



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SOSSI AFH	LICENSE NUMBER 690101
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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

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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. It is our mission to provide exemplary physical, emotional and spiritual care for each of our clients. Also we recognize the values of every person and serve them with commitment to excellence in all that we do. Our goal is to offer quality that exceed our client’s expectations, cost-effective and accessible manner.	
2. INITIAL LICENSING DATE 14th of June, 2006	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS: 8923 NE 104th St Vancouver WA 98662	
5. OWNERSHIP Sole <input type="checkbox"/> proprietor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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:

Meal preparation and help with feeding if a client is unable to feed her/himself. Preparing health and traditional foods. Preparation of a shopping list appropriate to the individual's dietary needs and financial circumstances, performance of grocery shopping activities as necessary.

2. TOILETING

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

Assistance with bladder and/or bowel requirements or problems, including but not limited to helping the individual to and from the bathroom or assisting the individual with bedpan routines; bowel and bladder care (incontinence).

3. WALKING

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

Help with walking or getting in or out of bed, encouraging clients to walk, exercise and participate in physical activity as needed.

4. TRANSFERRING

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

Care givers will help clients to arrange CVAN or medical transportation when needed or inform their families to take them to any appointments. AFH cannot provide transportation to and from appointments.

5. POSITIONING

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

Positioning clients in bed and turn them every two hours if clients are unable to position themselves and position them in the chair.

6. PERSONAL HYGIENE

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

Basic personal care and grooming, including but not limited to bathing, shower and bed bath, care of the hair, apply lotions to resident skin, foot care, trim nails and shaving.

7. DRESSING

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

Caregiver will make sure clients is safe while dressing up with her/his clothe every day, help them if unable to dress themselves, changing of bed linens, doing personal laundry and rearranging of furniture.

8. BATHING

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

Basic personal care and grooming, including but not limited to bathing, shower and bed bath, care of the hair, apply lotions to resident skin, foot care, trim nails and shaving.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Meals and help with eating; Help with dressing; Grooming and hygiene; Bowel and bladder care (incontinence); Help with walking or getting in or out of bed (mobility); Help with behavioral issues (behavior management) Help with medication and activity.

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:

Administration for prescribed medications.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Administration for prescribed medications, crushing, and using applesauce to help client swallow without difficulty. .

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: **Dressing change but it depended what the doctor's order is and the price.**

The home has the ability to provide the following skilled nursing services by delegation: **Administration for prescribed medications.**

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 (yes)**
- Mental illness (yes)**
- Dementia (yes)**

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. Yes**
- 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: **I am an RN, I have CAN and long term care givers working for me.**
- _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: and nights.**
- 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) **All are welcome. WE speak English and Amharic (Ethiopian) Language.**

The home is particularly focused on residents with the following background and/or languages:

English languages also clients from every backgrounds are welcome. We are ETHIOPIAN

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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: Our home accept private and Medicaid payments and clients.**

ADDITIONAL COMMENTS REGARDING 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:

Chair exercises in the morning and walking later in the day, making their Beds, Sing Along, Take a ride, Color/Paint, Listen to music, wipe off table, going to church and shopping.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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