



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ASSURED LOVING CARE AFH LLC (ESTHER NJOROGÉ)	LICENSE NUMBER 753908
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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.

Table of Contents

- About the Home
- Personal Care
- Medication Services
- Skilled Nursing Services and Nursing Delegation
- Specialty Care Designations
- Staffing
- Cultural or Language Access
- Medicaid
- Activities

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.

The mission and intent of Assured Loving Care AFH is to provide quality care for our residents in accordance with each Resident's care plan with emphasis on compassion, respect, kindness, and dignity of the individual.

2. INITIAL LICENSING DATE

12/18/18

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:

Set up meals and assist as per Resident's care plan.

2. TOILETING

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

Provide care for bowel and bladder incontinences. Cue, reminders, stand by assist and transfers.

3. WALKING

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

Assist with ambulation by providing stand by assistance, total assistance, using gait belt, cane, walker, and general supervision.

4. TRANSFERRING

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

Total assistance using hooyer lift, gait belt, sit to stand assistance and stand by assist.

5. POSITIONING

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

Repositioning, reminders and one or more persons physical assistance as per the care plan.

6. PERSONAL HYGIENE

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

Encourage, set up, total care and supervision and others as per the care plan.

7. DRESSING

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

Stand by to total assistance as per personal choice where applicable and according to weather appropriate.

8. BATHING

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

Set-up shower, bath, bed bath, supervision, assist with peri-care, and total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Assist with oral care, shaving, denture care, catheter care, tube feeding, nail care and general grooming together with any other care as stipulated in the Resident's 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:

Staff will be delegated by RN to assist Residents with oral and topical medications administration, eye drops, ear drops and insulin injections where applicable in accordance with the care plan.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Provider is an LPN and will work closely with delegating nurse and home health and hospice agencies.

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 provider is a Licensed Practical Nurse in Washington State, and can provide nursing tasks such as wound dressing, refilling medication organizers, nursing health assessments, giving IM injections, insulin injections as long as those services remain within the scope of practice for Washington State.

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

State allowed nurse delegatable tasks can be provided in our AFH. Blood sugar monitoring, insulin pens, ostomy care, catheter care, tube feeding, wound care and oral medication administration.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

LPN on site 24/7 and will be overseen by a Registered Nurse Delegator, On Call.

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

Owner reserves the right to discharge services if we are unable to safely and or adequately provide care based on decline of medical or physical condition of Resident. In that case, a 30 days discharge letter will be issued to relocate the Resident to appropriate facility.

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: **24 hours/ 7days a week**
- Certified nursing assistant or long term care workers, days and times: **24 hours/ 7days a week**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

We can have an awake staff at night if we have a Resident who needs care during the night.

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:

Assured Loving Care AFH accepts all Residents regardless of their background, however they should be able to understand some 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:

Assured Loving Care AFH will accept medicaid Residents if we are aware of the daily rate before admission, and if they will be okay to share a room.

ADDITIONAL COMMENTS REGARDING MEDICAID

Private pay Resident can convert to medicaid when runs out of money, we prefer to be private atleast 2 years and we require a 90 days written notice prior to change

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 that seniors enjoy are varied and differ from person to person. By default we offer , activities such as playing cards, movies, daily bulletin, cable TV, therapeutic walking as tolerated- stand by assist, puzzles, Bingos, and pictures to color. We celebrate all holidays and birthdays. We also have a garden that Residents can participate in the growing of tomatoes and other vegetables.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We try to accommodate activities to the capabilities of our Residents. We also welcome suggestions.

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