



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ABLE HANDS AFH JOSEPH KAMAU	LICENSE NUMBER 753681
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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	
<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. <i>At ABLE HANDS AFH, we are committed to make a positive difference in every life we touch. We want our residents to live in a peaceful and comfortable home. Our goal is to provide safety to our residents, preserve their individual rights and dignity, as well as provide exceptional health care and other daily services tailored to each of our residents.</i></p>	
<p>2. INITIAL LICENSING DATE 4/30/18</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" type="checkbox"/> Limited Liability Company</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:

We offer cuing, supervision and one on one feeding.

2. TOILETING

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

We offer incontinence /trial care, stand by assist and cuing

3. WALKING

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

We offer stand by assist, lit with a walker and use of gait belt

4. TRANSFERRING

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

Two person assist, total with hoist lift or sit to stand and stand by assist

5. POSITIONING

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

Every 2hrs and as needed positioning

6. PERSONAL HYGIENE

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

We provide assistance with personal hygiene from cuing, stand by to total assistance

7. DRESSING

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

Total assist, set up to cuing

8. BATHING

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

We provide stand by, extensive to total care.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Proper hygiene will be highly maintained both personal and the surrounding environment

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:

Caregivers will be nurse delegated according to each resident's medication needs

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Meds will be stored in a locked cardboard, and MAR's will be signed every day and updated as needed, pharmacy and MD will be contacted if need be.

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:

We have an assigned Nurse Delegator

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

Oral, Rectal, Eye drops, Tube feeding and Inhaled medication

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All caregivers will be Nurse Delegated as soon as we admit and requiring full med's assistance

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: 24/7
- Certified nursing assistant or long term care workers, days and times: 24/7
- 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 is our primary 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:

Residents need to have a payer

ADDITIONAL COMMENTS REGARDING MEDICAID

Private pay rsd has to be at Abie Lands AFH for 6 months before they convert 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:

Exercises, puzzles, movies, Bingo, cards and music

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