



Adult Family Home Disclosure of Services

Required by RCW 70.128.280

HOME / PROVIDER Caring Legacy Adult Family Home / Maria Bawar	LICENSE NUMBER <div style="font-size: 1.5em; font-family: cursive;">7541000</div>
--	---

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](#)

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 home will provide individualized care to meet the needs of our clients. We promote independence and strive for our clients to attain their highest level of well being and functioning. We are committed in providing compassionate care and support that is adaptable and person centered to improve the quality of life of our clients. Our mission is to provide the excellent service everyday, exceeding expectations of our clients and their families.	
2. INITIAL LICENSING DATE <div style="font-size: 1.2em; font-family: cursive;">6/17/2019</div>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP Sole <input type="checkbox"/> proprietor <input type="checkbox"/> Limited Liability Company Co- <input type="checkbox"/> owned by: <input checked="" type="checkbox"/> Other: Incorporation	

Specialty Care Designations

Staffing

Cultural or Language Access

Medicaid

Activities

Personal Care
<p>"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)</p>
<p>1. EATING</p> <p>If needed, the home may provide assistance with eating as follows:</p> <ul style="list-style-type: none">*Follow dietary restrictions and recommendations as indicated. Consider residents likes and dislikes prior to meal planning.*Provide cues during meals as needed. Allow resident enough time to eat.*Supervise clients who are high risk for choking/aspiration. Assist in hand feeding clients as indicated.
<p>2. TOILETING</p> <p>If needed, the home may provide assistance as follows:</p> <ul style="list-style-type: none">*Remind clients to use the bathroom regularly upon arising, before and after meals, at bedtime, every 2 hours as needed.*Provide supervision or one person assist for safety.
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows:</p> <ul style="list-style-type: none">*Encourage client to walk everyday with or without assistive device whenever possible.*Provide supervision, cueing, or minimum to max assistance as indicated.
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows:</p> <ul style="list-style-type: none">*Provide supervision, cueing, stand by to max assistance with all transfers.*Provide one to two person transfer as needed.*Provide Hoyer lift transfers as indicated.
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows:</p> <ul style="list-style-type: none">*Provide client cues and reminders to turn and reposition regularly in bed and in wheelchair.*Assist client to turn and reposition every 2 hours to prevent pressure sores and contractures.
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows:</p>

- *Assist with oral care.
- *Assist with shaving
- *Assist with pericare.

7. DRESSING

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

- *Provide client assistance in choosing clothes to wear appropriate to weather and activity. Provide privacy.
- *Assist client with dressing as needed.

8. BATHING

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

- *Provide cueing and supervision during showers for safety.
- *Provide assistance with bathing and showers as needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

- *Staff will encourage clients to participate in his/her 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:

- *Provide reminders to take medications on time.
- *Assist clients in shaking and opening bottles, medication packages before administration of medications.
- *Assist with medication administrations with nurse delegation.

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:

The home is owned and managed by an RN provider.
 Skilled nursing services provided can include but not limited to wound care, IM injections, G-tube care, nurse delegation, assessments, tracheostomy care.

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

The home is able to provide skilled nursing services under nurse delegation including but not limited to medication administration(oral, eye, topical, ear, rectal, nasal), administration of routine and PRN hospice comfort medications, wound care, blood glucose monitoring, insulin injection, oxygen administration, nebulizer treatment.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

- *The RN provider will conduct regular in-service training regarding delegated task to all caregivers.

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 RN provider will conduct regular in-service training to all care staff to be able to anticipate and meet the needs of clients with, dementia, mental health, or those with behavioral issues.

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: Available in the premise from 9:00am to 5:00pm from Mondays to Fridays and is on call 24 hrs on emergencies.
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long- term care workers, days and times:
A live-in CNA is available everyday. - Monday to Sunday 24hours/day
- Awake staff at night
- Other: When deemed appropriate by the provider, the AFH may have awake staff.

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:
All residents is encouraged to speak English, but this home is able to accommodate residents that speaks a different language other than English and come from a different culture or background.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS:

A communication board listing the most common and widely used words are listed with their meanings to help communicate with resident.

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:

The resident will have to be a private paying client for 2 years prior to Medicaid conversion and we can meet resident's health needs with in our licensing restrictions.

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:

The provider will offer appropriate activities that is engaging, fun and entertaining. Clients preferences are taken into consideration in planning for it.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Staff to encourage clients to participate to such activities. Activities will encouraged client to move, to participate, to laugh, to sing and dance, to think and to socialize with other clients.

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