

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER HARMONIOUS AFH INC / ANAMARIA & ANDREI DAN	LICENSE NUMBER 751361
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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. Built on a foundation of integrity, our philosophy of care contains and reflects strong moral ethics, empathy and professionalism. We are committed to provide a high level of competent services in a custom-built, spacious, distinctive, warm, homelike setting.	
2. INITIAL LICENSING DATE 12/01/2001	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <p style="text-align: center;">HARMONIOUS AFH</p>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: S-CORPORATION	

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:

We offer help from cuing and monitoring to partial / total assistance, including tube feeding.

2. TOILETING

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

We offer help from cuing and monitoring to partial / total assistance.

3. WALKING

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

We offer help from cuing and monitoring to contact / stand by assistance.

4. TRANSFERRING

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

We offer help from cuing and monitoring to partial / total assistance.

5. POSITIONING

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

We offer help from cuing and monitoring to partial / total assistance.

6. PERSONAL HYGIENE

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

We offer help from cuing, setup and monitoring to partial / total assistance.

7. DRESSING

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

We offer help from cuing, setup and monitoring to partial / total assistance

8. BATHING

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

We offer help from cuing and setup to partial / total assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

All rooms are private and five out of six bathrooms have roll-in showers, conveniently accommodating.

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 offer reminders and full assistance with medications administration, per current Care Plan / orders.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We document and keep a log / record of all administered medications.

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 Skilled Nursing Care and Services are provided in home by a WA State Licensed Nurse, as needed. The Nurse Delegation Program, under Washington State Law, allows Nursing Assistants (CNA, CAN, HCA, LTCW, etc) working in our Adult Family Home to perform certain tasks normally performed only by Licensed Nurses.

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

Skilled Nursing tasks / services that we are able to provide by Nurse Delegation in our home include : Oxygen Therapy, Inhalers, Nebulizers, Blood Sugar Monitoring and Insulin Injection Administration (sliding scale), Catheter Care, Medication Administration (including crushing, oral and topical / ointments, eye Drops) and Enteral (Tube) Feeding.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

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

Staff at Harmonious AFH INC have the DD, Mental Health and Dementia Specialty training.

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 / 7 STAFF
- Awake staff at night
- Other: **Awake staff is available during normal sleeping hours based on Residents needs.**

Harmonious AFH INC is owned and operated by Anamaria and Andrei Dan, experienced couple working as a team since 2001. Along with our Staff, we meet or exceed WA State requirements, including the biennial renewal of the Background Check, CPR / First Aid and the annual completion of at least 12 Continuing Education hours. Our Home Doctor visits the house once/month&as needed.

ADDITIONAL COMMENTS REGARDING STAFFING

Generally, we have two Caregivers on the floor during the day and at least one during sleeping hours.

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:

We are not focused on caring for any cultural or ethnic backgrounds in particular. We welcome everybody and will accommodate on a case by case scenario.

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:

We will accept Medicaid payments only after a period of minimum 36 months of Private / LTCI Pay

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 offer a variety of activities, customarily tailored for the clients we serve. Based on their abilities and preference, we always encourage them to participate and look for ways to have them engaged.

Mornings are generally the best time for exercise (active/passive ROM - range of motion) and walking. Board Games, Newspapers/Magazines browsing, Crafts, Bingo, Puzzles...are often activities our clients enjoy around the Dining table throughout the day.

They also spend time watching favorite TV shows and Music programs...

When weather permits, the outside deck is also a pleasant option.

Currently, we have an Activity Director hired to visit the home weekly.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We celebrate birthdays and holidays, encouraging family and friends gatherings / outings.

Please Return the completed form electronically to 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