



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER Lamin LK Sanneh | LICENSE NUMBER 753054 |
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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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Provider Statement: At Mariama Adult Family Home, our approach to care is holistic. We understand that everyone is distinct and every individual has choices and preferences. As a result we work diligently and patiently with each of our residents to meet their individual needs. The core of our care is kindness, respect and compassion. Aging and loss of ability to care for oneself is a worrisome time in life. We understand all these from our many years of experience working with people in long term facilities and at the hospitals. Besides our ability to provide individualize care, Lamin Sanneh, Resident Care Manager at Mariama Adult family home is a practicing Registered Nurse at a local hospital. Lamin has extensive care knowledge on resident assessment, safe medication administration both orally and intravenously, and medication side effect recognition. Tube feeding care, Foley Cather insertion and care, to name a few. Lamin is also trained and certified in Basic and Advanced Life Support, First Aid, Mental Health, Dementia Care, and Developmental Disability care. Since health care is dynamic and constantly changing, to provide care in that regard, we constantly do in-service training for our staff so as to provide optimal individualize resident care.

If needed, the home may provide assistance with eating as follows:
We provide feeding assistance as needed and appropriate

2. TOILETING
If needed, the home may provide assistance with toileting as follows:
We provide toileting assistance as needed.

3. WALKING

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

Walking and other physical activity will be provided as necessary

4. TRANSFERRING

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

Transferring will be provided as necessary and appropriate

5. POSITIONING

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

Positioning in seat and bed will be provided to prevent pressure sores.

6. PERSONAL HYGIENE

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

Oral, denture and grooming is provided daily and as needed.

7. DRESSING

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

Dressing is provided as needed.

8. BATHING

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

Help with bathing as needed and appropriate

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The goal in providing personal services is to facilitate the highest level of independence possible for each resident commensurate with the resident's mental health and physical capabilities. The pre-admission assessment will provide a baseline for determining what degree of assistance, if any, is required in each of the following areas. In addition, a resident's right to self-determination will impact the level and degree of assistance accepted.

Services include but are not limited to:

1. Oral hygiene and denture care daily.
2. Light sponge bathing daily or as needed.
3. Showers weekly and as required or requested.
4. Dressing and undressing, cueing and assistance.
5. Assistance with eating if needed.
6. Transfer assistance with sitting, standing, positioning, showering, Toileting, etc.
7. Stand-by assistance with locomotion, bladder/bowel program.
8. Incontinence care: services available such as a toileting schedule.
9. Finger and toenail care is provided for residents when there is no medical contraindication (such as infection, diabetes or circulatory problems). If specialty nail care is required a podiatrist or nail specialist will be contacted. However, the resident and/or resident's family will be responsible for the cost of specialty nail care.

10. Personal grooming services such as haircuts, perms and beauty salon services may be provided by the AFH at a nominal fee. If not, this service must be arranged by the resident's family and the cost will be the responsibility of the resident and/or legally responsible party.

NOTE: Cost of personal care supplies and incidentals are not included in the monthly fee. The cost of incontinence supplies (briefs, depends, pads, baby wipes as needed, gloves), toiletries, personal hygiene items, deodorants, body powder, specialty soaps, creams, moisturizers and lotions, hair spray, comb & hair brush, make-up, denture cleanser & adhesive, denture cups toiletries, mouthwash, dental floss, toothbrush, toothpaste, nail clippers/nail file/emery board, razors/razor blades, shaving cream, undergarments, replacement of clothes, etc., are the responsibility of the resident or legally responsible party. Arrangements can be made to include specialty items in the monthly fee for service rate. **The AFH will supply stock items such as soap, shampoo and conditioner, lotions, moisturizers, paper products such as toilet paper and Kleenex, Q-tips, etc.**

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:

1. The process of Nurse Delegation for medication administration will be made available as needed.
2. Cost for personal medications and related supplies are the sole responsibility of the resident or their representative.
3. All medications (prescription and over the counter) must be kept in locked storage.
4. Medications are set up by the pharmacy in a dispensing package according to the physician's orders.
5. Caregivers will assist residents with self-administered medications as directed which consist of reminding resident to take medications at appropriate time, pouring medication in a cup or handing medications to the resident for self-administration.
6. Assisting a resident with medication management will be in compliance with Washington State Law and regulations.
7. When it is determined that a resident can no longer "Self Administer" their own medicines, Nurse Delegation will be set up to facilitate Medication Administration as required by Washington State Law. In the event that a licensed nurse is not available to administer medication or treatments these tasks can be delegated to a Nursing Assistant registered or Certified within the parameters allowed by law. Nursing assistants may perform the following tasks, when delegated by a registered nurse:
 - (a) Oral and topical medications and ointments;
 - (b) Nose, ear, eye drops, and ointments;
 - (c) Dressing changes and urinary catheterization using clean techniques;
 - (d) Suppositories, enemas, and ostomy care in established and healed condition;
 - (e) Blood glucose monitoring;
 - (f) Gastrostomy feedings in established and healed condition,
 - (g) Other nursing tasks at the discretion of the Registered Nurse.
8. After medication is taken by a resident, the medication taken will be documented/charted into a medication administration record (MAR). A list of all medications taken by every resident is kept on file.
9. All medications taken by residents (including over-the-counter drugs, vitamins and herbal medications) must be ordered by a licensed health care provider (HCP) qualified to prescribe medications dispensed by a licensed Pharmacist.
10. Residents will not be given medications or drugs brought in by family members, legal representatives or friends that were not prescribed by the doctor or other health care provider (HCP).
11. Residents may choose their own pharmacy. Hopefully, the resident's pharmacy of choice will deliver the medications directly to the AFH. Otherwise, the person's legal or personal representative must pick up and deliver the medications to the AFH in a timely manner to ensure medication administration times are not interrupted.
12. The provider or designee will call for or fax refills and have them delivered as ordered by the attending physician.

