



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

HOME / PROVIDER <b>Esther AFH LLC./ Folashade G. Akinlosotu</b>	LICENSE NUMBER <b>751282</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.

**Our mission is to provide high quality service to our residents, focusing on individuals and their needs in a family oriented environment. We encourage the involvement of families in providing care to their loved ones.**

**2. INITIAL LICENSING DATE**

**04/06/2009**

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

**31604 13<sup>th</sup> Avenue S, Federal Way, WA 98003**

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

**N/A**

**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:

**Set up including: cutting up of foods, cueing, supervision/monitoring for choking and 1:1 Feeding as required by residents.**

### 2. TOILETING

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

**Assistance with toileting include: cueing to use the bathroom, changing pads, assistance with the use of commode, bedpans, urinals, and peri-care as needed.**

### 3. WALKING

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

**Standby assist for safety with or without assistive devices like cane,walker, crutches, gaitbelt, legbrace or any other assistive devices. Monitoring and encouraging to be active.**

### 4. TRANSFERRING

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

**We are competent with the use of mechanical lift such as hoyer lift or assist to stand to meet the needs of moderate to total care residents. We can also safely perform 1-2 person transfer from/to bed, wheel chair, toilet etc.**

### 5. POSITIONING

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

**Using draw sheet, pillows, hospital bed, special mattress and wedges etc. to meet clients need or as directed by the PCP.**

### 6. PERSONAL HYGIENE

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

**Set up, hands on assist to guide through task completion, oral care, dry skin care, fragile skincare, bruises, rashes, itchy skin, fingernails, lotion, soaps, skin barriers, etc.**

### 7. DRESSING

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

**Maximum assistance depending on individual resident and their care need.**

### 8. BATHING

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

**Maximum assistance depending on individual resident and their care need.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We promote the independence of our residents, hence, we encourage them to perform as much task as possible. Supervision is maintained to ensure safety.**

## 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 administer medication per State Guidelines, Physician order and Registered Nurse Delegation. Medications are stored in locked storage, documented when given , and we monitor/report side effect if any to the prescriber.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We follow 5Rs of medication administration: Right medication; Right Resident; Right time; Right dosage; Right Route**

#### 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:

**All tasks that can be delegated by a registered nurse. We work with Home Health Providers for services that cannot be delegated.**

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

**All tasks that can be delegated by a registered nurse. Blood Glucose monitoring, topical cream, ear/eye drops and nasal spray etc.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The home has a Registered Nurse Delegator who does medication reviews, updates, skin issues and 90 day supervisory visit**

#### 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.** \_\_\_\_\_
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Awake staff is hired only if needed.**

#### 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:

**The home serve and accommodate all residents as long as he/she can speak and understand english.**

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:

**The home is contracted with Medicaid.**

ADDITIONAL COMMENTS REGARDING MEDICAID

#### 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:

**We strongly encourage our resident to be as active as possible; some of the activities available in the home are: card game, puzzle, monopoly, scrabble, books and extensive tv channels.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We understand that every individuals have varied interest in activities, we try our best to accommodate and personalize it.**

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