



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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HOME / PROVIDER
Zion Adult Family Home LLC

LICENSE NUMBER **753140**

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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Management Services
BAAU

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.

We believe in the golden rule found in Luke 6 :31 " Treat others just as you want to be treated"

2. INITIAL LICENSING DATE

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

Grace AFH - 6906 NE 164th court, Vancouver, WA 98682

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- 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

<p>If needed, the home may provide assistance with eating as follows: Zion AFH LLC provides supervision and cuing with eating. Also help with feeding.</p>		
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: Zion AFH LLC provides assistance with toileting from cuing/ monitoring to extensive assistance</p>		
<p>3. WALKING If needed, the home may provide assistance with walking as follows: Zion AFH LLC provides assistance with walking from supervision to one person assist</p>		
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: Zion AFH LLC provides assistance with transferring from supervision to one person assist</p>		
<p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: Zion AFH LLC provides assistance with positioning from cuing to one person assist</p>		
<p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: Zion AFH LLC Provides assistance with personal hygiene from supervision & cuing to one person assist</p>		
<p>7. DRESSING If needed, the home may provide assistance with dressing as follows: Zion AFH LLC provides assistance with dressing from supervision and & cuing to one person assist</p>		
<p>8. BATHING If needed, the home may provide assistance with bathing as follows: Zion AFH LLC provides assistance with bathing from supervision & cuing to one person assist</p>		
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE Our 6 bedrooms house has 2 full bathrooms and two half bathrooms.</p>		
<p>Medication Services</p>		
<p>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)</p>		
<p>The type and amount of medication assistance provided by the home is: If a resident needs a medication to be administered, Zion AFH provides this service through nurse delegation.</p>		
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Zion AFH doesn't accept resident who require sterile dressing and on IV infusion.</p>		
<p>Skilled Nursing Services and Nurse Delegation</p>		
<p>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)</p>		
<p>The home provides the following skilled nursing services: Zion AFH LLC is owned by a RN able to provide skilled nursing services. There is also another nurse delegator who can come and delegate tasks to caregivers.</p>		
<p>The home has the ability to provide the following skilled nursing services by delegation: Medication administration, caring for Foley catheter and colostomy bag etc.</p>		

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
Blood sugar checking, Insulin injection, nonsterile wound dressing hanging feeding tubes.

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 caregivers who will be hired to work will have the above specialty care training.

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: Owner will be available 4 days a week. In my absence qualified caregiver always be at the site 24/7.
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: Will work daily or as needed. (one caregiver per shift)
- Awake staff at night
- Other: awake staff only available until midnight. He/she will be resting until six am (but responds if called).

ADDITIONAL COMMENTS REGARDING STAFFING
Zion AFH LLC only accepts residents with one assist. No total care (2 or more persons assist) accepted.

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, Amharic (ethiopian language) and Russian (owner speaks Russian language)

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 will accept	medicaid & Private payments. We don't accept smokers, alcoholic and drug abuse clients.
ADDITIONAL COMMENTS REGARDING MEDICAID	
If a private pay client ran out of funds and qualifys for medicad ,	he/she can continue living in the facility.
	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:	
Zion AFH LLC provides the following activities and more: Reminiscing, current news discussions, small gardening, light excercise, movie watching, in door games (cards, bingo, chase) etc	
ADDITIONAL COMMENTS REGARDING ACTIVITIES	
We celebrate Birthdays of our clients. We are always open to suggestions and encourage the residents input.	

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