



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER BLESSINGS AFH LLC / EMMAH KANYORA	LICENSE NUMBER 754268
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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. GOAL: Everybody need best treatment and compassionate care. Our home will make sure our clients live in a happy and comfortale environment, a place to call home.	
2. INITIAL LICENSING DATE 10/21/2019	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
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:

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

- >supervising and cueing clients who are at risk of choking and aspiration
- >Altering texture of food. e.g cutting food into bite sized pieces
- >Gastrostomy feeding

2. TOILETING

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

if deemed appropriate by provider the AFH may provide the following:

- >assist with cleaning,
- >reminding residents to visit bathroom regularly
- >supervise or provide standby assistance during toileting
- >Assist in changing of briefs/pads and incontinent as needed.

3. WALKING

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

When deemed appropriate by provider the AFH may provide the following:

- >Reminding clients to use assistive device
- >Help client walk as needed
- >Cueing clients on correct use of medical devices
- >stand by or contact assistance with or without the use of gait belt
- >Encourage walking regularly

4. TRANSFERRING

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

if deemed appropriate by provider ; the following may be provided

Provide total assistance with transfers

Use of hoist lift as needed

supervision or standby assistance with transfer.

5. POSITIONING

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

the following services will be provided if deemed appropriate by the provider;

- >reminding client to change position or turn regularly to reduce risk of skin breakdown/bed sores
- >one person assistance with changing position or turning while in chair or bed

6. PERSONAL HYGIENE

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

assistance with; oral care, personal hygiene, shaving, basic hair styling, showers 2-3 times a week or as clients needs it, bed bath, assistance with deodorant/lotion/make up application, nail care and nail filing.

7. DRESSING

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

supervision and standby assistance during dressing

provide total assistance with dressing

8. BATHING

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

supervision during showers

cueing clients during showers or limited assistance during showers

provide total assistance with showers

skin assesment during each shower when indicated

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:

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

.>Reminding clients to take medications on time

>Total assistance with medication administration and assist clients with administration of medications that can be deligated per WAC 388-76-10430

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

None

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:

None

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 provide delegated tasks under WAC 246.841.405. The cost of these services will be the responsibility of the client.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Appropriate staffing in the home will be provided.

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 Blessings AFH may provide special care and attention to clients with a diagnosis related to mental illness and /or 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: **Provider will schedule CNA/longterm care worker or the provider herself 24/7 to make sure that there is at least one person in the home with clients at all time**
- Awake staff at night
- Other: **When deemed appropriate by the provider, the Adult Family Home may have awake staff.**

ADDITIONAL COMMENTS REGARDING STAFFING

our staffing are well trained and has received all 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 in Blessings AFH. Sensitivity and respect of your client's ethnic, culture beliefs and practices is very respected. when deemed appropriate the provider may assist with specific requests surrounding ethnic requests.

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:

Blessings AFH require 12 months of private pay funds and 180 days of advanced notification prior to the start of a medicaid conversion.

ADDITIONAL COMMENTS REGARDING MEDICAID

Blessings AFH has a medicaid policy that is disclosed to client and families 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:

The provider will offer appropriate activities and consider client's preferences

ADDITIONAL COMMENTS REGARDING ACTIVITIES

when deemed appropriate Blessings AFH will provide activities that would match with what a client has loved doing in the past.

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