

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER

Imelda Merton Asirit

LICENSE NUMBER

753595

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.

We offer excellent extraordinary care for our seniors. We built this home from the ground up and it's our pleasure to serve the senior population.

2. INITIAL LICENSING DATE

2/8/18

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

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- 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

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

Provide assistance with ADLs must occasionally remind you to eat and drink and occasionally cut up your food, prepare food and beverage for you, and bring them to you, feed you on a routine basis.

2. TOILETING

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

Provide assistance with ADLs must occasionally remind you of necessary toileting: provide standby assistance while you perform them, and steady you on/off toilet. Physically help to and from the toilet help provide incontinent products and occasionally help you clean you. Provide catheter care, provide bladder and bowel incontinence cleaning.

3. WALKING

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

Provide standby assistance with you and your walker or cane.

4. TRANSFERRING

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

Providing assistance with ADLs remind you to move between locations, in the AFH, provide standby assistance and help with walkers and wheelchairs. one -person physical help with transferring. On and off the toilet as needed, in and out of bed, and shower chair.

5. POSITIONING

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

Provide assistance with ADLs with turning, transfers in and out of wheelchairs with one person standby or physically help you.

6. PERSONAL HYGIENE

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

Providing assistance with ADLs must occasionally remind you, comb your hair, brush your teeth, shave, wash your face and hands, and apply make-up. Set up your personal items hygiene items and grooming items, help you shave, brush your hair, help with oral care, wash and dry other parts of your body as needed.

7. DRESSING

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

Provide Assistance with ADLs must remind you occasionally, remind and cue to put on and take off and lay your clothes out and necessary items. Help with buckles, buttons, fasten your clothes, dress and undress as needed. provide standby assistance or physically help you dress yourself.

8. BATHING

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

Provide Assistance with ADLs must remind you wash and dry all areas of your body: provide standby assistance getting into and out of the shower. Physical assistance as needed to wash feet, back, wash hair, help with bed baths and use of the shower chair.

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:

Supervise the administration of the medications, can do topicals, eye drops, diabetic glucose monitoring, insulin injections under Nurse Delegation. Use of medication container, reminding you, putting the medications in your hand , help you open and closed medications.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Single Pharmacy, Bubble pack for compliance.

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:

Diabetic Insulin, glucose monitoring, eye drops, creams, topicals, suppository and Hospice medications.

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

See above for Nurse Delegation. It is an additional fee which is contracted out.

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: **On-call as needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 hours a day**

Awake staff at night

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:

English

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:

In the event the Resident or his/her legal representative is no longer able to willing to maintain private pay status, the Resident and /or his or her legal representative may offered an opportunity to continue residence with the facility contingent upon the Facility having space for a Medicaid resident. Medicaid pays for a resident to reside in a semi-private room only. And will need a new assessment. DSHS representative will provide a new assessment for a new Medicaid resident.

ADDITIONAL COMMENTS REGARDING MEDICAID

And a new negotiated care plan will be done by the provider.

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:

Activites per the individual cleint. We have magazines, books, news paper, scrabble, music, patios, games, cards, bingo and many other activities to engage the resident.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Sharing story about the past, Watching Televesion/Movies.

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