

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>1 St Care Adult Family Home LLC/ Russom Haimanot</b>	LICENSE NUMBER <b>752325</b>
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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 committed treating our residents with the highest level of compassion and professional care in a safe and nurturing environment followed with dignity and independence.**

**2. INITIAL LICENSING DATE**

**10/31/2012**

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

**NA**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**8310 Zircon Drive SW Lakewood, WA 98498**

**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 provide home made fresh foods followed with fresh fruits and desserts.**
- Residents are encouraged to feed themselves**
- Residents are assisted with cutting up their food as needed.**
- Residents challenged feeding themselves are 1 : 1 feed.**

### 2. TOILETING

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

- We cue residents to use bathroom, change pads, and assist using commode, bedpans and urinals.**
- We provide physical assistance to transfer resident using wheelchair, Hoyer lift and Sit-to-Stand.**
- We assist residents who are challenged to dress up and clean themselves after toileting.**
- We are trained to take care of residents with catheter, colostomy and ileostomy bags.**

### 3. WALKING

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

- We encourage residents movements:walk by themselves, using walker and wheelchair.**
- We provide stand by assistance and gate belts for residents with walker.**
- We encourage residents to exercise in a group and walk around the island in the house and if weather allows exercise on the deck that is adjacent to the golf.**

### 4. TRANSFERRING

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

- We provide stand by assistance and gate belts for residents to transfer.**
- We transfer residents to/from bed, wheelchair, toilet and showers as needed.**
- We exercise in group to strengthen the body and enhance transfer.**

### 5. POSITIONING

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

- Positioning resident on a chair, wheelchair and bed in proper body alignment to prevent skin issue every two hours as needed.**

### 6. PERSONAL HYGIENE

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

- Residents are encouraged to take care of their personal hygiene; washing hands, face, brushing teeth or and dentures, grooming, shaving, combing hair and make ups.**
- Residents physically challenged are assisted with their personal hygiene needs.**

### 7. DRESSING

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

**Assistance with choosing clothing, cueing, moderate/total assist with dressing upper and lower body,**

**helping with shoes, socks and ted hoses.**

8. BATHING

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

**Skin assessment with each bathing session, assistance with transfers if needed, supervision, partial/total assist with bathing and moisturizing skin to prevent skin breakdown.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We provide the highest quality of residents care in a safe environment.**

**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:

**Total administration of medication, assistance with administration, reminders as needed based on Health**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Per MD order and RN delegation we assist and administer medications oral, inhalation, insulin and ointment treatments**

**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:

**All medications are assisted on time**

**Administering and monitoring Glucose treatment, skin wound, and urinary catheter based on the Doctors order and RN delegation instruction.**

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

**Administering and monitoring glucose, skin wound, urinary catheter, ointment treatment, colostomy and ileostomy bags.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**We have RN contract as needed for nursing delegation. One to two care givers on the floor depending the number of residents at the AFH**

**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 care givers are highly qualified and have worked within the adult family home for a long time**

**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 on call
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other: **Residents are provided with call buttons.**

ADDITIONAL COMMENTS REGARDING STAFFING

**All nursing staffs are licensed with WA State credentials .**

#### 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 are able to accommodate all cultural and ethnic backgrounds, ethnic foods, diets, and preferences upon request**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We are able to accommodate all cultural and ethnic backgrounds, ethnic foods, diets, and preferences upon request**

#### 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 adult family home accepts residents based on the level of care and the adult Family Home is capable to meet the residents 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:

**We believe in promoting independence hence daily activities are a priority. We offer: Exercise, walking, orientation to the day, newspaper, coffee/tea parties on our sunny deck, and prayer meetings with volunteers from church.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We celebrate all holidays and birthdays, once a month live music, card games, art and bingo.**