



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

HOME / PROVIDER I Am Home Adult Family Care, LLC Mulu Habtyimer	LICENSE NUMBER 754861
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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](#)

<b>About the Home</b>	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. I am home adult family care, LLC is dedicated to adults promoting healthy living, optimum care, purpose and belonging in life in a happy and comfortable home like environment. Providing exceptional care is our primary mission. Professional and dedicated staff is available 7 days per week, 24 hours a day. We are ready to provide excellent care with compassion and concern for our clients.	
<b>2. INITIAL LICENSING DATE</b>  2/5/21	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b>  None
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b>  _____	
<b>5. OWNERSHIP</b> <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: **Home made fresh meals served daily. Assist with feeding, experience with thickeners and puree as needed. Allowing independence when possible. The care plan regarding all diet restrictions and menu planning is strictly followed. Discuss nutrition and food choices with resident, legal representative, DSHS social worker and physician while respecting client rights. Watch for over and under eating and dehydration. Encourage social dining, watch for swallowing difficulties. Purchase and stock healthy snacks, fruits, and vegetables.**

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows: **Offer assistance to and from bathroom allowing resident to be as independent as possible. Ensure privacy and dignity at all times. Use of bedpans, urinals, and commodes for clients that cannot get out bed, have difficulty walking or at night. Use disposable pads and undergarments for incontinence. Control stains, wetness and odor by monitoring toileting habit (fluid/diet/exercise/meds). Document and report signs and symptoms of elimination that is not normal. Keep client clean and dry.**

### 3. WALKING

If needed, the home may provide assistance with walking as follows: **Assist client with walking using assistive device to and from destinations for safety. Allow independence. Stay alert of mobility problems. Make sure resident uses walker, cane, rails, inside and outside of home. Respect preference and rights. Prevent falls; allow plenty of time for movement. Be uplifting and encouraging even for small success. Report and document any signs of difficulty with walking or mobility. Explain need and benefit of movement. Maintain positive attitude.**

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: **Use of transfer aids such as wheelchair, gait belt, Hoyer lift, sheets, or transfer board and bars. Ensure safety and comfort for resident by identifying their preference. Watch for signs and pain or discomfort. Explain and use cues, stay calm and be patient and respectful. Provide privacy. Ask for help when necessary. Make sure equipment is safe and secure. Let client know and prepare them for the transfer. Document and report any changes.**

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows: **Explain to client why repositioning is frequently needed to avoid pressure sores and to increase circulation. Help ensure resident is well-positioned in chair or bed with proper support using pillows or wedges to protect their body and ask questions about comfort. Avoid friction to skin. Make client comfortable while repositioning and shifting weight as recommended. Watch for incontinence, clean, dry area as often as needed. Report any unusual skin conditions or pressure sores to RN and or care team immediately.**

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: **Be attentive and look for any sudden hygiene changes in resident. Keep skin clean and dry to avoid any infection. Assist and provide personal hygiene care that prevents injuries to the skin, remove dirt from the skin that might promote growth of germs, bacteria or fungus. Allow client to do care independently if possible. Watch for foul odors. Explain need, boost spirit and self-esteem in the process. Offer alternative to accomplish goals. Respect preferences and provide privacy.**

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows: **Be mindful of client's choice and independence. Allow enough time, do not rush and remain calm and cheerful. Simplify choices to avoid confusion or frustration. Assist or remind resident to dress. Start on the weaker side, if any, so client can assist with stronger side. Ask questions about choices consider health, culture and weather conditions when assisting. Recommend clothing that is comfortable and easy to put on/take off. Give privacy and respect. Compliment and praise to build self-esteem.**

### 8. BATHING

If needed, the home may provide assistance with bathing as follows: **Talk with and listen to client to accommodate preferences and routine. Always consider his/her level of independence and modesty, never leave alone. Make sure room and water temperatures are safe and comfortable. Provide privacy. Ensure safety to prevent falls, use a bench for sitting in the shower. Assist with getting in and out of bath allowing him/her to do and move on their own as much as possible. Check skin while reassuring – Report and Document any concerns.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE: **Establish routine schedule, explain need, allow independence, respect rights and choices. Report concerns.**

#### **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: **cueing, reminding, explaining type and need, guiding hand, opening contains, following the 5 rights of medication, making sure client takes meds as prescribed, reporting refusal and documenting. Medication Administration by nurse delegation guidelines, and state regulations. Making sure RN and employees have current raining.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES: **Trained staff comfortable and willing to handle nurse delegated task.**

