



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Gracious Hope	LICENSE NUMBER 754455
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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. Gracious Hope AFH is committed to offering quality care to the residents by ensuring a safe and condusive environment, upholding resident's dignity, maintaining privacy, respecting resident's view, and promoting independence.	
2. INITIAL LICENSING DATE 3/26/2020	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 11805 NYANZA RD SW, LAKEWOOD, WA, 98499
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
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:

Preparation, setting up, monitoring, cutting, crushing, pureeing, cuing, spoon feeding, tube feeding

2. TOILETING

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

Cuing, monitoring, bedpan, urinal and total assistance

3. WALKING

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

Cuing, monitoring and one person assist

4. TRANSFERRING

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

Monitoring, cuing, one person assist

5. POSITIONING

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

Monitoring, cuing and one person assist

6. PERSONAL HYGIENE

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

Setting up, shaving (facial hair only), combing, brushing teeth, washing face

7. DRESSING

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

Monitoring, cuing, selecting appropriate dressing, partial or total assist

8. BATHING

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

Monitoring, cuing, partial/total assist

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:

with the help of nurse delegated staff, we will do medication administration, blood sugar checks, insulin administration, application of creams and medication recording

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Liase with respective pharmacies to ensure prompt medication delivery

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:

As may be delegated

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

Application of creams/ointments, suppositories, non sterile dressing, insulin administration, tube feeding, ostomy care, eye/ear drops

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

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: As needed
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: Day and night, all week
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

The home may provide an awake staff should the need arise.

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 is open to residents of all backgrounds.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

The home will serve the residents much better if they communicate in basic English.

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:
With current assesment and upon review of daily rate.

ADDITIONAL COMMENTS REGARDING MEDICAID

A six-month notice is required before the conversion to medicaid.

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 home holds a one hour musical instrument show every weeck. With weather allowing, residents will spend time in the vegetable garden. Residents will participate in simple house chores of their choice on a voluntary basis like folding clothes, loading dish washer. The home will provide a range of board games and crafts exercises like colouring, cutting and pasting where deemed safe to do so. Magazines, journals and books are available for reading. A TV connected to cable is available in the living area. Residents who wish to have a TV in their rooms are free to do so.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

TV is connected to basic cable. Residents intending to watch premuim channels may have to foot the cost

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