

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>GOOD HOPE HOME CARE AFH, BILHA KAMITHI</i>	LICENSE NUMBER <i>751488</i>
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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.

*Good Hope provide's Tender Loving Care 24 hours daily.
Our residents becomes a part of our family.*

2. INITIAL LICENSING DATE

11/04/2009

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

NONE

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

NONE

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: *Total assist, 1:1 supervision, set-up, minimal, maximum assist or as per the resident's care plan.*

2. TOILETING
If needed, the home may provide assistance with toileting as follows: *Total assist, scheduled, minimal to maximum assist, independence or as per the care plan.*

3. WALKING
If needed, the home may provide assistance with walking as follows: *1 to 2 persons assist, as needed, scheduled or as per the resident's care plan.*

4. TRANSFERRING
If needed, the home may provide assistance with transferring as follows: *Independence, supervision, Hoyer lift, sit stand, lift 1 to 2 persons assist, total assist or as per resident's care plan.*

5. POSITIONING
If needed, the home may provide assistance with positioning as follows: *Scheduled or as needed assist, 1 to 2 persons assist, total to minimal assist, independent or as per the resident's care plan.*

6. PERSONAL HYGIENE
If needed, the home may provide assistance with personal hygiene as follows: *Total, maximum, minimal assists, supervision, per resident's requests, as needed or as per the resident's care plan.*

7. DRESSING
If needed, the home may provide assistance with dressing as follows: *AS needed morning and evening, total to supervision assist, independence or as per resident's care plan.*

8. BATHING
If needed, the home may provide assistance with bathing as follows: *Independence, total, max min, supervision, assist, daily, scheduled, as needed or as per the resident's care plan.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE
Good Hope will honor resident's choice of time. Resident will be given the choice to decide when he/she wants tasks done.

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:
All medication assistance as allowed by the WAC and regulations

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES
Good hope follows Doctor's orders and nurse delegator oversees all.

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:
Tender loving care 24 hours, individual attention when needed

The home has the ability to provide the following skilled nursing services by delegation:
medication administration, diabetic care, wound care/dressing change

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
Good Hope follows residents care plan and updates accordingly.

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

Good hope accepts ECS and SBS clients

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, on call 24 hrs.
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 12 Hrs ON 12 Hrs OFF
- Awake staff at night Good hope can adjust staffing according to residents needs.
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

ONE Staff each shift unless a resident requires 2 staff assist.

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:

All backgrounds and All languages. May use signs, posters if needed.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Good Hope will respect all residents backgrounds and follow the care plan.

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

Good hope will accept clients that we are able meet their 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). Residents can choose what activities they like/love.

The home provides the following:

Music, Bingo, Ball toss, visit to Lawson garden when weather allows,

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We provide reading, writing material, baking, coloring, TV, exercises.

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