

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Hope Adult Family Home	LICENSE NUMBER 754530
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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>Mission: Dedicated to offer quality care and services that provide personal choices, enhances individual value and encourages health and safety.</p> <p>The home is beautiful with a big back and front yard and great neighborhood for walking. We celebrate Christmas and Easter with cultural food, and Hope Adult Family Home is open to celebrate birthday's and anyone's religious Holiday's and Culture.</p> <p>Values: Mutual Respect, Integrity, Honesty and Commitment.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>05/15/2020</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>N/A</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:

We provide assistance to residents based on their specific needs and as indicated in the resident 's specific care plan. examples would include:

Supervising and cuing resident who are at risk of choking/aspiration

Atering textures of food ie: cutting into bite sized pieces, chopping or pureeing solid foods

Providing diets and food choices specific to client needs and preferences and feeding resident as indicated

2. TOILETING

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

We provide assistance include:

Supervision or stand by assistance while toileting

Assitance with use of a bedside commode, bed pan or urinal in the resident's room

Reminding client to visit the bathroom regularly and changing of briefs/pads and incontinence care as needed

3. WALKING

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

Reminding resident to use assistive devices such as a walker or cane

Cuing resident on correct and safe use of devices such as a walker or cane

Standby or contact assist and/or use of gait belt during walking

Encouraging regular walking within the resident's abilities

4. TRANSFERRING

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

The safety of our resident is our priority, assistnace with transfers includers:

Supervision or standby assist with transfers

One or two people assistance with transfers from bed to chair or commode

Hoyer life tranfers as indicated and following and cueing resident regarding specific instructions from physicians

5. POSITIONING

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

Assistance with repositioning would provide based on the resident's needs and abilities and includes:

Cuing and reminding resident to change position or turn

One or two people assistance with changing position or turning while in bed or chair

following special order from physician

Turning on a regular two hours schedule for resident's at high risk for skin breakdown/bedsore

6. PERSONAL HYGIENE

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

At Hope Adult Family Home, all activities of daily living of our residents are encouraged to participate as much as they are able to in order to maintain optimal independence. Caregivers can provide:

Assistance with oral care

Assistance with shaving and hair styling

Assistance with showers or bath and shampoo offered at least twice a week as resident able to

Bedbath if resident unable to use bath or shower

Application of deodorant, lotions and make up and nail care

7. DRESSING

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

Supervision and standby assistance during dressing

Providing assistance with dressing top and bottom as needed, stockings and shoes

Following instructions from occupational therapy regarding dressing routine

Providing choice of clothing types and dressing

8. BATHING

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

Safety is first while providing care during shower and caregiver would assist based on the resident's abilities example would include:

Supervision during shower for safety and avoid slips or falls

Cuing resident during shower

Providing total assistance with shower

Making the shower experience a positive one by keeping water and room warm and not rushing

Assessing skin

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Hope Adult Family Home encourages client to be independent as much as possible while doing ADL.

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:

Caregiver would assist with medication monitoring such as reminding resident to take medication on time

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We administer oral, inhaler, topical and injectable medication

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:

Resident assesment and delegating necessary services

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

Providing crushed medication, administration of medications, checking blood glucose level, foley catheter care and tube feeding care

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

N/A

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

ADDITIONAL COMMENTS REGARDING STAFFING

Hope Adult Family Home will hire CNA/HCA same time in the future

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:

Sensitivity and respect of our resident's ethnicity and cultural beliefs and practices is important to our staff. Specific requests or needs would be part of the resident's specific care plan. And the primary language that spoke at Hope Adult Family Home is English and secondary is Tigrigna and Amharic.

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 requires 2 months of private pay funds and 2 months of advanced notification prior to the start of a Medicaid conversion. We also accept Medicaid as the only form of payment when admitting to the home if no private pay funds are available from the start of admission.

ADDITIONAL COMMENTS REGARDING 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:

Hope Adult Family Home activities are based on resident preferences and abilities. The home is the resident's house, so if they would like to be involved with normal household activities, would be encouraged. This might include assisting with meal preparation, gardening or folding laundry just like they would do at home. Other activities would include puzzles, crayons and coloring paper, passing ball, piano, music, holiday and birthday celebrations BBQ nights at the back yard of the house or some place else, etc.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We are open for activity suggestions within our AFH budget

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