

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Home Again AFH - Damaris Ramirez	LICENSE NUMBER 753061
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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	
<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 style="margin-left: 40px;">Our mission is to work hard each day to exceed the expectations of our clients and thier families. Home Again AFH Adult Family Home is an NAR owned and managed.</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="margin-left: 20px;">02/24/2016</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p style="margin-left: 20px;">5809 218th pl SW, Mountlake Terrace, WA 98043, 18504 2nd Ave NW, Shoreline, WA 98177</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p style="margin-left: 40px;">Home Again Adult Family Home</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: Supervising & cueing clients who are at risk for choking/aspiration. Altering texture of food, IE; cutting into bite sized pieces, chopping and/or feeding clients as indicated.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Reminding clients to visit the bathroom regularly. Supervise or provide stand by assist while toileting. Assistance w/use of a bedside commode, bed pan or urinal. Changing of briefs/pads & incontinence care as needed.

3. WALKING

If needed, the home may provide assistance with walking as follows: Reminding client to use assistive devices. Cueing clients on correct use of all medical devices. Standby or contact assistance w/or w/o the use of gait belt during walking. Encouraging regular exercise.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Supervision or stand by assist w/ transfers. One person assistance w/transfers. Provide hooyer lift transfers as indicated.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Cueing & reminding clients to turn or change position. One person assistance w/ changing position or turning while in bed or chair. Provide turning on a regular two hour schedule for clients at high risk for skin breakdown/bedsores.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Assistance w/oral care. Assistance w/ shaving & hair styling. Assistance w/shower at least twice weekly or as client is able. Bed bath if client is un-able to use shower. Application of deodorant, lotions, & make up. Assistance w/nail care, toenail trimmings.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Supervision & standby assistance during dressing. Provide total assistance w/dressing.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Supervision during showers. Cueing clients during showers. Provide total assistance w/showers. Skin assesment during each shower when indicated.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff at Home Again Adult Family Home encourage clients to be as independent 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: Reminding clients to take their medications on time. Assist clients w/ administration of oral medications. Total Assistance w/medication administrations.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff at Home Again Adult Family Home have been trained to be delegated in various tasks.

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: Home Again Adult Family Home is owned & managed by a NAR w a lot of experience working in an Adult Family Homes. When deemed appropriated by the provider, the AFH may contract w/ an RN delegator for nurs delegation & resident assessments.

The home has the ability to provide the following skilled nursing services by delegation: When deemed appropriate by the provider, AFH may have delegation put into place to include medicaiton assistance &/or administration of various medications. The cost of these services would be the responsibility of the client.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

When deemed appropriate by the provide, the AFH will ensure there is staff available if needed.

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

When deemed appropriate by the provider, the AFH may provide special care & attention to clients w/a diagnosis related to mental illness and/or dementia.

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: When deemed appropriate by the provider, the AFH
- Awake staff at night have a NAR, CNA, and/or long term care workers available when the providers is not present.
- Other: When deemed appropriate by the provider, the AFH may have awake staff .

ADDITIONAL COMMENTS REGARDING STAFFING

Staffing is based on the needs of our clients. Our staff has received all required Washington State Training.

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 is the primary language spoken in Home Again AFH. Sensitivity & respect of our client's ethnicity, culture beliefs & practice is important to our staff. When deemed appropriate by the provider, the AFH may assist w/specific request surrounding ethnic request.

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:

This adult family home requires 180days of private pay prior to medicaid conversion.

ADDITIONAL COMMENTS REGARDING MEDICAID

Home Again Adult Family Home has a Medicaid policy that is disclosed to client & familie prior to admission.

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: **When deemed appropriate by the provider, the AFH may offer activities based on a clients preference & abilities**

ADDITIONAL COMMENTS REGARDING ACTIVITIES **When deemed appropriate by the provider, the AFH may try to provide activities that would match w/what a client has loved doing in the past. In my experienced as a caregiver, I have learned that each of us needs a purposed, no matter how big or small, that provides motivation & inspiration to our lives.**

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