



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER Immanuel Family Care LLC/ Verginia Popescu | LICENSE NUMBER 753768 |
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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.

Immanuel Family Care, we have the ability to identify the needs of older adults based on physiological and psycosocial changes. We have the ability to incorporate knowledge about development theories and related challenges affecting the aging seniors and plan effective personal care. We excel in the field by giving choices to our residents, working hard to improve their independence and quality of life.

2. INITIAL LICENSING DATE

7/23/18

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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:

Set up, escort to the table, cutting up foods, cuing, tube feeding(with nurse delegation task), supervision ro prevent choking, we are also prepared to offer one to one care for clients that need to be spoon fed.

2. TOILETING

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

Eascort to bathroom, supervision, peri-care, transfer to toilet, incontinent product changes, catheter.

3. WALKING

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

Stand by assist, supervision, contact assist, monitoring recovery progress and continuation of PT and OT

4. TRANSFERRING

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

Immanuel Family Care has specially training to give the clients assistance while transferring to a bed, chair, or toilet in a way that is safe and provides balance and weight support. We also offer total lift transfers using a hoyer lift.

5. POSITIONING

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

Immanuel Family Care provides assistance with repositioning every two hours as needed for residents with fragile skin or bedsores, etc.

6. PERSONAL HYGIENE

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

Cuing, moderate to total assistance with all personal hygiene such as: washing face, brushing hair, brushing teeth, shaving moisturizing skin, trimming/filing/painting finger nails.

7. DRESSING

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

Cuing, moderate to total assistance with dressing upper and lower body, assistance with choosing clothing. we provide toilet paper, soap, bedding, towels, lotion and shampoo.

8. BATHING

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

Skin assesment with each bathing session, assistance with transfer if needed, supervision, partial to total assist with bathing, skin moisturizing to prevent skin breakdown.

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:

We offer total administration of medication, assistance and reminder as needed based on doctor's order.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All medication are locked, and medication services are logged by date and time.

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:

Immanuel Family Care cooperates with home health services that come to the home, primary care physicians that to do home visits, and podiatry foot care that also provides home visit services

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

Oral, topical medication, dressing changes, nebulizer, inhaler, nasal spray, eye drops.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The staff is willing to perform all nursing services as per Nurse Delegation Program, under the WA State Law.

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

The AFH generally provides care to seniors 65 years and older.

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
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7 staffing
- Awake staff at night
- Other: **Awake staff will be provided based on the residents needs**

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:

We try to accommodate all needs such as: cultural and ethnic background, cultural foods, diet, and food preferences upon request.

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:

MINIMUM OF 2 YEARS OF PRIVATE PAY BEFORE ACCEPTING MEDICAID PAYMENTS.

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:

Based on resident's ability and preference we encourage independence, group activities, exercise programs, active/passive range of motion, walking, movie nights, board games, reading, prayer meetings instrument playing, visiting.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We celebrate, birthdays, anniversaries, holidays, family reunions. We also go on field-trips to the park, library, museums, tuliptown, and other preferences.

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

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