



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Adult Family Home of The North West (Muluwork Dires)	LICENSE NUMBER 751803
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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.
We are dedecated to providing a comfortable, friendly, and loving environment with expert quality care. We believe in providing activities and opportunities for our residents to maintain a happy and helathy lifestyle. We believe that providing personal care and attention in home environment will enhance the quality of life of our residnets. Our home has been designed to provide the comfort and safety of our resident in mind.

2. INITIAL LICENSING DATE 11/05/2010	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 9831 50th ave. W Mukilteo, WA 98275
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4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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:

Helping with feeding, tube feeding, dysphagia diet (pureed , mechanical food, thickened fluid).

2. TOILETING

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

Transfer in and out of toilet, bowel and bladder training, catheter care, osotomy, commode, pedpan, incontinence care.

3. WALKING

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

Assist with walker, using gait belt, arm for support/guidance.

4. TRANSFERRING

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

Hoyer transfer, transfer pole, gait belt, transfer board.

5. POSITIONING

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

Bed and w/c positioning every two hours and as needed, positioning with pillows.

6. PERSONAL HYGIENE

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

Combing hair, brushing teeth, nail care, deodorant, washing face.

7. DRESSING

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

Total assistance, lower extremities, upper extremities, teddy hose, socks, shoes, appropriate clothing for weather.

8. BATHING

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

Total bath, partial bath, sponge bath, standby assist, transfer in and out shower.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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, topical, crushed medication, PRN and wound care all the staff is delegated to do the task.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The AFH use pavillion home care pharmacy, the pharmacy prepare bubble pack and MAR sheet and deliver medication to the home with monthly cycle date

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 AFH have ND and home visit Dr, Podiatrist, and we closley work with providence, Evergreen, Gentiva, Alpha home health services, per Dr. referral and also have home service, lab draw, exray, EKG.

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

Wound care, Bladder irrigation, blood gluucose monitoring, insulin, ulcer care.

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

The Home is licensed for ECS and SBS Mental Health program.

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

ADDITIONAL COMMENTS REGARDING STAFFING

If the ct. required awake staff at night.

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 respect every ethnic backgrounds.

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:

Based on the assesment if we can meet the clients need.

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:

Board game, Puzzles, Bingo, Birthdays, Special Events, Holidays, reading we do have library delevary once a month.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

The AFH offer the activities everyday and will respect the ct if they don't desire to do it.