



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

HOME / PROVIDER <b>From our Heart AFH</b>	LICENSE NUMBER <b>752435</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 \_\_\_\_\_ of Washington Administrative Code.

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Received

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RCS/Public Disclosure

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. <b>Our mission is to provide the best care possible and to meet all our residents needs and make them feel like their second home. To provide security and help them with activities of daily living where they are having challenges.</b>	
2. INITIAL LICENSING DATE <b>06/13/2016</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>4414 W Shawnee AVE Spokane WA 99208</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>4414 W Shawnee AVE Spokane WA99208</b>	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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:

**Feeding the resident, planning menu including resident in menu planning.**

#### 2. TOILETING

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

**We provided stand by assist, bedside commod, Help change brief and clean the resident when needed.**

#### 3. WALKING

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

**Caregiver will assist with walking when needed either by walker push the wheelchair or stand by assist. We will provide therapy when instructed to do so.**

#### 4. TRANSFERRING

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

**We will transfer resident from surface to surface either by sit and stand, hoyer lift or using gait belt.**

#### 5. POSITIONING

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

**When resident require repositioning the caregiver is available to do so according to the doctor's order.**

#### 6. PERSONAL HYGIENE

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

**The caregiver will provide assistance with pericare, dental care as needed.**

#### 7. DRESSING

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

**The caregiver will help with dressing according to the need of the resident by full dressing, help with set up assist or percial assist.**

#### 8. BATHING

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

**Caregiver will bath resident 2 time per week and as needed and according to their careplan.**

#### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**The facility has hair dresser that comes once per month. client is responsible for the payment.**

### 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:

**The home will assist with medication and insulin injection according to the doctor's order. Medication are delivered to the home from the pharmacy.**

#### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**The home has trained caregiver to administer medication, home has MAR that explains how meds are given. Caregiver are deligated to pass various medication, PRN and eye drops.**



### 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 home has skilled nurse and home health doctor that comes once per month. Also The facility have certified nurse that does nail care for residents with diabetic. We have nurse delegation services.**

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

**PRN medication, eye drops, narcotics drugs, Insulin injection.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**We provide end of life care through Spokane hospice 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

### 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: **once per month or as needed**
- Certified nursing assistant or long term care workers, days and times: **24/7**
- Awake staff at night
- Other: **Caregiver is available at night.**

ADDITIONAL COMMENTS REGARDING STAFFING

**The home has wireless call bell for the resident to call caregiver for help also we provide bed alarms that are wireless**

### 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 will accept any client from any background as long as we can meet their needs (English) is the only language that is used in the facility.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**The home can provide an app to traslate mojar languages.**

**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:

**If we can meet their needs.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**The facility has contract with state of Washington.We accept medicaid residents.**

**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:

**Baking,minor cooking ,Readng materials,Audio books,Movies,Coloring,ball playing,puzzles,word crossing,**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Home can arrange adult day health for residents to visit with other people.Familie are encouraged to take their loved once for outings when possible.**

Please Return the completed form electronically to

The form may also be returned by mail at:  
RCS – Attn: Disclosure of Services  
PO Box 45600  
Olympia, WA 98504-5600