



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

HOME / PROVIDER <b>FINE CARE AFH LLC/FREDRICK MURIGU</b>	LICENSE NUMBER 754227
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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.

**Fine Care Adult Family Home LLC is a home where every resident matters; while providing compassionate and quality care to residents who need it the most, in a place that feels like their own home. We respect each person’s privileges, individual need, interests and while giving them the independence and dignity they deserve at all times.**

**2. INITIAL LICENSING DATE**

9/23/2019

**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 help, supervision, cueing, guiding of the limbs up to spoon feeding.**

**We accommodate resident's special dietary needs and preference. We can mechanically alter food per resident's needs or per doctor's order due to swallowing issues.**

2. TOILETING

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

**Stand by help, cueing, minimal assist, supervision for those who can still do the task up to total toileting needs of dependent residents. Assist with bedside commode, bedpan, urinals, supervise or provide stand by assistance while toileting.**

3. WALKING

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

**Standby assist of ambulatory/independent residents, stand by, contact guard, cueing and encouraging. Residents with mobility aids such as cane, wheelchair, walker and to residents who are totally dependent with ambulation or the non-ambulatory.**

4. TRANSFERRING

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

**Supervision, cueing, stand by assist, encouragement. Services are provided to residents who are in need of total transferring needs with one to two person transfer.**

**Residents needing assistive devices such as side rails and transfer pole and to residents on Hoyer lift transfer.**

5. POSITIONING

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

**We provide monitoring, cueing, encouragement, supervision, stand by assist to full assist of dependent residents who cannot position themselves.**

**Services are provided to residents who are in need of positioning in a two hourly schedule.**

6. PERSONAL HYGIENE

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

**Cueing, supervision, encouragement, some assist to full assist until completion of task. We also ensure thorough Pericare, dry skin care, mouth care, foot care if not diabetic, nail care are task provided to the residents on a daily basis.**

7. DRESSING

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

**Supervision, cueing, stand by assist, partial assist to full assist with dressing.**

8. BATHING

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

**We provide supervision, stand by assist, cueing, monitoring, encouragement up to partial and total assist in completing the task. We provide bed bath or sponge bath for residents who cannot participate with bathing and showering.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**The home provides personal care on a daily basis. Coordination with other professionals as needed.**

**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:

**Medication assistance with oral, topical, inhalation, breathing treatments, eye drops, ear drops, nose drops and we will secure Nurse Delegation services for our non licensed staff for residents who needs medication administration.**

**We can also administer insulin injections per Nurse Delegation services and oversight for non licensed staff.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medications are checked regularly per doctor's orders following five rights of medication administration and Staff at Fine Care AFH have been trained and nurse delegated in various tasks.**

**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 have a nurse delegator that delegates all the caregivers.**

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

**We have put nursing delegation into place to include medication assistance and /or administration of various medication.{cost of these services could be the client responsibility}**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The provider will always provide the best skilled nursing services at all times.**

**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

**Fine Care Afh provide special care and attention to residents with 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: **As needed.**
- Licensed practical nurse, days and times: **As needed.**
- Certified nursing assistant or long term care workers, days and times: **24/7**
- Awake staff at night (Rounds)
- Other: **Staffing needs per assessed resident's 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:

**The home admits and provides services to residents from all and any types of ethnic background.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**FINE CARE AFH accepts all residents regardless of their background however they should be able to understand some English.**

#### 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:

**FINE CARE AFH will accept medicaid clients if we are aware of daily rate before admission and if they are okay to share a room.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**If private pay client converts to medicaid we will require 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:

**Home Exercises. Music, TV, Radio, Bingo, Puzzles, Playing cards, Outdoor Activities, Walking, birthdays.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES.

**The provider will offer activities and consider preferences.**

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  
PO Box 45600  
Olympia, WA 98504-5600