



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER DELIGHTFUL AFH L.L.C /MESERET LORANSO	LICENSE NUMBER 753140
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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

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.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSSED:
4. SAME ADDRESS PREVIOUSLY LICENSSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

Personal Care

<p>"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)</p>
1. EATING

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

Assistance with eating. Includes supervising the client when he/she is able to feed him/herself when guided, assisting with difficult tasks such as cutting food or buttering bread, and feeding the client when he/she is unable to participate in feeding him/herself.

2. TOILETING

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

Assistance with bladder and/or bowel problems. Includes supervising the client when he/she can take care of his/her own toileting needs when guided, helping him/her to and from the bathroom, assisting with bed pan routines, diapering and lifting him/her on and off the toilet. May include performing routine pericostomy/catheter tasks, for the client when he/she is able to supervise the activities.

3. WALKING

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

Assisting the client to move around. Includes supervising the client when he/she can walk alone or with the help of a mechanical device (such as a walker) when guided, assisting with difficult parts of walking (such as climbing stairs), supervising the client when he/she is able to propel his/her wheelchair when guided, pushing the wheelchair, and providing constant physical assistance to the client when he/she is totally unable to walk alone or with a mechanical device.

4. TRANSFERRING

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

Assistance with getting in and out of bed or wheelchair or on and off the toilet and/or in and out of the bath tub. Includes supervising the client when he/she is able to transfer when guided, provided steady, and helping the client when he/she can assist in his/her transfer. Lifting the client when he/she is unable to assist in their transfer requires specialized training.

5. POSITIONING

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

Assisting the client to assume a desired position. Includes assistance in turning and positioning to prevent secondary disabilities, such as contracture and balance

6. PERSONAL HYGIENE

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

Assistance with care of hair, teeth, dentures, shaving, filing of nails, other basic personal hygiene and grooming needs. Includes supervising the client when he/she can perform these tasks when guided, assisting in client when he/she can participate in care of his/her appearance, and performing grooming tasks for the client when he/she is unable to participate in caring for his/her appearance.

7. DRESSING

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

Assistance with dressing and undressing. Includes supervising the client when he/she can dress and undress when guided, assisting with difficult tasks such as tying shoes and buttoning, and completely dressing or undressing the client when he/she is unable to participate in dressing or undressing

8. BATHING

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

Assisting the client to wash his or her body. Includes supervising the client when he/she can bath him/herself when guided, assisting the client with difficult tasks such as getting in or out of the tub or

washing back, and completely bathing the client when he/she is totally unable to wash him/herself.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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:

Assisting the client to self-administer medications prescribed by his or her physician. Includes reminding the client of when it is time to take prescribed medication, handing the medication container to the client and opening a container. Provide full assistance with medication if he/she unable to self-administer through nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The provider is LPN, able to assist resident who need tube feeding , administration medication by injection and

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 contract with a nurse to provide delegation to a caregiver to assist client who need to help with apply cream, given as needed medication .

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

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:

<input type="checkbox"/> Registered nurse, days and times: _____ <input checked="" type="checkbox"/> Licensed practical nurse, days and times: <u>LPN is home 7 days a week from 7am to 7pm</u> <input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>staff on site 24hours a day 7 days a week.</u> <input checked="" type="checkbox"/> Awake staff at night <input type="checkbox"/> Other: _____
ADDITIONAL COMMENTS REGARDING STAFFING
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:
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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions:
ADDITIONAL COMMENTS REGARDING 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:
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