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RCS/Public Disclosure

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
NEW HOPE AFH INC	750990

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. NEW HOPE IS committed to providing each and everyone of our Residents with quality individualize care and Respect. Our staff work to Ensure that dignity and well being of each Residents is addressed.

2. INITIAL LICENSING DATE: 6/27/2008 10/28/2005

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 731 N 204 St Shoreline Wa - 98133

4. SAME ADDRESS PREVIOUSLY LICENSED AS: NEW HOPE AFH LLC

5. OWNERSHIP

- ☐ Sole proprietor
- ☐ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other: Incorporation

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:
1:1 feeding
Tube feeding

2. TOILETING

If needed, the home may provide assistance with toileting as follows:
Toileting schedule; bedpan and urinal use
indwelling catheter
Ostomy care

3. WALKING

If needed, the home may provide assistance with walking as follows: standby to contact guard assist, wheelchair bound

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:
1-2 person transfer
1-2 person hoyer lift
1-2 person sliding board assist

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:
1-2 person reposition in bed or wheelchair

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:
1 person assistance to total care assistance

7. DRESSING

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

8. BATHING

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

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE Respect and dignity comes first in providing personal care of our Residents

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:
Supervision to total assistance that included crushing of meds then give to Residents w/ nurse delegation in place

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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: PT + OT Services we work w/ Home Health agencies that comes to home

The home has the ability to provide the following skilled nursing services by delegation: insulin Injection giving eye drops and ear drops

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

our staff are qualified caregivers and nurse delegated to do nursing task like eye drops suppository, anemo, blood sugar monitoring

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: _____
- ☐ Licensed practical nurse, days and times: ~~2 drivers full time~~
- ☑ Certified nursing assistant or long term care workers, days and times: 2 caregivers livein post
- ☑ Awake staff at night 1 awake
- ☐ Other: Residente Manager lives in home

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)

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

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

asian background is also considered

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 limited to 2 each home

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: music therapy. Range of motion Exercises current events social interaction,

ADDITIONAL COMMENTS REGARDING ACTIVITIES a chair exercise person comes once a wk. and a piano player once a week