



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER HANA'S LOVING CARE ADULT FAMILY HOME	LICENSE NUMBER 754343
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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	
<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>The goal is to provide a "home-like setting", to provide optimal care and maintain resident at highest level of function. All residents regardless of race, religion are welcome.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>01/02/2020</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>IMNAYS ADULT FAMILY HOME</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:

cues, hand over hand, total feed, or tube feeding.

2. TOILETING

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

reminder, cueing, assist with peri care, adjustment of clothing, scheduled 2hours toileting as needed to total hands on by staff.

3. WALKING

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

Walking with or without assistance, cane, walker, wheelchair once deemed safe by PT and after staff instruction, and one on one as needed.

4. TRANSFERRING

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

Verbal cues to move forward in chair, gait belt in place if decided; explain what is to be expected, having resident stand if able to bear weight. Pivot transfer to Hoyer lift.

5. POSITIONING

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

Position in middle of bed; use pillows to maintain position, move up in bed as needed. CHAIR: move buttock at back of chair(W/C), ensure upright trunks, use pillow to support as needed.

6. PERSONAL HYGIENE

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

Clean dentures, teeth, wash feet/hands; brush hair. Assess all body with showers. Brief change, always allow resident to do what they are able.

7. DRESSING

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

Offer simple choices, allow resident to do tasks they are able; assess for changes in way clothes fit as this might indicate weight gain or loss

8. BATHING

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

Walk-in shower, shower bench, hand-held shower, mat on floor, grab bars. Staff to allow resident to do the things they are able to do. Staff to assist hand-over-hand to total assist.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

NO ONE is to be left unattended. As a resident may decline, more assistance would be 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:

Med assist; Nurse delegation, crush in applesauce, to tube feeding, med supervision.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All residents needing nurse delegation will have staff delegated prior to administration of meds.

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, RN to give monthly IM injection

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

eye drops, cream/ointment, dressing per order, enema, eardrops, tube feeding; med administration, Blood sugar check, Insulin injection.

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

All employees must have 3-days DDD Class from DSHS

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: one day a week 0800AM-4:30PM
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 7 days a week, 24 hours a day
- 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:

Attempt to meet the needs of all Background

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Family is encouraged to bring Special Traditional dishes for family

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

Except based on with current population

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:

coffee hours; TV; curret events; puzzles

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Depending on population, some activities may not fit for current population.

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