Washington State Department of Social & Health Services
ALTSA Aging and Long-Term Support Administration

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Luna Cottage AFH, Inc	755428

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 mission: An integral part of who we are is that we are committed to the elderly and hold them in deepest respect through honoring, caring and loving them as family. We provide a loving environment in which they, "the resident" feels at home, safe , secure. The owners are RN/BSN with more than 15 years of experience in caregiving.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
2/24/22	**10524 23rd DR SE, Everett, WA 98208**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- ☐ Sole proprietor
- ☐ Limited Liability Corporation
- ☒ Co-owned by: **Emnet Bizuneh and Fitsum Gebru Awoke**
- ☒ Other: **S-Corp**

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:

Up to 100% assistance provided. We can accommodate pureed, soft, low salt, and other diets.

2. TOILETING

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

Up to 100% assistance provided. We specialize in managing incontinence of bowel and bladder.

3. WALKING

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

Up to 100% assistance provided. Walkers, canes, and wheelchairs accepted.

4. TRANSFERRING

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

Up to 100% assistance provided. We can help you get in-and-out of bed, chair, toilet, and shower.

5. POSITIONING

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

Up to 100% assistance provided. We can provide assistance with turning and positioning 24/7.

6. PERSONAL HYGIENE

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

Up to 100% assistance provided. This includes things like grooming, shaving, and washing assistance.

7. DRESSING

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

Up to 100% assistance provided with dressing, undressing or changing clothing anytime.

8. BATHING

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

Up to 100% assistance provided. We provide bating /showering assistance based on your preferences, needs, and care plan.

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:

Up to 100% assistance provided. We provide assistance for all oral medication, inhalers, and can be delegated to assist residents with blood glucose monitoring, insulin pens, eye drops, oxygen, and more.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

The Owners are RN/BSN in Washington State, and can provide nursing tasks such as wound dressing changes, refilling medication organizers, nursing health assessments, so long as those services remain within the scope of practice for Washington State. OR
We coordinate skilled nursing services with independent 3rd party Home Health agencies (covered by Medicare).
We contract with an independent RN for all DSHS Assessments and RN Delegation required by the Resident.

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

State-allowed nurse delegated tasks can be provided in our AFH. If the State allows it, our staff can provide it. The only allowed injectable medication is insulin.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We are NOT a "skilled nursing facility." However, we do contract with Home Health agencies who can provide skilled nursing services in our AFH.

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

x 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: **Third party contracted on-call during regular business hours.**
Licensed practical nurse, days and times: _____
☒ Certified nursing assistant or long term care workers, days and times: **NAC or HCA staff 12 hours daily. AND /OR Provider is RN/BSN and in the AFH 12 hours daily.**
☒ Awake staff at night
☒ Other: **In-home services: ARNP for primary care; Beautician; Podiatrist; Musician.**

ADDITIONAL COMMENTS REGARDING STAFFING

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 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:

same Medicaid Policy as in your Disclosure of Charges form.

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 that seniors enjoy are varied and differ from person to person. By default, we offer live music concerts, Birthdays and Holiday celebrations, daily exercise, therapeutic walking, puzzles, reading, and ball-toss.

ADDITIONAL COMMENTS REGARDING ACTIVITIES