

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>HOUSE OF HOPE / NACIA DYKINIC</i>	LICENSE NUMBER <i>751610</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.

2. INITIAL LICENSING DATE

03/12/2009

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

none

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

759 133 rd. St. So, TACOMA, WA. 98444

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: We take clients who are: regular or diabetic diet, but not tube feeding. We do mechanical soft & puree and we take clients who need to be fed.

2. TOILETING

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

We provide commodes; we assist w/toileting & we do complete care for the bed bound clients.

3. WALKING

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

We assist with transfers; we push manual wheelchairs & we have a hooyer lift.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: We use: hooyer lift, belts, powerchairs, WALKERS.

We assist clients up to 200lb. We assist one to one ambulations.

5. POSITIONING

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

We assist one to one care. We provide positioning for bed bound as needed.

6. PERSONAL HYGIENE

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

We assist with complete bathing, and provide complete pericare for total care clients.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: We provide laundry service in a HOUSE.

We assist and complete dressing for those clients who require.

8. BATHING

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

We assist with complete bathing and provide complete pericare for total care clients.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide assistance & medication administration through a certified nurse delegator this includes insulin injections

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:

oral, subcutaneous insulin, eye, ointments, creams & lotions. No meds, through G.I tubes.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We call the pharmacy & order meds. We make MD appt. & call MD for medic. refills for those clients who need assistance with that.

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: *We take clients with diabetic insulin inject. We take clients with catheters through support of Home Health Services.*

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

Medication administration except tube feeding.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We take hospice clients. We take clients with stage 1 wound care that have Home Health RN for wound care.

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

We provide Dementia care

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: *RN Nurse Delegation*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

We speak English, Ukrainian, Russian

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:

English, Ukrainian & Russian. We have extensive knowledge about Russian/Ukrainian culture.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We are non-smoking environment. We do Kosher, fresh home-made meals.

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:

after 18 monthss of private pay and the family or resident to pay the ad. cost to equal to private rate.

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:

Indoor & outdoor Common Areas, Derotioae ~~Services~~ Services On site.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

visiting nurse. Doctor on call, visiting speech & occupational therapists.

We strive to accomodate various activities based on our clients physical & mental abilities and their preftences. Games, puzzles, Derotioade Services, reading. PATION & flower garden. Upright piano on the floor. ~~the~~