



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>EFRATA ADULT FAMILY HOME</b>	LICENSE NUMBER <del>00000000</del> # <b>753126</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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RCS/Public Disclosure

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><b>EFRATA ADULT FAMILY HOME is established under the mission of best care possible for all. The provider has been in health care business for the last 2 years along with his spouse who has been in the business for the last 9 years. The Adult Family Home is located in a quite coldsac neighbourhood convinient for a walk</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p><del>04/01/2015</del> <b>6/16/16</b></p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p><b>None</b></p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p><b>18922 21<sup>st</sup> Ave w Lynnwod, WA 98036</b></p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</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:

**The facility will provide feeding assistance for people who are not able to feed themselves for several reasons. We provide eating assistance starting from cuing and monitoring to total feeding assistance as well**

2. TOILETING

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

**The facility will provide toiling from cuing and monitoring to total assistnace as well.**

3. WALKING

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

**The Adult Family Home is not wheel chair accessible and currently is only for people who are ambulatory, but if walking is indicated for strength we will provide walking assistance**

4. TRANSFERRING

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

**The Adult Family Home is not wheel chair accessible and currently is only for people who are ambulatory It is not applicable at this time**

5. POSITIONING

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

**The Adult Family Home is not wheel chair accessible and currently is only for people who are ambulatory It is not applicable at this time**

6. PERSONAL HYGIENE

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

**The facility will provide assistance with personal hygiene from cueing and set up to total assistance**

7. DRESSING

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

**The facility will provide assistance with dressing from cueing and set up to total assistance**

8. BATHING

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

**The facility will provide assistance with bathing from cueing and set up to total assistance**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**The facility has a bath and shower with a toilet a shower bench in case if needed**

**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:

**The facility has a 24 hours care giver and a nurse delegator.If a Resident needs a nurse delegator to adminster medication we will provide this services accordingly.We are committed to give from the lowest to the highest level of medication assistance when needed.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We are working with Pavilion Home Care pharmacy which is very efficient and who delivers medication to our home in a timely manner.**

#### **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 an LPN who will perform skilled nursing services with in his own scope of practice when it is necessary and also have a state assigned nurse delegator to assign tasks to care givers.**

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

**Applying topical creams, inhalers, eyedrops, insulin injections,starting and stopping tube feedings, wet to dry wound dressing canges etc.**

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: \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **2 NAC (NURSING ASSISTANT CERTIFIED) 24 HOURS A DAY 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:

**English and Amharic**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**The facility will accommodate specilaized diet for a particular religion if it is necessary**

**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

**The facility will accept medicaid as a payment with out any conditions. The facility also accepts private pay but will give a 90 days notice prior to conversion to 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:

**BINGO night twice a week, Video night twice a week, Libray on wheels(Snoisle libray brings books,CDs and audio materials to the house based on Resident preferences)**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**NONE**

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