



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ἀγάπη Kelly's Agápē Family Care, LLC	LICENSE NUMBER 752990
--	---------------------------------

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. ἀγάπη Kelly's Agápē Family Care, LLC is the perfect answer to your adult assisted living needs. For your elderly loved one who is no longer able to live independently at home. ἀγάπη Kelly's Agápē Family Care, LLC offers a cost effective and pleasant alternative to high cost nursing homes. We serving residents with needs ranging from supervision to total care. Your loved one can enjoy personalized care in a great atmosphere.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 4806 Kalahari Drive, Pasco, WA 99301
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> <u>Limited Liability Corporation</u> <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	

page 84

If needed, the home may provide assistance with eating as follows: **Prepare and serve food - Home cooked meals, feed client, support modified diets per PCP (i.e. diabetic, mechanical, puree, etc.) cue client while eating, support clients with feedings tubes. All feeding assistance supported (i.e. cueing, assist, total, tubes, etc.)**

2. TOILETING

If needed, the home may provide assistance with toileting as follows: **Assistance with all toileting needs (i.e. Occasional assistance by caregivers, full/total toileting assistance by caregivers as per negotiated care plan. Assistance with cleansing catheters, peri-care hygiene, toileting every 2 hour, assistance with ordering incontinence supplies.**

3. WALKING

If needed, the home may provide assistance with walking as follows: **Assistance with ambulation, by way of caregiver staff, Hoyer, sit-to-stand lift, walker, etc. We encourage residents to assist with ambulation as much as possible**

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: **All transferring assistance provided: partial/occasional assist, total assist, 1 and 2 person transfer; Hoyer, sit-to-stand, etc.**

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: **All positioning and re-positioning assistance provided: partial/occasional assist, total assist with repositioning every 2 hours.**

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: **All personal hygiene provided: independent to supervision, cueing, partial to full assistance. Assist with brushing teeth and denture care, (am and pm) assist with shaving and/or total assistance with shaving. Nail care provided for diabetic by qualified staff.**

7. DRESSING

If needed, the home may provide assistance with dressing as follows: **All dressing assistance provided: independent, assistance, supervision, guidance, cueing and/or total assistance. Clothes and linens are laundered regularly and when soiled.**

8. BATHING

If needed, the home may provide assistance with bathing as follows: **All levels of bathing assistance provided: independent, cueing, guidance and/or total to sponge bath as resident desires and/or tolerates.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE *ἀγάπη* **Kelly's Agapé Family Care, LLC meets all residents needs, large single rooms decorated to residents liking, furnished or unfurnished rooms, spacious showers.**

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: **All medication assistance is provided; independent to total administration. Crush orders are followed. Delegating nurse, delegates medication administration to staff task as needed.**

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: **Monitor blood sugar/sliding scale blood sugar, insulin injections, PEG tube feeding, Ostomy care, non-sterile simple wound care, medication administration by mouth, ear, eyes, nose, skin, sprays/inhalants, crush order for medications.**

The home has the ability to provide the following skilled nursing services by delegation: **Monitor blood sugar/sliding scale blood sugar, insulin injections, PEG tube feeding, Ostomy care, non-sterile simple wound care, medication administration by mouth, ear, eyes, nose, skin, sprays/inhalants, crush order for medications.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION *ἀγάπη* Kelly's Agapé Family Care, LLC provides care for individuals with minimal assistance to total care/bed bound residents/hospice. The facility also provides care for ambulatory residents to residents with wheel chairs and lifts.

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 All staff have current and valid First Aid/CPR, Food Handler's Card, Dementia and Mental Health, Developmental Disabilities Specialty Training, Nurse Delegation with special focus on Diabetes, current continuing educations.

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: On Call RN. Every 3 months and as needed.
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Provider works alongside staff and easily accessible.

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: **Any background and/or language. Residents must be able to speak and understand English to communicate with staff or provide a translator.**

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 – **Medicaid rates and services determined by Home and Community Services. αγάπη Kelly's Agápē Family Care, LLC accepts private clients as well.**

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: Activities such as: coloring book, crafts, music (i.e. piano, sing-along songs, radio, etc), nail painting, drawing pictures, reading books, bible study, communion, passive range of motion/ therapeutic exercises, Bingo, cookouts and more.

ADDITIONAL COMMENTS REGARDING ACTIVITIES **αγάπη Kelly's Agápē Family Care, LLC encourages residents to attend Adult Day Care/Senior Center.**

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