

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>MAINSRING AFH/BEATRICE GITAU</b>	LICENSE NUMBER 754623
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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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<b>About the Home</b>	
<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><b>At Mainspring AFH, our mission is to help our residents improve their quality of life. We help them manage their activities of daily living.</b></p> <p><b>At Mainspring AFH, we share these values-superior quality service, compassion, mutual trust, integrity, honesty and lasting relationships.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">8/5/2020</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p style="text-align: center;"><b>n/a</b></p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p><b>n/a</b></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 may provide eating support from independent to extensive assistance**

### 2. TOILETING

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

**We may provide toileting support from independent to extensive assistance.**

### 3. WALKING

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

**We may provide walking support from independent to limited assistance.**

### 4. TRANSFERRING

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

**We may provide transferring support from independent to extensive assistance**

### 5. POSITIONING

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

**We may support resident who are independent with positioning in bed, each circumstance is evaluated to see if care tasks can be met by accommodations.**

### 6. PERSONAL HYGIENE

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

**We may provide personal hygiene support from independent to extensive assistance.**

### 7. DRESSING

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

**We may provide dressing support from independent to extensive assistance.**

### 8. BATHING

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

**We may provide bathing support from independent to extensive assistance.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Our goal is to meet all care needs of each resident in or home and each care needs will be assessed accordingly before admission**

## 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:

**We may provide all medication assistance as prescribed and delegated by our Nurse Delegator**

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We have a preferred Pharmacy that manages our medications refills and record management.**

### 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:

**We can provide most skilled delegatable nursing services**

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

**none**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**None**

### 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

**We evaluate each care needs during admission and discuss possibility of meeting those needs before admission**

### 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: **daily as scheduled by care needs**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Staffing needs is determined and adjusted accordingly as the care needs of the residents changes and**

### 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:

**English**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**none**

**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:

**As long as we can meet the care needs at the daily care rate offered by medicaid and disclosed at the time 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:

**Activities are customized per residents preference and abilities. Art and crafts supplies, board games, Puzzles, access to TV in rooms and common areas**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**As weather and residents ability permits we may take short walk outside the home.**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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