

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER AATMA Adult Family Home, LLC/Maha Asre	LICENSE NUMBER 752755
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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](#)

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 value and respect each individual clients. We are committed to providing our clients with a safe living environment. We will continue to be positive, compassionate, respectful and have a helpful relationship to each of the clients . To provide clients with the highest quality of care to meet their needs.	
2. INITIAL LICENSING DATE 11/10/2014	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: ERP Adult Family Home, LLC	
5. OWNERSHIP <input 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:

Ensure that food is cut into small pieces for clients who cannot chew their food well, Feed clients who cannot independently feed themselves and observe clients while eating their meals to avoid choking. Puree clients food per doctor's order.

2. TOILETING

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

Hand the client toilet paper to use as appropriate. Place a commode/urinal/bed pan (as needed) by the bed. Incontinent clients will be monitored and changed every 2-3 hours or as needed. When transferring client to toilet - stand by assist.

3. WALKING

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

Assist client and make sure that gait belt is used while walking clients, Clear all hallways and make sure there is no clutter, also check that clients are wearing no skid socks/shoes. Also help client using walkers and stand by assist.

4. TRANSFERRING

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

Stand by assist, assist with sliding boards, one person assist to wheel chair, Assist client with getting in and out of bed, wheelchair, shower and car. Clear all hallways and make sure there is no clutter. Assist clients with ambulation and mobility around the house or outside (doctor's appointments, walks etc.)

5. POSITIONING

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

Position clients every 2 hours in bed or wheel chair, place pillows between legs or position with cushion or wedges or rolled sheets that are tucked along the residents hips or thighs to prevent legs from turning. Observe for any skin irritations.

6. PERSONAL HYGIENE

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

Assist clients with personal care: bathing and grooming, dressing, toileting, and exercise, trimming nails, shaving, foot care and skin care.

7. DRESSING

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

Ask clients for choice of clothes, assist with partial and total dressing including buttoning, zippers. Dress clients according to weather appropriate.

8. BATHING

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

Bed bath with total assist, use shower chair & non skid shower mat, check water temperature, assist with shampooing & ensure eyes are protected from soap, wash client's feet and back, only exposing the part of

body when bathing or dressing or any other care. Assist with towelling client and drying between feet/fingers.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Knock on door before entering client's room. Watch for resident's privacy - close doors, pull curtain & window blinds, only expose the part of body when bath or dressing or any other care. Shower clients 3

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:

Meds must be legally authorized by physician only. We make sure to follow MD's order for time, dose, route, client and record on MARS. Monitor clients while taking meds to prevent choking.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Ensure that the staff delegated by the delegation RN can only perform the task. Caregiver will store medication in an appropriate storage area and keep door locked at all times. Caregiver will re-order

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:

Total care, hospice care and diabetic patients.

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

Pass meds, tropical ointment, blood sugar check, eye ointment, ear drops, insulin injection, inhalers, foley catheters and PRN meds.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Skilled Nursing Services - ROM, Exercise, check for bedsores, ambulating with fw walker & gait belts.

~~Nurse delegator comes every 3 months for review. All new orders are sent to nurse delegator for~~

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

Be calm, avoid overstimulation of light and noise. Remove sources of agitation.

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: **Registered nurse if needed.**

- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **7 days per week, 24 hours**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Provider is always on the site 7am to 7pm. Night staff is on site from 7pm to 7am.

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:

American, English, Indian and Chinese

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

If the home can still provide the care at the rate paid by 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:

Singing, watching television/games, exercises, playing cards, puzzles, crosswords, birthday parties and holidays and coloring.

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