

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Emmama Adult Family Home LLC/Habtamua Melaku,DNP	LICENSE NUMBER 756082
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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](#)

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. To support and provide care in a safe and homelike environment to individuals who need the support and personal care in a manner that enhances or maintains the resident's quality of life	
2. INITIAL LICENSING DATE 1/25/23	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <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:

Three nutritious meals are served each day with refreshments available between meals. Beverages are available throughout the day. The provider will discuss personal preferences in regards to meals with the resident and try to meet these preferences. Special diets will be accommodated if ordered by the resident provider. Prepare meals and serve at mealtime. Set up utensile and monitor for safe eating. Cut food small bite size & encourage to chew adequetly to minimize choking as needed.

2. TOILETING

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

Remind the resident to use bathroom at recommended time. Allow independency and monitor accidental wetting and help to set up clean clothigWill assist with toileting and dressing during waking hours. A selection of cleansers and lotions are provided. Residents are responsible to purchase any specialized personal care products they may prefer. Paper products such as toilet tissue and Kleenex are provided, but residents are responsible for personal protection products and incontinence supplies

3. WALKING

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

The home has independent residents. If resident uses walker, caregiver will make sure the walker is utilized at all the time. Encourage residnets who use walker to walk around the house to keep their streangth as recommended by their health care provider. Provide clutter free environment. Encourage wearing call button.

4. TRANSFERRING

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

Stand by assistant is avilable. Assist residents only as needed to encourage independent transfer. Appropriate use of transfer technique may be utilized as trained by professionals. Anyone who consistently requires assistance transferring cannot be accommodated. Any change in condition, the PCP and case manager will be notified on timely manner.

5. POSITIONING

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

Assist residents only as needed to encourage independent personal care. No resident who needs ongoing positioning is not currently accepted. Close supervision or routine attention (such as changing, positioning, medication assistance, or toileting assistance) during normal sleeping hours. Occasional unscheduled assistance is always available on an “on call” basis. The entire household sleeps at night; there is no “awake” caregiver on duty.

6. PERSONAL HYGIENE

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

Assistance will be provided as needed. Oral care will be set up and assisted if desired. Denture care will be furnished for those who need it. Bathing is assisted weekly, more often if resident desires. Nail care is provided. Personal grooming is encouraged and assisted on a daily basis or more often as needed. Will assist with toileting and dressing. Grooming is provided if resident is unable to manage alone.

7. DRESSING

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

Help to choose and set up dressing. Help resident to choose what to dress for the day and assist as needed. Verbal encouragement is provided. Caregiver will assist dressing as needed. May hand a shirt, pants and help with socks and shoes. Any changes in level of functioning, the PCP and CM will be notified.

8. BATHING

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

Set up needed supplies for showering or bathing. Bed and bath linens are furnished and maintained by the home. Personal laundry is washed weekly, with separate loads for each resident. Residents are encouraged to put away their folded laundry so items are easier for them to find. Bedding is washed weekly, or more often if needed due to illness or incontinence. Dry cleaning may be arranged at cleaners' cost plus a fee of 20%.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We assist residents only as needed to encourage independent 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:

Assistance with medications and medical needs as identified in the assessment and negotiated care plan. Medications will be kept in locked storage. Medication assistance and administration are available. The home ensures that appropriate professionals provide needed services for the resident. The home will assist the resident in obtaining additional on-site health care services requested by the resident and/or as ordered by the resident's health care provider. Observe medications are taken

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff will give resident her medications in a small cup at the prescribed time according to the medication administration record.

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:

No skilled nursing service is required at this time. Nursing delegation is available as needed bases. Staff will provide medications as delegated by RN.

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

Medications assistance, diabetes, and topical medication. Injections she cannot administer herself, unless a home care agency is furnishing nursing support..

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All care staff is trained in nurse delegation. Any resident requiring nurse delegation services incur the fees of these services set forth by the delegating registered nurse

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night
- Other: **Live-in and day shift coverage as needed bases**

ADDITIONAL COMMENTS REGARDING STAFFING

The owner makes all general care and management decisions for the overall operation of the business. The home ensures there is adequate staffing 24 hours a day, 7 days a week.

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:

All are English speaking residents

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:

Currently accepts and provides services to female clients whose payment source is through the Medicaid program. No private pay at this time. For future, the home will consider private pay residents case by case and will follow the regulation. If the resident becomes eligible for medicaid, she will remain at the home.

ADDITIONAL COMMENTS REGARDING MEDICAID

If the home is able to meet the needs of the residents, per contract

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:

Card games, puzzles, movies and TV are readily available. The following activities are encouraged: Craft, Folding laundry, setting table, Gardening, Birthday parties, Coffee chats, Ice cream socials, Reading, Church services, Holiday celebration

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Scrapbooking, read aloud, sing a long, sit & be fit exercise, and seated yoga may be incorporated for additional activities.

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