Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Rimas AFH Inc.- Elena Rimas, RN	**AFH # 752046**

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.

Our mission is dedicated to providing a second home to our residents. We use a holistic approach in serving our clients by supporting the resident's health and well being, their independence, privacy, and outside interests while giving them a safe and comfortable environment.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
09/21/2011	**3 locations for Rimas Adult Family Home Inc.** **Location #1 : 15410 NE 12th Ave. Shoreline, WA, 98155** **Location #2 : 1720 N. 185th St. , Shoreline, WA. 98133** **Location #3 : 1812 N. 189th St., Shoreline, WA 98133**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Rimas AFH since 1998

5. OWNERSHIP

- ☐ Sole proprietor
- ☐ Limited Liability Corporation
- ☐ Co-owned by:
- ☒ Other: **Incorporation**

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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 assistance with feeding as needed, Peg tube management, pureed diet, mechanical soft diet, thickened liquids available.

2. TOILETING

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

Can provide 1:2 person available assist as needed to use bathroom, commode, urinal, bedpan, colostomy care and emptying of catheter bag.

3. WALKING

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

Can provide 1:2 person assist with walking devices such as gait belt, cane, walker, wheelchair and crutches. Assistance includes going up and down the stairs if resident able, and propelling w/c.

4. TRANSFERRING

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

We provide 1:2 person assist with transfers to and from bed, chair, toilet, commode, bath/shower. Trained in using Hoyer lift, pivoting transfers, use of transfer board, use of transfer pole, use of trapeze if needed.

5. POSITIONING

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

Available to provide assistance with reposition and also 1:2 person assist if needed for turning and repositioning

6. PERSONAL HYGIENE

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

We are able to provide total care for all personal hygiene such as washing the face, shower/bathing, applying deodorant/lotion/powder that the resident prefers, assist w/ combing/blow drying their hair, brushing their teeth, cleaning their dentures, nail/foot care,

7. DRESSING

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

We can provide all dressing/undressing needs, assist with choosing appropriate clothing to wear, assist with socks and shoes, tie/fasten buttons, apply leg compression stockings.

8. BATHING

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

We can provide total care for bathing including bed baths, assist with transfers in/out of the shower, assist with shampoo/rinsing/drying hair.

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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:

Our staff can provide supervision or assistance with the residents self administration of medications per MD's orders. We can crush their medication per MD orders. We also have nurse delegated trained staff to inject insulin, apply topical creams/oinment and instilling eye/ear drops/, assist with inhalers and suppositories, manage their oxygen per MD's orders.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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 have an RN to do the initial client assessment, and if needed nurse delegation with supervisory visits for clients needing medication assistance, insulin injections, condition changes.

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

An RN is contracted to provide nurse delegation for a resident that needs assistance with any of their medications including use of injecting insulin, and hospice comfort kit medications administration assistance.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

As an RN provider I require my staff to communicate with me closely in the management of medications.

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

As an RN provider, I am directly involved in the management of any residents with behavior issues and communicate with mental health providers for any further evaluations as needed.

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: **Provider is an RN available on call 24/7 for any issues related to care and management of the residents.**

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☐ Licensed practical nurse, days and times: _____

☒ Certified nursing assistant or long term care workers, days and times: **24hrs/ 7 days a week**

☒ Awake staff at night

☒ Other: **Staffing level is 1:3 residents during the day and 1 to 6 residents during the night.**

ADDITIONAL COMMENTS REGARDING STAFFING

At this location there are 6 residents, 2 staff during the day and 1 alert 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:

We have and welcome all multi-ethnic residents. English is the primary language in the home.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

The home accommodates each residents preferences such as food choices, allergies and sensitivities, caloric needs. We provide respect for all cultural/ ethnic backgrounds and religious beliefs.

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:

The home requires a minimum of 2 years residency as a private pay resident before we would consider accepting the transfer to Medicaid as a payment source should a private pay resident later become eligible for and transfer to the Medicaid program as their funding.

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:

The home provides a schedule of entertainment which includes music and activites such as playing cards, table games like scrabble, playing bingo, puzzles. We offer magazines and local newspapers and the travelling library, books on tape. We celebrate major holidays and each residents birthdays, singing to old music, movie rentals provided, allow household pets upon approval of the landlord.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We also can try to accommodate some family requests such as reading the bible or stories at bedtime for the resident if it is their preference.

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

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