



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Kirsten Care Adult Family Home LLC	LICENSE NUMBER 754286 TBD
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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.	
2. INITIAL LICENSING DATE 11/06/2019	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS: Elena’s Home at Lake Rd. (14432 Lake Rd. Lynnwood, WA 98087)	
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:

stand-by to total physical assistance, depending on the assessment and resident's preference.

2. TOILETING

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

stand-by to total physical assistance, depending on the assessment and resident's preference.

3. WALKING

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

stand-by to total physical assistance, depending on the assessment and resident's preference.

4. TRANSFERRING

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

stand-by to total physical assistance, may use mechanical lifter (hoyer lift or sit-to-stand) if needed, depending on the assessment and resident's preference.

5. POSITIONING

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

stand-by to total physical assistance, depending on the assessment and resident's preference.

6. PERSONAL HYGIENE

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

stand-by to total physical assistance, depending on the assessment and resident's preference.

7. DRESSING

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

stand-by to total physical assistance, depending on the assessment and resident's preference.

8. BATHING

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

stand-by to total physical assistance, depending on the assessment and resident's preference.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The basic toiletries and bathroom supplies are provided free of charge such as toilet paper, paper towel, hand soap, sanitizer, regular shampoo, bathsoap and toothpaste. Items not provided are toothbrush, mouthwash, dental hygiene products, special kind/branded shampoo or conditioner, moisturizing body cream, facial cream, lip balm, hair gel or hair spray.

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:

Supervision to total assistance with medication administration and medical needs as identified in the assessment and care plan.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We employ Nursing Assistants/Health Care Aides under the delegation of a Registered Nurse. Our staff/caregivers are Nurse Delegated qualified.

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:

Insertion and management of indwelling and suprapubic catheter, oxygen administration, Diabetic management- (diet, blood glucose monitoring, insulin administration and weight management). Wound management - superficial wounds, burns and pressure injuries/ulcers.

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

Medication administration-oral, topical, eye drops, ear drops, inhalers, nebulizers. PEG tube feeding. Routine Catheter care, Blood sugar checks, Vital signs monitoring, Colostomy Care, range of motion exercise, skin care of non-infected wounds or preventative skin care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Nurse Delegation services may also be provided if requested. For private pay residents, additional charges may apply to skilled nursing services depending on level of care needs. A Registered Nurse is on-call during normal business hours for telephone consultation free of charge.

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: On-call 24/7
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

In the event that the provider/RCM/RN will be on vacation or social leave, a competent and approved contact person will be provided. DSHS officers will be notified in writing.

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, Tagalog

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We serve three nutritious meals and snacks between meals daily. Individual food preference per cultural backgrounds will be taken into consideration.

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:

It is the legal representative's responsibility to apply for Medicaid. The provider will offer assistance to contact case manager.

ADDITIONAL COMMENTS REGARDING MEDICAID

For client admitted on a private pay basis initially but will qualify for Medicaid benefits in the future, the legal representative needs to inform the home in writing thirty (30) days prior to effectivity, that the personal funds of the resident will be exhausted. The resident does not have to leave the home but Kirsten Care Adult Family Home reserves the right to assign rooms and change room assignments with thirty (30) day notice to the resident or legal representative.

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:

We offer a minimum of three activities daily such as physical exercise program, board games and listening to music.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We also have various activities that we can offer designed to address psychological and emotional needs including short trips to the mall and shop.

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