



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Kajetu Tona</i>	LICENSE NUMBER <i>752673</i>
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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.

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

Received

SEP 16 2015

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.

KJ Adult Family, provide safe and joyful environment by attending 24 hours with all resident need, Feeding, bathing, cleaning and by involving all resident's in community activities, such as shopping and visit the nearest mall once a week.

2. INITIAL LICENSING DATE

07/16/2014

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" 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: *cutting all foods to smaller pieces and feed resident if needed. Also blend if resident can't chew. attend to resident while eating and direct supervision at all time.*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *will clean up resident, assist with wipes and wash all body if needed. Also take client to bath room and also escort out if needed.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *Escort to living room, toilet or to groceries as client desire. push wheel chair or hold hands to walk or sit down.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *using belts if needed, transfer from bed to wheel chair or from living room chair to wheel chair and from lunch room table and from car to home!*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *client can be positioned every 2 hours or less if needed. in bed on out of bed also in the living room if they are sitting on couch more than 2 hours.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *give shower every other day if client has interest getting shower every day. we will provide that daily and apply shampoo, lotions and deodorants. Also clip*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *daily when the wake up and also when the go back to bed, change to pajamas. put socks on clothes as client need.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Wash all body daily if needed or every other days. Shampoo hair, lotions, deodorant and clip Nails. also apply fragrance if client desire!*

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: *any oral, topical drops, injection with nurse delegation as needed. 24 hours.*

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: *For any nurse delegation, we have nurse 24 hours a day for any required prescription*

The home has the ability to provide the following skilled nursing services by delegation: *oral, topical drops and injections.*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

there is nurse not comes to home to provide any service that are not done by care givers 24 hours a day 7 days a week.

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: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night
- Other: *no*

ADDITIONAL COMMENTS REGARDING STAFFING

We will provide additional staffing if needed.

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) *Yes, we provide nutrition meals also anything resident request.*

The home is particularly focused on residents with the following background and/or languages: *Yes, speak English at all time to them.*

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:

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). *Movie night, Grocery Shopping, going to library and exercise*

The home provides the following: *Take all residents out on Piked trip and grocery and personal shopping.*

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