Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
ALPHA 1 ADULT FAMILY HOME/ FRANCISCA KARANJA	755300

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.

Our Homes are operated with Love and Patience. We strive to make our residents feel at home and we treat them as our own family. We go out of our way to take them to all appointments, if they do not have family to do that.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
12/6/21	**ALPHA 2 AFH, 30043 13th Avenue South, Federal Way, WA 98003** **ALPHA 3 AFH, 2032 South 333rd Street, Federal Way, WA 98003** **ALPHA 4 AFH LLC, 31228 8TH Avenue South, Federal Way, WA 98003**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

- ☒ Sole proprietor
- ☐ Limited Liability Corporation
- ☒ Co-owned by: **Joseph K. Kuria**
- ☐ 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:

Caregivers will provide eating asstance according to residents needs and as indicated on the care plan.

2. TOILETING

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

According to the residents needs; by cueing, changing pullups, peri care assistance, assistance to use commode and as per the care plan.

3. WALKING

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

We will assist the resident with walking, with walker, wheel chair, gait belt and as needed.

4. TRANSFERRING

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

Transfer the resident with Stand by assist with cueing. Assist with gait belt, total assist with one person assist or two people assist. Total dependence using a hoyer lift and according to the assessment/care plan.

5. POSITIONING

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

We will cue, encourage, help guide the limbs in order to turn or position, support and use drawsheet.

6. PERSONAL HYGIENE

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

According to the residents needs; brushing teeth, skin care, shaving, buching hair and nail trimming,

7. DRESSING

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

Caregivers will provide, choosing the right clothing if resident is not able to, stand by assist, set up, total assistance and according to the care plan.

8. BATHING

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

A daily bed bath for total care residents, showers 2-3 days per week and as needed and as the care plan.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

personal care will be provided according to the residents needs ensuring safety and their diginity at all times

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:

The amount of medication given to the residents is the amount ordered by the doctor. We give the medications in a cup as an anabler to the resident. We crush the medications with Nurse delegation by an RN. All medication is locked and dispensed to the clients according the doctor's orders. We also apply, creams, eye drops, insuline and wound care. All with Nurse Delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

If a resident has PRN medications an RN will nurse delegate the caregivers before providing the meds.

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:

PRN Medications, Inhalations and creams

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

PRN Medications, glucose monitoring and insuline injections, wound care, Eye Drops and nasal spray

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Provider will read the assessment and ask the Nurse Delegator questions before accepting this task.

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: **On call. RN/Nurse Delegator comes every 90 days for supervisory visit.**
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **24 hours/day**
- ☐ Awake staff at night
- ☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

N/A

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 welcome Residents from any/ all Ethnic background.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English and Kiswahili are spoken fluently in the home.

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:

Depending on the level of care and if the home can meet the Resident's needs.

ADDITIONAL COMMENTS REGARDING MEDICAID

They will be required to pay their participation and on time.

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:

Watch TV, Movies, Football, music, card games, puzzles and go to chuch on Sundays

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Activities are specially customized based on clients ability and needs

Resident Name:_____

Resident signature: _____ **Date:**_____

Signature of Facility Representative:_____ **Date:**_____

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