



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

HOME / PROVIDER <b>Absolute Care and Comfort AFH LLC / Feruza Mohammed</b>	LICENSE NUMBER <b>754242</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.

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<b>About the Home</b>	
<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>2. INITIAL LICENSING DATE</p> <p style="margin-left: 20px;">9/25/2019</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</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:

**The home offers assistance that range from meal preparation, cutting the food to manageable pieces, and one to one assistance.**

### 2. TOILETING

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

**The home offers assistance with toileting that ranges from standby assistance to full assistance, to include pericare.**

### 3. WALKING

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

**The home offers assistance with walking that range from reminding to use a mobility assistive device to standby assistance with mobility for those who can bear weight.**

### 4. TRANSFERRING

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

**The home offers assistance with transferring that range from standby assistance to full assistance with a sit-to-stand or Hoyer Lift. The staff in the home are qualified and trained to operate the sit-to-stand and Hoyer Lift.**

### 5. POSITIONING

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

**To prevent skin breakdown, it is important to refrain from being in one position for too long. Staff will remind residents to re-position themselves if they are able to do so independently, and assist those who cannot.**

### 6. PERSONAL HYGIENE

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

**The home's assistance with personal hygiene range from gentle reminders and setting up to full assistance. Personal hygiene are tasks such as brushing teeth, shaving, cleaning dentures, cleaning eye glasses, etc.**

### 7. DRESSING

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

**Staff in the home can assist the resident with putting on their clothes, shoes, and socks or setting out their clothes based on their personal preference.**

### 8. BATHING

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

**Assistance with bathing ranges from gentle reminders to full assistance and bed baths.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**The home encourages residents to remain independent and perform tasks at the level they are capable.**

## 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:

**The home can manage the resident's medications and ensure that they receive their medications at the time and in the dosage as prescribed. All medications are kept in locked storage and medications given to residents are logged on a medication administration record at the time a medication is given.**

**The home also works with a long-term care pharmacy for medication services.**

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:

**Nurse delegation means a registered nurse transfers the performance of selected nursing tasks to competent and qualified long-term care staff. Staff at Absolute Care and Comfort AFH LLC is competent and qualified to perform certain nursing tasks through nurse delegation, and the facility contracts with a RN for nurse delegation.**

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

**The staff in the home are qualified to do medication administration, apply medicated ointments/lotions, eye drops and 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: **the nurse will be in the home based on the delegation needs of the individual resident.**

- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24hr a day / 7 days a week**
- 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 spoken in the home. The home works with all cultural and religious backgrounds.**

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:

**We require Residents who are using private funds to do some for 24 months before transitioning to the Medicaid payment system. In order to assure there's adequate time to process the Medicaid paperwork and there's not a lapse in payment, we require the resident to provide the home written notification 90-days prior to them transitioning to the Medicaid payment system.**

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:

**Puzzles**

**BBQ**

**Cooking night**

**Movie night with popcorn**

**Bingo**

**Arts and crafts**

**Daily stretching**

**Light exercise**

**Karaoke night**

**Yoga**

**Planning group - activities, meals, and special events**

**Gardening**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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