

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Astro-Nova Adult Family Home / Senait G. Tekie</b>	LICENSE NUMBER <b>753183</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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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. <b>To improve quality of life for our residents through the delivery of personalized care, extraordinary service and compassionate care with dignity.</b>	
2. INITIAL LICENSING DATE <b>09/20/2016</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>N/A</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>N/A</b>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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

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

**Supervising & cueing clients as needed to reduce the risk of choking / aspiration.**

**Cutting food into bite size, chopping and pureeing solid foods as ordered by MD.**

**Feeding with partial or total assistance of staff is provided as needed, tube feeding, e.t.c**

### 2. TOILETING

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

**Remind clients to go to the bathroom regularly and as needed.**

**Supervise or provide stand by assistance while toileting as needed.**

**Assistance with use of a bedside commode, bed pan & urinals.**

**Changing of briefs, pads and incontinence care as needed.**

### 3. WALKING

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

**Remind clients to use assistive devices when required.**

**Cueing clients on correct use of all medical devices.**

**Encourage regular exercise for clients as needed.**

**Standby or contact assistance with or without the use of gait belt during walking.**

### 4. TRANSFERRING

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

**Supervise or standby assist with transfer.**

**One or more person assistance with transfers.**

**Provide hooyer lift transfers as indicated in assesments.**

### 5. POSITIONING

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

**Cueing & reminding clients to change position or turn frequently.**

**One or more person assistance with changing position or turning while in bed or chair.**

**Provide turning or a regular two hour schedule for clients at risk for skin breakdown / bedsores.**

### 6. PERSONAL HYGIENE

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

**Oral care, shaving, hair styling, showers, bed-bath, nail care, e.t.c.**

### 7. DRESSING

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

**Provide total help, supervision and stand-by assistance during dressing.**

### 8. BATHING

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

**Cueing, supervision & total assistance during showers.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We train our staff to provide personal care due to each residents need as stated in his/her care plan.**

**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:

**Remind clients to take medication on time.**  
**Assist clients with administration of oral medications.**  
**Total assistance with medication administration.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medications are kept in locked storage & all our staffs are delegated for each task as required by MD.**

**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 is owned and managed by a CNA who has many years working in long term care. When needed the provider of Astro-Nova AFH contracts a RN delegator for nurse delegation.**

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

**The provider & staffs are able to perform delegatable tasks under WAC 246.841.405**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The provider will ensure there is appropriate staff in the home at all times.**

**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

**Astro-Nova provider & staffs are well trained for these specialty care in other to meet the specific need of your loved ones.**

**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 the provider is not present in the home, the provider will schedule the appropriate days & times for a CNA or long-term care workers in the home.**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Our staff is based on the needs of Astro-Nova Afh residents and they all have the required 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:

**Our primary language here in Astro-Nova AFH is English, we respect our client's ethnicity, culture, beliefs, and practices.**

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 AFH requires 24months of private pay funds and 90days advance notification prior to the conversion of medicaid funds.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Our Afh has a Medicaid policy that is disclosed to clients & families 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:

**The provider will offer appropriate activity and consider client's preferences.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Astro-Nova AFH will provide activities that will match with each client's needs on a daily basis like music, bingo, coloring, puzzles, e.t.c**

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

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