

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

HOME / PROVIDER <b>Eternal Life AFH/ Yuliana Martinez</b>	LICENSE NUMBER <b>755911</b>
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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><b>Eternal Life AFH Takes pride in serving our senior living population. We love to serve those in need with a desire to be respected and honored every day. WE value loving care safety, and high quality of life for all residents in our home. We offer aging in place so you can be right at home knowing we will transition to every need and support you require. The Owner/Provider is a CNA with over 11 years of experience working in AFH’s, Facilities, Homehealth Care Agencies, and Palliative Care.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">10/19/22</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSSED:</p> <p style="text-align: center;">N/A</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSSED AS:</p> <p style="text-align: center;">N/A</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:

**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-an-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 , underdressing or changing clothing anytime.**

### 8. BATHING

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

**Up to 100% assistance provided. We Provide bathing/showering assistance based on your preferences, needs and care plan.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Staff will encourage clients to be as independent as possible**

## 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

**Staff will be trained and delegated for each client.**

**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 Home may Contract with a RN delegator for nurse delegation tasks.**

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

**Staff at the home may perform all delegatable tasks under WAC 246.841.405.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**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

**When appropriate by the provider, the home may provide special care to residents with diagnosis related to mental illness and/ or demantia**

**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: **When the provider is not present in the home, the provider will schedule the appropriate days & times for CAN or long-term workers in the home.**
- Awake staff at night
- Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING

**Our staff has received all required Washington State training.**

**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 Spanish. Sensitivity and respect of our residents ethnicity and cultural beliefs and practices is of importance to our staff.**

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:

**Eternal Life AFH accepts medicaid as a payment source and will continue providing services to residents who's payment source changes from private pay to medicate paid. Residents must reside in the home for at least 6 month's before they can convert to medicaid. When a resident is converting from private pay to medicaid the responsible party must give 6 month advance notice. The home will give 30 notice to a resident who is converting if medicaid beds are full.**

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:

**The home may provide when available Birthday's and Holiday celebrations, puzzles, reading and outgoing to the mall, fair and shopping.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Residents are financially responsible for their expenses during an outgoing away from the AFH.**

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