13. Receipts for medications will be kept on file and submitted to the resident or legal representative upon request. If not requested by the end of the calendar year, receipts will be discarded.
14. The cost of all medications (prescription and over-the-counter) and supplemental food items such as Ensure, is the responsibility of the resident, family members or legal representative.

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:

The HOME CARE is a supervised home, 24 hours/day, seven days a week. There is a 24 - hour provider staff coverage. Level of skilled nursing care accepted will be determined by the overall acuity of the household and the ability of the provider to provide for the skilled nursing needs for all residents. Nursing services may include:

- 1) Pre-admission assessment completed by a provider outside the facility prior to resident moving into the Home care at the resident's expense.
- 2) A Negotiated Care Plan.
- 3) Ongoing daily health evaluations and assessments as needed by a registered nurse or other health care practitioner.
- 4) An annual re-assessment and a re-assessment anytime there is a change of circumstances as required by Washington State law is the responsibility of the client or legal representative.
- 5) Planning and coordination of care with the primary care provider is completed by the home care provider.
- 6) Verbal and facsimile communication with health care providers are involved in your care. We request that all orders made by your primary care physician be in writing and faxed to the home care.
- 7) The process of Nurse Delegation according to the WA State Laws is provided in an HC setting. Caregivers may oversee and assist residents when taking all medications. This process is called "Medication Assistance". If direct "Medication Administration" is required because the resident is unable to take the medication independently, it must be done under the direct supervision of a registered nurse through the Nurse Delegation process.
- 8) Management of skin care program, as necessary.
- 9) Simple non-sterile dressing changes as ordered by the primary provider under the direction and supervision of Nurse Delegation services.
- 10) Diabetes management, e.g., Blood Glucose Monitoring and oversight of client-independent insulin injections under the supervision of a delegating nurse.
- 11) Oxygen therapy under the supervision of a delegating nurse.
- 12) Initiation of Hospice or Palliative care, when requested by the resident or responsible persons.

Special Care

Special Care requiring skilled nursing for medical/surgical needs will be evaluated on an individual basis. In the event a resident's condition deteriorates beyond what can be safely and reasonably be accommodated in the home setting, as determined by a health care provider, the AFH will provide recommendations for transfer to a more appropriate setting. The following nursing services are not provided by the AFH: major sterile dressing changes, Intravenous Medication Administration/monitoring, or a resident on a respirator.

Care Needs Beyond the Scope of Services Offered by the Provider

1. Residents abuse of alcohol resulting in inappropriate behavior or increased care needs.
2. Residents who are constantly exit seeking and cannot be safely retained in the home.
3. Residents who are verbally or physically combative to self or others and whose behaviors cannot be controlled through appropriate conventional interventions.
4. Residents needing to be restrained for their own safety or the safety of others.
5. Residents desire to be discharged or refusal of personal care services that are necessary for their own safety, well-being or cleanliness.
6. Other as defined under the Termination Policy.

The physician

1. The resident or their representative will give the HC the name of the physician responsible for their care.
2. All residents must have a physician for physical and/or mental health care as appropriate, and must be under the professional care of that physician.
3. The physician will be contacted for consultation and direction as needed.
4. When ordered by the physician, arrangement for transporting the resident to the physician's office or hospital in the event of an emergency. The family or responsible person will be immediately notified of the situation.

Other Services

If emergency vehicles & services such as Home Health Service providers, Dietician, PT, OT, Hospice, Laboratory and Medical Services, Radiologists, Podiatrists and other consultants are required and outside home health care are consulted or called in, the cost of service(s) shall be the responsibility of the resident or their legal representative.

