



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER # 1ST # IVANNA AFH LLC	LICENSE NUMBER 754177
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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. Our goal is to strive to provide a therapeutic, peaceful, relaxing and enjoyable environment for our residents and their loved ones while being committed to excellent, high quality and compassionate care, and being attentive to our residents needs.	
2. INITIAL LICENSING DATE 8/7/2019	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <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:

When deemed appropriate by the provider, the adult family home may provide the following:

- *Assistance with eating through setup, cueing, supervision.
- *Total feeding assistance where indicated.
- *Diet modification per physicians orders.

2. TOILETING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Provide assistance with toileting from cueing/toileting reminders.
- *Implementing toileting schedule and reminding residents to use bathroom.
- *Total incontinence care as needed.

3. WALKING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Assistance with ambulating through cueing and reminder to use assistive devices.
- *Cueing residents on correct use of medical devices.
- *Stand-by or contact guard assistance with or without use of gait belt while ambulating.
- *Encourage participation in regular exercise.

4. TRANSFERRING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Supervision or standby assistance with transfers.
- *One person assistance with transfers.
- *Provide hoyer lift or sit to stand transfers where indicated.

5. POSITIONING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Cueing and reminders to our residents to shift positions per turning schedule while in bed or in chair.
- *Turning and repositioning on a frequent (2) hour schedule for residents at high risk for skin breakdown or pressure sores.

6. PERSONAL HYGIENE

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Total assistance with personal hygiene including setup and cueing.

*Assistance with oral care, shaving, styling hair, weekly nailcare.

*Assistance with showers 2-3 times a week or as client is able.

*Bed bath if client is unable to use a shower.

*Assistance with application of body lotion, deodorant, makeup.

7. DRESSING

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

When deemed appropriate by the provider, the adult family home may provide the following:

*Assistance with dressing including cueing/supervision, set up.

*Standby assist and total assistance with dressing.

8. BATHING

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

When deemed appropriate by the provider, the adult family home may provide the following:

*Supervision during showers, cueing residents who need limited assistance with showers.

*Total assistance with showers.

*Perform skin assessments during each shower when indicated.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We customize personal care based on individual preferences, encourage participation and independence.

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:

All medications are locked up and dispensed to the residents per Physician's orders and the negotiated care plan. When deemed appropriate by the provider, the adult family home may provide the following:

*Assistance with administration of oral and topical medications.

*Remind clients to take medications on time.

*Total assistance with medication administration that can be delegated per WAC 388-76-10430.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff at the adult family home are trained to be delegated in various tasks under WAC 246-841-405.

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 Owner/Provider is a Registered Nurse. When deemed appropriate by the provider, the adult family home may perform skilled nursing services that can safely be administered at home by a Registered Nurse or an RN delegated CNA/HCA/Longterm care worker.

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

When deemed appropriate by the provider, the adult family home may perform delegatable tasks under WAC 246.841.405. The cost of these services will be the responsibility of the resident.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate staffing in the home.

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

When deemed appropriate by the provider, the adult family home may provide special care and attention to clients with a diagnosis related to mental health and dementia.

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: 24hours per day, 7 days a week
- Awake staff at night
- Other: **When deemed appropriate by the provider, the adult family home may have awake staff at night**

ADDITIONAL COMMENTS REGARDING STAFFING

Staffing is based on the clients needs. All our staff have undergone required Washington State training.

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 spoken at the adult family home. Sensitivity and respect of our client's ethnicity, cultural beliefs and practices is of utmost importance. When deemed appropriate by the provider, the staff may assist with specific requests surrounding ethnic/cultural requests.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

When deemed appropriate by provider, interpreter services may be provided so residents needs can be wholly met.

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:

Medicaid eligible residents will be accomodated in semi-private rooms. The daily rate should be sufficient to cover daily care expenses. Private pay residents who convert to Medicaid will need to have resided at the home for minimum 36months and give 180days advance notice prior to start of Medicaid conversion. Additional details per Medicaid policy availed to resident upon admission.

ADDITIONAL COMMENTS REGARDING MEDICAID

The adult family home Medicaid policy is disclosed to residents/families/legal representative prior to admission

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:

Upon assessment and residents preferences, and also accommodating family input, staff will offer appropriate activities both inhouse and community based.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We believe activities provide healthy maintenance of the body, mind and spirit.

Staff at the adult family home strive to meet the resident's needs through incorporation of physical, social and mental activities.

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