



Adult Family Home Disclosure of Services Required by RCW 70.128.280

| | |
|--|---------------------------------|
| HOME / PROVIDER mini-oaks afh llc. | LICENSE NUMBER 750272 |
|--|---------------------------------|

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. Our mission is to provide the highest level of professional ,compassionate care to our Residents,to enhance the quality of their lifes physically,mentally,emotionally and socially. | |
| 2. INITIAL LICENSING DATE 01/31/2007 | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: n/a |
| 4. SAME ADDRESS PREVIOUSLY LICENSED AS: n/a | |
| 5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" 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:

Regarding Resident condition and wishes we can offer special diet,low sodium,diabetes,assistance with feeding,blended food,feeding tub,supervision to prevent choking,three homemade meals,and snaks.

2. TOILETING

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

Toilet schedule,peri-care,changing pads every two HR to prevent diaper rash skin damage,assistance with total incontinence,bedbound,

3. WALKING

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

Stand by assistance for safety,psychical assistance suporting and quiding walking with walker,daily exercise with walking around the house or outside if weather permitting

4. TRANSFERRING

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

Quiding and holding/supporting, encouraging,lifting assistance to sit and stand,fully lifting,mechanical lifting.

5. POSITIONING

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

Night time assistance as needed to repositioning,turning in bed to prevent pressure sores,assistance 24/7 to help with guide limbs in order to turn reposition body.

6. PERSONAL HYGIENE

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

Offering total assistance with skin care,nail care,hair care,mouth care,providing perfect hygiene.

7. DRESSING

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

Total assistance with dressing/undressing,set up/choosing clothing,helping cueing,encouraging,stand by assistance for safety.

8. BATHING

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

Total assistance helping for safety in and out from shower,two times a week shower,daily sponge wash every morning,wash up in the evening,acording special attention for safety,privacy.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Assuring each Resident fells clean, and they are cofident in our staff services.

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:

The quantity of medication ordered by the doctors,insulin administration,delegated skin care applying oitments,eye drops,oxigen monitoring,medication addistance,delegations for all task whats required delegation

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff always trained with required continuing education ,medication management

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:

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

Eye drops,ointment application,blood sugar monitoring,insulin administration, feeding tub and colostomy care,medication administration,oxigen and nebulizer care

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Always delegated for services as needed

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

Providing care for Hospis clients with compassion.

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: **as needed nurse on call**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24/7**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

We working with hearth and compassion,our residents are treated like our own family

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 treating everybody egally, every language and beckround are deeply respected and served ,
acomodating each resident wishes in eating habits**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We speak English,Romanian,Hungarian,a little German and Italian,but other languge speakers all
always welkome in our home**

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:

To cover expences for the care required for each individual

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:

**24 hours personilized care,24 hours medication management,cooking hommade meals ,laundry and
house keeping.Birthday andHollidays always celebreated**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities will be set up regarding each individual physical and mental
capability.Crafts,exercise,gardening,board games,musik is in our list of activities.Resident family
participation and suggestions always wellcome.**

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