



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

HOME / PROVIDER <b>ODAA ADULT FAMILY HOME LLC</b>	LICENSE NUMBER <b>753761</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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 Management Services  
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<b>About the Home</b>	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <b>Odaa Adult Family Home LLC is providing Care and Services in a safe home like environment, care givers are friendly, compationate, provide care and services with love and respect. The AFH is located in new clean environment and friendly neighborhood and close to shopping centers, restaurants and mall.</b>	
<b>2. INITIAL LICENSING DATE</b> <span style="font-size: 1.2em;">7/2018</span>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <b>12012 NE 45<sup>th</sup> Ave, Vancouver, WA 98686</b>	
<b>5. OWNERSHIP</b> <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:

**Cueing and total assistance will be giving during meal time.**

2. TOILETING

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

**Toileting assistance will be provided based on residents physical/functional abilities. Such cueing and providing total assistance as needed.**

3. WALKING

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

**Ambulation assistance will be provided based on residents' functional abilities, including cueing and providing total assistance.**

4. TRANSFERRING

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

**Transferring assistance will be provided based on each resident need and functional abilities. Includes cueing and contact guard assistance.**

5. POSITIONING

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

**Repositioning and turning assistance provided based on each resident need and functional abilities to repositon self.**

6. PERSONAL HYGIENE

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

**Personal Hygiene assistance such will be provided based on the negotiated care plan, includes cueing and total care assistance.**

7. DRESSING

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

**Dressing assistance provided based on the negotiated care plan and resident's functional abilities .**

8. BATHING

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

**Private shower rooms and shared showers will be used, privacy will be maintained. Cueing and total care assistance provided as needed.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Care and Services will be provided to help residents to reach the highest level of physical, mental, and social well being.**

**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:

**Medication service: provide medications as ordered by physicians and documented in the medication.**

**administration record.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES  
**Follow the six rights of medication administration system, check medication expiration dates**

**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:  
**Odaa AFH work closely monitor resident's vital signs; Puls, Temp, blood pressures respiration rates, and change in vital signs will be reported to the provider/physician**

The home has the ability to provide the following skilled nursing services by delegation:  
**Nursing delegation when needed**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION  
**Skilled Nursing care and Services are needed to improve each resident's quality of life, support the safety of each resident's**

**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: **when skilled nursing care and services ordered by physician for speciality care and services needs and agreed by resident or resident's representatives.**  
 Licensed practical nurse, days and times: \_\_\_\_\_  
 Certified nursing assistant or long term care workers, days and times: **certified nursing assistance available 24hrs to provide care and services as needed.**  
 Awake staff at night  
 Other:

ADDITIONAL COMMENTS REGARDING STAFFING  
**Make sure that our staff care providers are trained care givers, friendly supportive and keep our residents safe**

**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:

**Meals service based on residents cultural preferences and residents or representative will participate in meal planning.**

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:

**Odaa Adult Family Home accepts Medicaid payments based on AFH rule, negotiated care plan and scope of practice that satisfy residents' care need.**

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:

**Activities will be provided and encouraged based on negotiated care plan and services agreement. It includes not limited, such as walking, reading, games, movies, shopping, sport TVs, playing cards, and puzzles and follow physician or physical Therapists order for further resident's activity need.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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  
PO Box 45600  
Olympia, WA 98504-5600