA 92056</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>Same</i>	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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If needed, the home may provide assistance with eating as follows: *yes caregiver assist to cut food and monitor choking if needed also diet meal provide*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *yes caregiver will help after using toileting or potty - care clean and change if needed*

3. WALKING

If needed, the home may provide assistance with walking as follows: *if needed wheel chair or walker prevent from falling Res are steady and safely to walk with assist*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *caregiver assist and aware for safety transfer into car or in bed or in chair for safety use a gait belt.*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *caregiver positioning or assist lying to change side to side and check every 2 hours or (1) hrs*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *personal hygiene assist (shower) brushing teeth including dentures hair cut - shaving, nail*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *caregiver will assist see Res has clean clothes but they are done right way select clothes shoes.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *assist Res in/out of shower tub for safety also grab bar and need shower chair and help w/ posture*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE - *assist with trima needs and check toe nails hair cut also give a dental 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: *Routine medication legally and authorized by physician medication order by them and amount.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES *Right Res, Right Drug, Right time, Right Dose and log each medication that was given*

**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: *Send the Res to nursing home or hire a nurse delegation or a licensed nurse with a contract.*

The home has the ability to provide the following skilled nursing services by delegation: *if have nurse delegation w/ RN or taken nursing delegation class most required*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

*caregiver should have nurse delegation class For Diabeted or having home DR visit every MONTH*

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

*also Continuing Education for 12 hours) Alzheimer's disease & Related dementia*

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: \_\_\_\_\_
- Awake staff at night
- Other: *once a month visit Home Doctor see the Res*

ADDITIONAL COMMENTS REGARDING STAFFING

*24/7 Staffing all time always & caregiver day and night time*

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:

*always check the background and languages they speaks.*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

*Make sure clear English language that Res can understand*

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 homes take all kind Res Private, MEDICED 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: socializing Res in home Reading books magazine  
Video - movies - Games cards Puzzle

ADDITIONAL COMMENTS REGARDING ACTIVITIES caregiver provides also encourage  
exercise, or walk with Res a block sit out side of house  
a day trips events.

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