

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

HOME / PROVIDER <b>Education Hill AFH/Maria Sigheartau</b>	LICENSE NUMBER <b>751174</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.

### 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.

**Education Hill AFH is dedicated to provide knowledgeable, personalized, quality, and compassionate long term care to seniors in a safe and comfortable residential home setting. Provider has over nine years experience in caring for elderly with various medical conditions and needs.**

**2. INITIAL LICENSING DATE**

**12/22/2008**

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

**N/A**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**Education Hill AFH**

**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:

**According to the Client's Assessment and negotiated Care plan, AFH provides eating assistance from supervision, cueing and monitoring to total assistance /feeding the resident.**

### 2. TOILETING

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

**According to the Client's Assessment and negotiated Care plan, AFH provides toileting assistance from supervision, stand by assist, to cueing and monitoring to total one person to two person assist. Changing of briefs/pads and incontinence care of bladder and bowel as needed.**

### 3. WALKING

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

**According to the Client's Assessment and negotiated Care plan, AFH provides walking assistance from cueing and monitoring , supervision, to standby or contact assist for safety, to one person extensive assist.**

### 4. TRANSFERRING

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

**According to the Client's Assessment and negotiated Care plan, AFH provides transfer assistance from supervision, to cueing and monitoring to one to two person transfer assist to Hoyer lift transfer assist. Assistance with transferring in and out of bed, chair, wheelchair, commode.**

### 5. POSITIONING

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

**According to the Client's Assessment and negotiated Care plan, AFH provides assistance from cueing and reminding residents to change position to assisting residents with positioning in bed, chair, wheelchair.**

### 6. PERSONAL HYGIENE

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

**According to the Client's Assessment and negotiated Care plan, AFH provides assistance from cueing and set up to total assist. Combing hair, oral care, brushing theeth, washing/drying face, washing hands and perineum.**

### 7. DRESSING

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

**According to the Client's Assessment and negotiated Care plan, AFH provides assistance from cueing and set up to total assist. Assist to choose and lay out clothing, assist with dressing, undressing, putting on socks and shoes.**

### 8. BATHING

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

**According to the Client's Assessment and negotiated Care plan, AFH provides assistance with bathing from cuing to set up to total assistance.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We offer care to seniors with a wide range of medical needs from minimal assistance to total assist.**

~~AFH is wheelchair accessible and has roll in shower~~

**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:

**Medication administration assistance provided under delegation by a RN. Provides assistance from reminders to assist with medication administration to total assist with medication administration.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**All staff is delegated by RN**

**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:

**Complete set of vital signs, pain management, and as delegated by RN**

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

**Blood sugar checks, simple wounds dressing change, catheter care**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Nurse delegation done by a RN every ninety days, more frequently if needed, as required by Washington State Law**

**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

**We provide care to residents with dementia from early dementia to late stages.**

**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: **lives on site**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24 hours a day seven days a week**

<input type="checkbox"/> Awake staff at night <input checked="" type="checkbox"/> Other: <b>sensor alarms and call buttons are used to notify caregivers when help is needed. When deemed appropriate by the provider, the AFH may have awake staff at night.</b>
ADDITIONAL COMMENTS REGARDING STAFFING <b>Staff is based on the needs of our residents.</b>
<b>Cultural or Language Access</b>
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: <b>American</b>
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS <b>English and Romanian</b>
<b>Medicaid</b>
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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: <b>Direct medicaid clients may be accepted into Home, please contact provider.</b>
ADDITIONAL COMMENTS REGARDING MEDICAID <b>AFH has a Medicaid policy that is disclosed to residents/families prior to admission.</b>
<b>Activities</b>
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: <b>The provider will offer appropriate activities and consider resident's preferences. Music, exercise, walking, local newspapers, table games, magazines, TV.</b>
ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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