#### **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: **Part-time or intermittent scheduled visits by a DSHS Medicaid registered nurse or appointed Private-Pay nurse to handle services and care needed temporarily due to an injury or illness, including attending to a post-operative wound or dispensing and monitoring intravenous medication. Training credentialed workers to handle delegated tasks for individual resident care needs, management of chronic illness/conditions, injections wound care monitoring vital signs assessments, administering medication, and handle medical care coordination with other care team members, dressing wound or bed sores, changes catheters, and perform other medical services as needed. Overall services include: Nursing assessment and consultation, Individualized nursing care plans, General and Specialty nursing care, Medical care planning with physicians and therapists, Medication management, Wellness checks, Nutritional assessment and diet plans.**

The home has the ability to provide the following skilled nursing services by delegation: **Medication administration, medication assistance, cues, and set-up, insulin injections, Diabetes management, wound care, proper technique for managing delegated tube feedings, dressing changes (non-sterile), catheter care, ostomy/colostomy care, skilled hospice emotional and transition support.**

The adult family home Provider and staff shall at or under the general direction of a registered nurse practitioner, acting within the scope of his or her license, training and certification, administer medications, treatments, tests, within the scope of nurse delegation. RN may delegate tasks of nursing care to other individuals where the RN determines that it is in the best interest of the patient. The delegating RN shall: (a) Determine the competency of the individual to perform the tasks; (b) Evaluate the appropriateness of the delegation; (c) Supervise the actions of the person performing the delegated tasks and (d) Delegate only those tasks that are within the registered nurse's scope of practice.

The Provider and RN will ensure that staff is properly trained and willing to take the delegated course, comfortable with the delegated task(s) to be performed and follow the delegations of the RN. The Provider will ensure the RN meets all state requirements and hold a current Washington state RN license.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION: **RN shall document routine evaluations and updates on resident condition in the care log.**

#### **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: **Staff are required to have current specialty training and continue their knowledge and education on specialty care subjects through continuing education courses, workshops or seminars at least once per year. Educational books and videos are available on caring for dementia, mental health clients for continued learning opportunities. Provider will attend workshops and seminars on**

specialty topics.

**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: **24 hours on-call. At initial Assessment prior to admission, on-call if resident is ill, or in need of nursing care that is not 911 emergency, re-evaluations, and once per year updates.**

Licensed practical nurse, days and times: **As delegated by RN and on-call.**

Certified nursing assistant or long term care workers, days and times: **Alternating weekly schedule with Caregiver staff. Provider on-call 24 hours and daily operations checks.**

Awake staff at night

Other: **As delegated by Physician and medical need.**

ADDITIONAL COMMENTS REGARDING STAFFING: **24 hour coverage and scheduling with awake coverage.**

**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: **Our home welcomes all persons does not and shall not discriminate on the basis of race, color, religion (creed), gender expression, age, national origin (ancestry), handicap or disability, marital status, sexual orientation, domestic partnership, need for service animals, or military status, in any of its care, activities or operations. Staff will be sensitive and understanding in care for all persons accepted and working in the home.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS: **Staff shall be sensitive and respect ways in which culture, food and faith impact care. Staff shall respect beliefs and practices. Staff shall be mindful and finds out food choices from resident and uses recipes based on those choices. Staff shall be aware of rituals such as prayers and fasting. Staff shall be able to read non-verbal cues for dislikes and likes, evaluate nourishment and diet plans. Staff will offer opportunity for diverse socializations with family, friends and others in home like setting.**

**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: **Individual must meet Medicaid reimbursement and supplemental benefit requirements, agree to facility policies, procedures, transfer/discharge policy, and facility rules.**

ADDITIONAL COMMENTS REGARDING MEDICAID: **Private pay residents can convert to Medicaid pay bedroom if qualifications are met.**

**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).

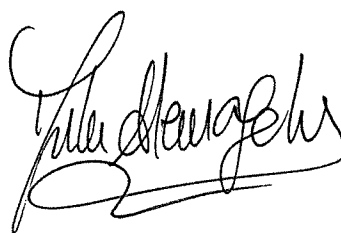
The home provides the following: **Outdoor walking, backyard game activities (when weather permits), cards, memory scrapbooks and photo albums, games, art and drawing, community festivals and outings (markets/festivals), puzzles, exercising with balls and minimal stretching. DVDs and movies, music, sing-a-long, dancing, community visitors, library, spiritual motivations, birthday and holiday celebrations.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES: **In Addition to ADLs and IADL, other activities offered are specific to all mobility levels of independence and individual needs. Staff will work with direction of PT, OT, exercise and other care team members to promote quality of life, mobility, and life enrichment.**

Resident/Legal Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

 11/17/2020

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