

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER AMAZING LOVE AFH	LICENSE NUMBER 752589
--	---------------------------------

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.

Table of Contents

- [About the Home](#)
- [Personal Care](#)
- [Medication Services](#)
- [Skilled Nursing Services and Nursing Delegation](#)
- [Specialty Care Designations](#)
- [Staffing](#)
- [Cultural or Language Access](#)
- [Medicaid](#)
- [Activities](#)

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.

At Amazing love AFH we pride ourself in proving a competent loving care to all residents that we care for at the home. we have experience caring for complex patients and the home is managed by RN that has experience in home health, acute and long tem care nursing and Mental Health.

2. INITIAL LICENSING DATE

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other:

Personal Care

“Personal care services” meansboth physicalassistance 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:

The home follow doctor's orders and speech therapies orders with input from residents in meal planning and scheduling. Home will make arrangements with client and their families to accommodate special meals. Diets that are not covered by insurances and special diets that are not part of the home regular meal plan that creates additional cost will be the responsibility of the family to provide. Resident, resident's family and DSHS case managers will be responsible for providing special meals.

2. TOILETING

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

We follow the recommendations as outline in the care assessment and care plan. JOSEPH will continue to assess the assistance need for toileting and will update the care plan as needed. we can provide independent, minimum to moderate assist as required. If the toilet assistance increases above the assistance level mention, the home will require additional staff and rate increase to cover the additional cost of care for private clients . Dshs will be notify for change in condition assessment.

3. WALKING

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

We follow the recommendations as outline in the care assessment and care plan. JOSEPH will continue to assess the assistance need for walking and will update the care plan as needed. we can provide independent, minimum to moderate assist as required. If condition change, requiring more assistance as mention, the home will require additional staff and rate increase to cove the additional cost of care for private clients and Dshs will be notify for change in condition assessment for medicaid

4. TRANSFERRING

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

We follow the recommendations as outline in the care assessment and care plan. JOSEPH will continue to assess the assistance need for transfering and will update the care plan as needed. we can provide independent, minimum to moderate assist as required. If condition change, requiring more assistance as mention, the home will require additional staff and rate increase to cover the additional cost of care for private clients and Dshs will be notify for change in condition assessment.

5. POSITIONING

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

We follow the recommendations as outline in the care assessment and care plan. JOSEPH will continue to assess the assistance need for positioning and will update the care plan as needed. we can provide independent, minimum to moderate assist as required. If condition change, requiring more assistance as mention, the home will require additional staff and rate increase to cover the additional cost of care for private clients and Dshs will be notify for change in condition assessment.

6. PERSONAL HYGIENE

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

We follow the recommendations as outline in the care assessment and care plan. JOSEPH will continue to assess the assistance need for personal hygiene and will update the care plan as needed. we can provide independent, minimum to moderate assist as required. If condition change, requiring more assistance as mention, the home will require additional staff and rate increase to cover the additional cost of care for private clients and Dshs will be notify for change in condition assessment.

7. DRESSING

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

We follow the recommendations as outline in the care assessment and care plan. JOSEPH will continue to assess the assistance need for dressing and will update the care plan as needed. we can provide independent, minimun to moderate assist as required. If condition change, requiring more assistance as mention, the home will require additional staff and rate increase to cover the additional cost of care for private clients and Dshs will be notify for change in condition assessment.

8. BATHING

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

We follow the recommendations as outline in the care assessment and care plan. JOSEPH will continue to assess the assistance need for bathing and will update the care plan as needed. we can provide independent, minimun to moderate assist as required. If condition change, requiring more assistance as mention, the home will require additional staff and rate increase to cover the additional cost of care for private clients and Dshs will be notify for change in condition assessment.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Additional personal care can be negociated with home if approved by dshs laws and paid for my the client

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:

Medication assistance/administration is provided by the staff. The home ensures all medication are available and administered as ordered. Joseph Nurse delegates staff to administer medications to clients who cannot administer their own medications at no cost to the client or state. Private delegation will be the responsibility of the client. Medications can be administered by a family member or legally appointed resident representative. Resident or family will purchase any medication not

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

covered by insurance. All medications will be locked in the med cabinet in the kitchen.

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:

Joseph manager of the home is a RN and delegates staff to provide medications administration, diabetic care , blood sugar checks and insulin administration. The home can provide any nursing care that is approved by DSHS wacs for adult family homes, mananged and supervise by Joseph RN such as wound care, catheter care, tube feeding, trach care, oxygen and breathing treatments and much more.

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

Diabetic care, dressing changes, tube feeding, nebulizer treatments, oxygen administration, pain patch application, pain cream application, catheter care, medication administration, hospice care and hospice medication administration, and tracheostomy 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

Provider and staff has experience caring for psychiatric and complex clients and late stage dementia clients. Home is ECS certified managed by Joseph who has psychiatric nursing experience.

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: **Available 24 hour on call**

Licensed practical nurse, days and times: _____

Certified nursing assistant or long term care workers, days and times: **1 staff available at all times, 24 hours, and 1 additional staff to help in the mornings**

Awake staff at night

Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

12 hour shifts

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 can provide services to anyone that can understand English .The home can collabroate with family and clients if they have a different cultural and ethical background to meet their culturally competent needs.

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:

Private pay residents are required by Amazing Love AFH to notify Amazing Love AFH 60 days before their private funding will be unavailable and when they apply for Medicaid funding. The home

admits client that have already establish medicaid funding through DSHS and already have financial arrangements set for payement to the home including perticipation cost. The home will request financial letters to be send to the home to ensure the client has funs to cover particapition costs.

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 will provide and promote activities of clients choice, which are consistent with the client’s care plan and functional capacity. participation is optional. Group and individual activities are provided, including but not limited to daily exercise, home movies, Dominos, yahtzee, storytelling, TV events, and cards. Residents wanting special individual activity assistance, such as outings to a movie, special events and need accommodation will be charged an additional fee, (\$20.00 per hour) for additional staff to accompany outside of a scheduled facility activity for private residents. The home will coordinate with Medicaid resident’s case managers to arrange for any requested special events not included in the home schedule events that will create additional cost to the home

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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