



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Win Adult Family Home/ Zaid S. Woldemicael	LICENSE NUMBER WA 751037
--	------------------------------------

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.

An inclusive, welcoming home environment Provideing Quality Services to Elders with Tender Loving care.

2. INITIAL LICENSING DATE

08/08/2008

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

20512 Poplar Way Lynnwood, WA 98036

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- 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:

changing diet to accommodate resident needs, staff will feed resident as needed.

2. TOILETING

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

Resident will be assisted by the caregiver to go to the bathroom to foster continence, night time assistance to use bedside commode, or wearing attends, will be changed as needed.

3. WALKING

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

Resident will be assisted to ambulate as much as possible, care giver will take resident out for a walk daily. If walker or wheel chair necessary we will have the resident use it.

4. TRANSFERRING

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

Staff will assist Resident with transferring from bed, to chair, to toilet as needed. If necessary we have a hooyer lift to assist with transfers for patient and staff safety.

5. POSITIONING

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

When getting ready for bed, patient will be put to bed safely. If needed patient will be turning position during the night to prevent skin issue.

6. PERSONAL HYGIENE

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

Staff encourages independence with personal care and caregiver is on stand by at all time to assiste with bathing, shower, pericare. We are always checking the residents their skin, urinary tract infections, or constipation.

7. DRESSING

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

Resident will be encouraged to select own clothes, and weather appropriate clothes, staff will assist resident at all time.

8. BATHING

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

Shower and hairwash is three times a week or as often as needed, staff will encourage resident to do as much as possible for them self.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff will assist and accommodate residents in any way for dignity and 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:

Staff is able to provide assistance and administer oral medication, drops, and lotions.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medications are ordered from local pharmacy and set up in a bubble pack. If there are any coplication staff will contact Doctors

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:

Medications, nasal spray, eye drop, ear drop and creams.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Staff will call nurse delegation for any new medications to provide teaching, assessment and intervention.

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: _____
- Certified nursing assistant or long term care workers, days and times: **24 hours a day 7 day a week**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Staff accommodate the need of the residents 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:

Not distinguished, Tigrigna Speaking Provider

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

We take medicaid residents.

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:

Activities are arranged depending upon ability of resident, family or care giver takes resident to doctore appointment or outing.

ADDITIONAL COMMENTS REGARDING ACTIVITIES