



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Morning Shine LLC	LICENSE NUMBER 754392
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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.

Table of Contents

About the Home

Personal Care

Medication Services

Skilled Nursing Services and Nursing Delegation

Specialty Care Designations

Staffing

Cultural or Language Access

Medicaid

Activities

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.

Our mission is to make our residents happy and enjoy there stay with us as a family. The AFH is CNA owned and managed. The home is located with peaceful neighbors. The home has no stairs making it easily accessible for all residents.

2. INITIAL LICENSING DATE

2/20/2020

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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:

- * **Supervising and cueing residents who are at risk for choking/ aspiration**
- * **Altering food texture, cutting into small pieces, chopping and pureeing food as needed**
- * **Feeding residents as needed**

2. TOILETING

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

As needed, The AFH may provided the following:

- * **Reminding residents to use bathroom regularly**
- * **Supervised or provide stand by assistance while toileting.**
- * **Assistance with use of bedside commode, bed pan, or urinal**

3. WALKING

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

As needed, The AFH may provide the following:

- * **Reminding residents to use assistive device**
- * **Cueing resident correct use of all medical devices**
- * **Standby or contact assistance without use the gate belt during walking**
- * **Encouraging regular excersise.**

4. TRANSFERRING

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

As needed, The AFH may provide the following:

- * **Supervision or Standby assist with transfers**
- * **One person assistance with transfers.**
- * **Sit to stand lift used for transfers as indicated.**

5. POSITIONING

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

As needed, The AFH may provide the following:

- * **Reminding residents to change position or turn every two hours.**
- * **One person assistance with changing position or turning while in bed or chair.**
- * **Provide turning on a regular 2 hour schedule for residents who are highrisk for breakdown/ bedsores.**

6. PERSONAL HYGIENE

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

As needed, The AFH may provide the following:

- * **Assistance with oral care.**

- * Assistance with shaving and hair styling.
- * Assistance with showers.
- * Bed bath given if unable to shower.
- * Application of deodorant, lotions, and makeups.
- * Assistance with nail care and foot care done by a podiatrist, Daibetics done by family.

7. DRESSING

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

As needed, The AFH may provide the following:

- * Supervision and Standby assistance during dressing.
- * Provide total care assistance with dressing.

8. BATHING

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

As needed, The AFH may provide the following:

- * Supervision during showers.
- * Assisting residents during showers.
- * Provide total assistance with showers.
- * Skin assessment during each shower when indicated.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We encourage residents to be as independent as possible. provide laundry services 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:

As needed, The AFH may provide the following:

- * Reminding residents to take their medication on time.
- * Assist residents with adminstration or oral meds.
- * Total assistance with medication administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

will observe and monitor

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:

N/A

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

The AFH may have deligation put into place to include medication assistance and/ or administration of various medication.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate staffing in the home.

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

If needed, The AFH may have deligation put into place to include medication assistance and/or administration of various medication. the cost of these services would be residents responsibility.

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: 24/7
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Staff is based on needs of our residents. our staff has 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:

The home accepts English speaking residents. The provider also speaks Amharic, and accept Amharic speaking residents.

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:

The home has six beds for the Medicaid residents.

ADDITIONAL COMMENTS REGARDING MEDICAID

The home has medicaid policy that is disclosed to clients 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 activities and consider residents preferences.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

The AFH may try to provide activities that would match with a resident who loved something in the past. Through my experience as CAN I have observed that we all needs a purpose, no matter how big or small, that will gives us motivation and inspiration for our lives.

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