



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Mon Amie AFH/Gabriela Slutu</b>	LICENSE NUMBER <b># 752877</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.

**Mon Amie AFH has the goal to ensure that all residents will be kept safe and healthy and will receive the best care that they deserve. Compassion, kindness, love, wonderful care will be always found in this home! Welcome!**

**2. INITIAL LICENSING DATE**

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

**None**

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

**None**

**5. OWNERSHIP**

- Sole proprietor
- Limited Liability Corporation
- Co-owned by: \_\_\_\_\_
- Other: **S-Corporation**

## 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:

**Three nutritious meals daily, snacks and beverages. Special dietary needs will be accommodated. Individual food preferences will be taken into consideration. Trained staff will be always in place to assist.**

### 2. TOILETING

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

**Assistance with toileting will be available as needed and as indicated in the Negotiated Care Plan.**

### 3. WALKING

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

**Assistance with walking will be determined per Resident condition on admission and discussed with family/Representative.**

### 4. TRANSFERRING

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

**Transferring will be available and done by a trained staff so many times as indicated in the Negotiated Care Plan.**

### 5. POSITIONING

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

**Assistance will be always available and as needed and will be determined per levels of care on admission, care changes and skin condition.**

### 6. PERSONAL HYGIENE

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

**Grooming: Hair should be groomed daily and as needed, and shampooed weekly.**

**Hairdresser is available for pers/cuts/sets at resident's expense.**

**Nail & Podiatry Care: Fingernails are kept clean and at reasonable length. Outside services available for foot care at Resident's expense.**

### 7. DRESSING

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

**Residents will have help with dressing as much as their Negotiated Care Plan indicates.**

### 8. BATHING

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

**Assistance is available once a week and when is need and will be determined per levels of care on admission, care changes and skin conditions.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Bedding/Linens: Furnished by Mon Amie AFH, or can be brought from resident's home.**

## 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:

**Staff that does meet the qualifications for medication administration will be in place 24-hours 7 days per week.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Everything will be done as indicated in the Negotiated Care Plan**

#### **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:

**Nursing services are available as follows: The home has a Registered Nurse Delegator who trains and does supervision for the Caregivers for special task ordered by Physician**

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

**Checking blood glucose levels and other skilled tasks**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**These services are an extra charge to the Resident/Responsible Party.**

#### **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

**The Facility will ensure that appropriate professionals provide needed services to the Resident.**

#### **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: **Nursing services are available. The home has a Registered Nurse Delegator who trains and does supervision for the Caregivers for special task ordered by Physician when there is a need or a change in Resident's condition.**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24-hour staffing coverage 7 days a week.**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

None

**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:

**Mon Amie AFH does not discriminate against any nationalities and people with different backgrounds are welcome.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Except English language, provider speaks also roumanian and russian 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:

**Mon Amie AFH accepts private pay and Medicaid residents. A resident who needs to convert from private-pay to Medicaid must: 1 Pay privately for minimum three years prior converting to Medicaid and he/she can keep the same private room; 2 If the Mon Amie AFH client has less than minimum three years of private-pay and he/she converted to Medicaid, but family/legal representative want to retain a private room, they may do so by financially supplementing what the state does not cover for a private pay. 3. Private-pay clients converting to Medicaid while living in a bedroom**

ADDITIONAL COMMENTS REGARDING MEDICAID

*or must executing the rep. of the Medicaid, who do not wish to provide supplementation will be required to move into a Medicaid unit. At that time, there is not a Medicaid unit, then the resident will remain in the same bedroom till one Medicaid unit is available.*

**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 facility will have activities such as arts and crafts, exercise, baking, music and games, videos and movies are also available. Occasional day trips may be planned for Residents with transportation provided by the Provider. Residents may occasionally eat outside as weather permits.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We also celebrate Resident Birthdays by decorating and preparing a special meal.**