



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

HOME / PROVIDER <b>A'Meli's Care LLC</b>	LICENSE NUMBER <del>601216740</del> <b>753927</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.

### 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	
<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.</p> <p><b>A'Mel's Care is here to provide service and care for those in need we strive to perform an exceptional comfortabel care and to insure our patients feel like home.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p><del>01/22/2018</del> <b>1/4/19</b></p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSSED:</p> <p><b>n/a</b></p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSSED AS:</p> <p><b>1216 143<sup>rd</sup> St E Tacoma WA 98445</b></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:

**Caregivers will provide assistance to clients on their specific needs and as indicated by the clients provider.**

- supervising 24/7 making sure they are not at risk of choking.
- cutting pieces to bite size to fit clients need, chopping food or feeding clients.

### 2. TOILETING

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

**Reminding clients to visit bathroom, making sure the clients have changed briefs/pads also, assistance with bedside.**

### 3. WALKING

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

**Offering clients to walk outside and inside the house. remind clients to use their proper equipments.**

### 4. TRANSFERRING

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

**Assistance with transfers includes: one persons assistance with transfers from bed to chair or commode.- following specific instructions from physican or physical therapist .**

### 5. POSITIONING

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

**This service would be provided based on client's needs and abilities.-Cueing and reminding clients to change position or turn.- Turning on a regular two hours schedule for clients at high risk for skin breakdown/bedsore.-Following Physican or physical therapist for specific positioning.**

### 6. PERSONAL HYGIENE

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

**Activities of daily living our caregivers can provide, Oral care,shaving and hair styling,dressing, shower and bath,shampoo is offered as a choice-Bedbath is clients unable to use bath or shower-nail care,toenail trimming by RN only. Assistance lotion,make up, deodorant.**

### 7. DRESSING

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

**Providing assistance with dressing top and botton as needed, stockings and shoes-following orders from therapist or physican, supervision and standby during dressing.- clothing, colors are clients choices or if clients unable to make a decision assistance will be provider.**

### 8. BATHING

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

**Supervision during shower to avoid slips or falls. Providing total assistance with shower.\_ Cueing clients during shower.Assessing skin,Keeping the water and room warm enjoyable.**

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:

**Our staff can provide assistance by: Remanding clients to take their medication or , administration of oral medication by handing them to clients.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**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 are able to provide excellent care for more complex clients that may require attention with wound care, end of life care or diabetes.**

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

**Our staff van dealegte and assist or admistrate asthma care, medications, drops, tube feedings, simple dressings and simple insulin injections.**

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: \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_

- Certified nursing assistant or long term care workers, days and times: 24/7 Everyday
- 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 the primary language at A'Mel's Care LLC. we will respect any ethnicity and culture, if there is any specific request we will discuss in the care plan.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS  
**In this adult family home we have spanish speaking staff.**

**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:

ADDITIONAL COMMENTS REGARDING MEDICAID  
**This home will accept private pay and will be treated with respect and loyalty**

**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:  
**Our activities are based on clients preferences and abilities. if they would like to be involved with normal house hold activities we will encourage them to do so. This includes assisting meal preparations, gardenin. Other activities will include puzzles, painting, music , holiday, and birthday celebrations etc.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES  
**In my experience as a staff in support living company's for almost 20 years it is our job, is a commitment to delivery respect, dignity, compassion for those that in sometime provide inspiration in ours lives and always assist them with the best quality.**

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  
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 Olympia, WA 98504-5600