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

When it is determined that a resident can no longer "Self Administer" their own medicines, Nurse Delegation will be set up to facilitate Medication Administration as required by Washington State Law. In the event that a licensed nurse is not available to administer medication or treatments these tasks can be delegated to a Nursing Assistant registered or Certified within the parameters allowed by law. Nursing assistants may perform the following tasks, when delegated by a registered nurse:

- (a) Oral and topical medications and ointments;
- (b) Nose, ear, eye drops, and ointments;
- (c) Dressing changes and urinary catheterization using clean techniques;
- (d) Suppositories, enemas, and ostomy care in established and healed condition;
- (e) Blood glucose monitoring;
- (f) Gastrostomy feedings in established and healed condition,
- (g) Other nursing tasks at the discretion of the Registered Nurse.

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

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: 24 Hours a day, 7 day a week when needed
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24 Hours a day, 7 day a week.
- Awake staff at night
- Other: _____

All caregivers must meet the state requirement for home care which includes the following; A criminal background check, Current CPR/First aid training, TB test, Core basic training, Nurse delegation training (supervised by registered Nurse), Specialty training to meet the needs of each resident who may have a diagnosis of dementia, Mental illness or developmental disability, hold a credential for registered nurse, Nursing assistant registered, Home care Aide certified or Licensed practical Nurse and twelve hours continuing education annually.

Each care giver will be trained and oriented to resident care and operation of the facility for a minimum of four weeks, before the person will be allowed to function independently caring for the residents. Even caregivers with experience will be trained to care for the residents in Mariama Adult Family, due to our strong believe in individualize care. Care givers are responsible for meeting the needs of each resident based on resident service plan and the negotiated care plan. In addition, care givers prepare and serve nutritious meals and snacks, monitors all medications taken by each resident and document factors associated with medication administration, observes and reports any resident condition changes and concerns to the Registered Nurse/Care Manager.

ADDITIONAL COMMENTS REGARDING STAFFING

Lamin LK Sanneh the Residential Care Manager has the following qualifications, education, training and experience:

Provider/Manager: Lamin LK Sanneh is responsible for coordinating care, making daily care decisions and providing direct care to residents along with the assigned care givers at Mariama Adult Family Home.

Lamin has been working with an individuals who needs care for the past 10 years. He believes also providing each individual with optimal care, taking their individual needs and preference in to consideration. The core value of our care is based on Respect, Kindness and Compassion. Lamin values open communication and will work to ensure that every resident at Mariama Adult Family Home feels at home. Lamin is a Registered Nurse with Bachelor's Nursing, who is still working in a local hospital. His extensive experience in care provision both in long term facilities and hospital enables him to safely administer Oral, Intramuscular, and Subcutaneous Medications. Also experienced with Peg Tube care and feeding, Foley Catheter insertion and care, different Intravenous line care. Patient assessment, he trained and certified in Mental Health Specialty Care, Development Disabilities specialty Care, and Dementia Specialty Care. He also trained and certified in Basic and Advanced Cardiovascular Life Support, first aid, food handling and safety certificate.

All caregivers are required to complete:

1. A background check
2. A 2-step T.B. test or chest x-ray
3. CPR and First Aid
4. Food handling and safety certificate. (Washington State approved certificate.)
5. Credentials for Nursing Assistant Certified or Nursing Assistant Registered
6. Orientation
7. Revised or Modified Fundamentals of Care giving course
8. Nurse Delegation Core Training: 9 hours

9. On-site training by a registered nurse will occur as needed per staff qualifications may be:

Accountability

At The Home care, caregivers are assigned commensurate with their individual level of preparation and expertise. Caregiver registrations and licensure include:

(e.g...)Registered Nurse, Nursing Assistant-Registered, and Nursing Assistant-Certified

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: English speaking and western cultural background with western diet preference unless medically contraindicated.

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

Private and Medicaid residents are accepted at Mariama Home Care. Medicaid residents are placed in double occupancy rooms. Therefore if private-pay resident converts to Medicaid status the resident will be moved from a private room to a double occupancy room. If the family or legal representative requests that this change not to be made, the financial difference can be negotiated and supplemental payments may be made. The supplemental payment cannot exceed the amount previously paid by the resident during the private pay status. When a resident converts from private pay status to Medicaid status, even without a supplemental payment, all necessary care levels and services will continue regardless of the resident's financial status.

The home care will accept continued residency for a private pay resident who must convert to Medicaid status. **A ninety (90) day notice is required when a private pay resident must convert to Medicaid status.** However reimbursement from Medicaid, Social Security or any private funding **MUST NOT exceed the actual costs of providing for care that was previously paid.** If the new amount to be paid will exceed the previous amount, the resident may be asked to find alternative housing before private funding runs out. The resident or the legal representative will be encouraged to disclose when private funding may terminate at least a **month prior to applying for 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 following activities are offered at the AFH. Days of the week or month and activity time is listed on the activity board. Suggestions for new activities are always welcome.

- a) Reminiscent group
- b) Music appreciation
- c) Puzzles
- d) Card games
- e) "Tea Time" social hour
- f) Weekly discussion topic
- g) Passive and active exercise
- h) Planting herbs/flowers
- i) Birthday celebrations
- j) Movie afternoon

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