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RCS/Public Disclosure

Department of Social & Health Services
ALTSA Aging and Long-Term Support Administration

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Frances AFH2 / Amy Medina	750408

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-[illegible] 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. Our promise is to simply do our best on a daily basis to make sure our residents are safe, happy, well-cared and feels loved and at-home. And to make sure to provide an excellent care so they can exit with grace when the time comes for them to leave this world and go to heaven.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
10/05/01	25825 18th Ave. So. Des Moines, WA 98198

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

- [x] Sole proprietor
- [ ] Limited Liability Corporation
- [ ] Co-owned by:
- [ ] 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: We provide assistance from cueing to total assist in feeding. We can also assist feeding on clients with altered diet like puree, mechanical soft, thickened liquids and tube feeding.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: We provide assistance from cueing and monitoring to assisting residents in total care if they need to use incontinent supplies. We also have experience in managing colostomy care and catheter care.

3. WALKING

If needed, the home may provide assistance with walking as follows: We provide assistance from cueing to one on one assist with an assistive device like cane, walker, etc. One on one assist is provided if resident wants to walk outside of home.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: We provide assistance from cueing and monitoring to one on one person assist with transfers like stand-pivot transfer, sliding board transfer and Hoyer lift transfer.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: We provide assist from cueing and monitoring to total assist to reposition every 2hrs. We also use and monitor alternating pressure mattresses and other specialty beds like Hi-Lo or Tri-cell mattresses.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: We provide assist from cueing to total assistance as needed by individual residents.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: We provide assist from cueing and set-up to total assist. We allow our residents to choose their preferred clothing unless they are unable to make those decisions then caregivers will choose for them

8. BATHING

If needed, the home may provide assistance with bathing as follows: We always provide one on one supervision to our residents even if they are independent for safety measures. We also provide total assist to shower or bed bath. We have equipment to use running water to wash hair even when in bed.

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: We provide supervision to clients who are able to take medications independently. Our staff can also assist in putting the medication in clients mouth, skin, etc. or crush and administer via peg tube

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES: The provider manages ordering or refilling prescriptions unless family/guardian prefers to do it. We also administer insulin and other medications with nurse delegation. All medications will remain locked when not in use.

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:
Home health nursing services is provided by licensed nurses and Home Health Agencies as ordered by the doctor.

The home has the ability to provide the following skilled nursing services by delegation:
Medication administration of tablets, skin cream/ointments, eye drops, inhalers and insulin.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
We provide care for clients under Hospice Care with assistance for Hospice Home Health Services

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- [x] Developmental disabilities
- [x] Mental illness
- [x] 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.
- [x] 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: _____
- [x] Licensed practical nurse, days and times: daily. AFH provider is an LPN
- [ ] Certified nursing assistant or long term care workers, days and times: _____
- [ ] Awake staff at night
- [ ] Other:

ADDITIONAL COMMENTS REGARDING STAFFING
Additional Licensed Practical Nurses on-call if provider is unavailable

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: Frances AFH respects all religions and ethnic practices of our residents. We adjust our care, meals and routine to accomodate their preference for as long as it is safe for client and other residents and staff.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
Our staff speaks fluent english and Tagalog.

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 Franas AFH accepts private and Medicaid payments. We also accept private pay clients that will eventually transition to Medicaid payment with NO minimum month required as private pay. We provide private room to both private and medicaid clients on first come first serve basis on private room availability.

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: In home entertainment like music, TV, nail painting, magazines books and simple puzzle games. We also have outings like shopping, library tours and picnics on summer.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We do not have a specific activity schedule on a daily basis as we have to adjust to changing needs of our diverse clients.