



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ALLPOINT ADULT FAMILY HOME/AMOS KIHARA	LICENSE NUMBER 754419
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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	
<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>Experience a place you can call HOME. We are dedicated to providing a comfortable, friendly, safe and loving enviroment with respectable and expert quality care. At Allpoint AFH, Compassion is at the heart of our care. This home is very peaceful, bright and filled with love and laughter. The home boasts of large rooms that are full of natural sunlight</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="margin-left: 20px;">3/6/2020</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 AFH will provide the following:

- * **Supervising and Cueing clients who are at risk for choking/aspiration**
- * **Altering the texture of food i.e Cutting into bite sized pieces, chopping and/or pureeing of solid foods**
- * **Feeding clients as indicated**
- * **Tubefeeding**

2. TOILETING

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

- * **We cue residents to use the bathroom, change pads and assist using commode, bedpans and urinals.**
- * **We provide physical assistance to transfer resident using wheelchair, Hoyer lift and sit to stand.**
- * **We assist residents who are challenged to dress up and clean themselves after toileting.**
- * **We are trained to take care of residents with catheter, colostomy and ileostomy bags**

3. WALKING

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

- * **We encourage residents movements: Walk by themselves, using walker and wheelchair**
- * **We provide stand by assistance and gait belts for residents with walkers**
- * **We encourage residents to exercise in a group and walk around the house and if the weather allows, exercise on the deck or in a park near our house**

4. TRANSFERRING

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

- * **We provide standby assistance and gait belt for residents to transfer**
- * **We transfer residents to and from bed, wheelchair, toilet and showers as needed**
- * ~~We exercise in a group to strengthen the body and enhance transfer~~

5. POSITIONING

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

Positioning resident on a chair, wheelchair and bed in proper body alignment to prevent skin breakdown every two hours or as needed

6. PERSONAL HYGIENE

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

- * **We assist with oral care, nail care and toe nail trimming.**
- * **We provide assistance with shaving and hair styling**
- * **We provide assistance with showers at least twice a week or as client is able**
- * **Bed bath if client is unable to use a shower, apply deodorant, lotions and make up**

7. DRESSING

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

We provide assistance with choosing clothing, cueing, moderate/total assist with dressing.

8. BATHING

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

*** Skin assessment with each bathing session , assistance with transfers if needed.**

*** Assistance with transfers if needed, supervision, partial/total assist with bathing and moisturizing skin to prevent skin breakdown**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide the highest quality of care to residents in a safe homely enviroment

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:

Total administration of medication,assistance with administration, reminders asneeded

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Per MD order and RN delegation, we assist and/or administer oral, inhalation, insulin and ointment treatments

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:

All medications are assisted/administered on time

Administrating and monitoring glucose treatment, skin and wound treatment and urinary catheter based on MD orders and RN delegation instructions

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

~~**Administrating and monitoring of glucose, skin/wound, urinary catheter, ointment treatment, colostomy and ileostomy bags**~~

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We have RN contract as needed for nursing delegation. One to two caregivers will be on the floor depending on number of residents

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: _____
- Licensed practical nurse, days and times: Monday through Friday
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other: **Residents are provided with call buttons for residents that wake up at night or are at risk of fall**

ADDITIONAL COMMENTS REGARDING STAFFING

All nursing staff are licensed with Washington State.

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:

We are able to accommodate all cultural and ethnic backgrounds, ethnic foods, diets and preferences upon request. English is the primary language spoken in our home.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We are able to accommodate all cultural and ethnic backgrounds, ethnic foods, diets and preferences upon request

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 adult family home accepts residents based on the level of care and if the home is able to meet the care needs

ADDITIONAL COMMENTS REGARDING MEDICAID

The Home has a medicaid policy that is disclosed to the 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:

We believe in promoting independence hence daily activities are a priority. We offer Exercises, walking, orientation to the day, newspaper, coffee/tea parties on our sunny deck and prayer meeting with volunteers from church

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We celebrate all holidays and birthdays. We also have card games, art and Bingo

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