

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

HOME / PROVIDER <b>Abby" Adult Family Home / Emnet Ghebru Teckle</b>	LICENSE NUMBER <b>752911</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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<b>About the Home</b>	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p>	
<p>2. INITIAL LICENSING DATE</p> <p><b>07/09/2015</b></p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	

## 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:

**Staff will assist and up to full assist the resident with eating meals, food puree, and cutting food in manageable pieces**

### 2. TOILETING

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

**Stand-by assist to full assist and incontinent care**

### 3. WALKING

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

**Stand-by assist and cueing the resident to use mobility devices as needed**

### 4. TRANSFERRING

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

**The staff are capable to fully assist residents in transfers with the use a gait belt or verbal communication physical guidance. The facility is not equipped with transfer devices, such as sit-to-stand or Hoyer Lift. Staff are trained to use the device if a resident has the device.**

### 5. POSITIONING

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

**Staff assist residents to get into a comfortable position and can reposition residents every two hour when they are assessed for this need.**

### 6. PERSONAL HYGIENE

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

**Staff can assist residents with personal hygiene from gentle reminders to full assistance.**

### 7. DRESSING

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

**Staff will assist residents with dressing from stand-by assist to full assist and ensure the resident is dressed for the weather conditions, unless the resident prefers otherwise.**

### 8. BATHING

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

**Unless it's an emergent situation, showers are generally between the hours of 9AM to 11AM then 1PM to 5PM. Staff can fully assist assist with showers or stand-by assistance.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**The home encourages residents to remain as independent as possible for as long as possible.**

## 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 are qualified to administer medications to residents, as well assist them with medications. Assist includes, giving the resident their medications at the prescribed time, tracking their medications, and medications are refilled automatically through Edmonds Pharmacy. Staff are also qualified to assist residents with insulin.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medications must be in locked storage.**

#### **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 facility has a contract with a registered nurse who visits the facility on a regular basis. The facility also works with hospice agencies if a resident is in need of this service.**

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

**Nurse delegation means a registered nurse transfers the performance of selected nursing tasks to competent and qualified nursing assistants. Staff at Abby's AFH are competent and qualified to perform certain nursing tasks through nurse delegation, and the facility contracts with a RN for nurse delegation. The cost of these services would be the responsibility of the resident.**

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

**The home has a Expanded Community Services and Specialized Behavioral Services Contracts with DSHS.**

#### **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: **Full time** \_\_\_\_\_
- Awake staff at night

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

#### 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 does not discriminate and complies with all applicable state and federal laws with respect to age, race, color, national origin, ancestry, religion, sex, handicap, domestic partners, or disability.**

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:

**The home requires residents who are using private funds to use private funds for a minimum of six months before transitioning to the Medicaid Payment system. A 90-day written notice is required prior to transferring to the Medicaid Payment system.**

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 offers activities that are designed to meet the resident's preferences, examples are crafts, movies, entertainment, parties for various occasions, games, cooking, daily news, and outdoor activities.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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