



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

HOME / PROVIDER <b>Blessed Hands AFH LLC- Mary Okello</b>	LICENSE NUMBER <b>750895</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

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. <b>Blessed Hands AFH Mission is to provide care to Vulnerable adults with Love, Compassion and Dignity. The Provider is CNA/Caregiver for over 10 Years who live and participate in the daily running of the home. No pets due to allergy</b>	
2. INITIAL LICENSING DATE <b>04/28/2008</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>3614 W WELLESLEY AVE SPOKANE WA 99205</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>N/A</b>	
5. OWNERSHIP <input checked="" 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:

**Home provide eating assistance to clients cuing them during meals and total assistance with feeding when needed.**

### 2. TOILETING

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

**Home provide toileting assistance by cuing client when using the bathroom and to perform total toileting care for both bowel and urine incontinence.**

### 3. WALKING

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

**Home provide monitoring client when walking, cuing client on using walking device such as walker and wheelchair one person physical assistance.**

### 4. TRANSFERRING

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

**Home provide transfer assistance by monitoring client, cuing client to total transfer one person physical assistance.**

### 5. POSITIONING

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

**Home provide assistance with positioning by monitoring, cuing to total one person assist.**

### 6. PERSONAL HYGIENE

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

**Home provide assistance with personal hygiene by setting up clients personal hygiene, cuing client to total assistance with the task.**

### 7. DRESSING

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

**Home provide assistance with dressing by cuing client to perform the task, set up the to total assistance.**

### 8. BATHING

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

**Home provide assistance with bathing client by cuing to total one person assistance**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We provide all the personal care e.g Trimming nails, and grooming facial hair.**

## 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:

**Home provide medication assistance through Nurse delegation.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**When client need medication to be administered then the home has to provide service through delegation**

**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 provides the skilled nursing services through Nurse delegation.**

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

**Oral, topical, rectal suppository, eye drop/ointment, insulin injection, blood glucose check.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Home has nurse delegation procedures to follow to perform delegated task.**

**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

**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: **Only as needed**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: \_\_\_\_\_
- Awake staff at night
- Other: **Provider is responsible for the care and services of each client at all tome.**

ADDITIONAL COMMENTS REGARDING STAFFING

**Home has caregiver on site at all 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:

**Any background and Speaks English.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We have religious events at our home such as anointing the sick. During this time Catholic priest will visit the home and anoint home bound parishioner with anointing oil. Any request for cultural activities will be accomodated with prior advanced notice.**

**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:

**It is upon resident representative to plan earlier at least 3 months ahead of time in consultation with Department of Social and Health Services social worker on how to apply for Medicaid as payment source. Medicaid eligibility takes time to be approved, initiating the process earlier is very important to avoid late rush which might put you into financial crisis.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Payments for items and activities not covered by Medicaid should be made not later than 5<sup>th</sup> each Month**

**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:

**Sit and be fit exercise, playing cards, planting flowers, meal preparation, celebration of birthdays, watching TV, etc.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**These activities are completely voluntarily. They can be performed by residents who has ability to do so.**