



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

HOME / PROVIDER <b>Triple D Adult Family Home / Mahalaxmi Singh</b>	LICENSE NUMBER <b>751311</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.

**Triple D AFH is located at 1708 soth 268 street des-moines wa 98198, This Adult Family Home has 6 beds with 2 bathrooms.Home provide quality care to long term care residents in the community with respect, dignity, privacy and to ensure that the residents rights are respected.**

**2. INITIAL LICENSING DATE**

**05/04/2009**

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

**N/A**

**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:

**Promoting and supervising AND Physical assistance with spoon feed, pureeing and tube feeding if needed**

#### 2. TOILETING

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

**From Encouraging, Promoting and supervising .To Provide complete physical assistance who are ~~are~~ incontinent**

#### 3. WALKING

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

**Encourage and supervise with assistive device. And provide one person total assistance with passive range of motion and exercise**

#### 4. TRANSFERRING

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

**From encourage and Stand by assistance to total assistance and 1 persons, Hoyer lift transfer**

#### 5. POSITIONING

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

**From encourage to change position and Full repositioning assistance every 3 to 4 hours.**

#### 6. PERSONAL HYGIENE

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

**Encourage , supervise and Assist with all personal hygiene tasks such as brushing teeth, combing, wash face nail file etc with respect to client's preference ( foot DR comes every 2 to 3 month)**

#### 7. DRESSING

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

**Encourage and Offer choices, and Provide physical assistance if needed**

#### 8. BATHING

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

**From dailly sponge bath, to Provide physical assistance in scheduled weekly bathing(2 times a week or as needed)**

#### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**personal care provided based on their choices or preferences.**

### 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:

**Nurse delegated to qualified caregivers and follows prescribed Doctor's order Remind and hand the medication to client. document intake of medication.**

## ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**All the medication will be kept in locked storage Observe and assess resident reaction to medication and report to doctor and families**

### 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 18.70 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:

**Diabetic, Insulin, Blood sugar ,Bed ridden, stroke and TBI.**

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

**Administration of medication including insulin,tube feeding, catheter care, blood sugar monitoring.**

## ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**AFH provider will contact nurse delegator and home health agencies to provided needed nursing services**

### 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

**The Triple D AFH provider and staff is skilled in managing people with mental illness and dementia**

### 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: **As needed**
- Licensed practical nurse, days and times: **As needed**
- Certified nursing assistant or long term care workers, days and times: **24 / hours , 7 days a week**
- Awake staff at night
- Other: **Awake staff at night is not available at this time**

## ADDITIONAL COMMENTS REGARDING STAFFING

**The AFH staff have completed the training requirements**

### 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 AFH will Accept all race, gender and religion**

## ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**English,Nepali ,and Hindi****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:

**Home also accept Private residents who become eligible for Medicaid After admission.**

## ADDITIONAL COMMENTS REGARDING MEDICAID

**Home will not accept residents if home cannot meet the resident care needs.**

**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:

**TV , music,book, birthday and holiday celebrations, bingo, scrable game ,sumer BBQ on the back deck**

## ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Home will be providing activities to the Resident His / Her quality of life**

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

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