



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>AMEN AFH / AMEN ADULTCARE, INC</i>	LICENSE NUMBER <i>751367</i>
--	---------------------------------

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](#)

Received

AUG 09 2016

RCS/Public Disclosure

About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p><i>AMEN AFH is a home that is founded to create a safe, comfortable and security to residents / clients / who are looking for home away from home based in their individual needs, believe, faith and for a short receipt care or long term care to live their life in full.</i></p>	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
<i>July 10, 2009</i>	<i>734 N 204th St Shoreline, WA 98133</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
<i>No licensed before</i>	
5. OWNERSHIP	
<input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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: One on one feeding, Tube feeding, mechanically soft foods feeding, and assistance with aspiration and precaution feeding.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: supervision, assist with stand by, one on one assistance, and two person assistance as well as bed pans, and people with total incontinence.

3. WALKING

If needed, the home may provide assistance with walking as follows: stand by assist, one person assistance, two people / CG assistance, assistance with cane, walker, w/c and other special equipment walking assistance device.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: stand by assist / supervision and guiding, stand by assist with gait belt, two O.C.G. transfers with or without transfer pole, sliding board and Hoyer lift.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Guiding and cueing with positioning, using positioning pad, sheet, pillows, side rails / hand rails / or other emblems such as: trapezium, bed side rail, & triangle.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: bathing, showers, Peri-care haircut, nail trims, toe nail trimmer, frequent hand and face washing and grooming.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: one person assist, two person assist, cueing & directing, and accommodating as needed.

8. BATHING

If needed, the home may provide assistance with bathing as follows: set up supplies, monitoring & cueing, assist with getting in & out of tub/shower, physical assistance with bathing with one person or two, tub, shower, bed bath.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We do it daily, as needed & as per personal 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: We follow the guidelines of the state law: As long as permitted by law to AFTH we do all PO, topical

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

inhalers, insulin injections, eye & ear drops as directed by MD, & delegated by a Nurse Delegation.

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:

upon approval by DSHS, should the client is private 24 months minimum

ADDITIONAL COMMENTS REGARDING MEDICAID

Always Negotiation with case workers of DSHS before admission is required. To find out whether the services are fully compensated.

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: Exercises Monday - Friday, ROM, Music therapy once a week, Movie time, Individual preferred activities & outing

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Depend on the individual preferred activities we accommodate them. Eg. YMCA, Elder care, Senior day care, etc

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

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: *Wound dressing, diabetic care, all type of medications with all routes, O2 administration, F/c care*

The home has the ability to provide the following skilled nursing services by delegation: *Blood sugar monitoring, wound dressing, O2 therapy, Tube feeding,*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
I / the provider / also a Registered Nurse has a certification for nurse 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
All our staff are trained with Mental illness & 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: *24^o*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *24^o*
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING
We have awake staff 24^o even at night 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:
The home focused on residents with all back ground & languages.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

No