



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

HOME / PROVIDER <b>Happiness Care AFH c/o Jackline Nyakwara</b>	LICENSE NUMBER 756505
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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.

**At Happiness Care AFH want to welcome YOU home! We are conveniently located near Hwy 167, Covington shopping center, Costco, Fred Meyer, Safeway and Walmart. Our local medical clinics and hospitals are MultiCare/UW clinics and Valley Medical Center.**

**2. INITIAL LICENSING DATE**

7/17/23

**3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**5. OWNERSHIP**

- Sole proprietor
- Limited Liability Company
- Co-owned by:
- Other:

1. EATING

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

- \*Set-up, supervising & cueing residents who are at risk for choking/aspiration**
- \*Altering texture of food. IE: cutting into pieces, chopping and/or pureeing of solid foods**
- \* Feeding residents as indicated \* Specialty Diets (case per case basis) \* PEG/tube Feeding**

2. TOILETING

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

- \*Set-up, reminding residents to visit the bathroom regularly \* Catheter care**
- \*Supervise or provide stand-by assistance while toileting \* Peri-Care \* NO Ostomy care**
- \*Assistance with use of a bedside commode, bed pan or urinal \* Bowel programs**
- \*Changing of briefs/pads and incontinence as needed \* NO digital stimulation**

3. WALKING

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

- \*Monitoring, Supervising, Reminding resident to use assistive devices**
- \*Cueing residents on correct use of all medical devices \* Use of Cane, Walker, Wheelchair**
- \*Standby or contact assistance with or without the use of gate belt during walking**
- \*Encouraging/assisting with regular exercise/ROM \*NO Electric/Power chairs**

4. TRANSFERRING

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

- \*Supervision or standby assist with transfers \* ½ bed rail; transfer poles**
- \*One-person assistance (2 persons assist on case per case basis) with transfers**
- \*Hoyer lift/Sit to stand lifts**

5. POSITIONING

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

- \*Cueing and reminding residents to change position or turn \* Use of ½ bed rails or other devices**
- \*One-person assistance (2 persons assist on case per case basis) with changing position or turning while in the bed or chair**
- \*Provide turning/repositioning routinely for skin breakdown/bedsores prevention**

6. PERSONAL HYGIENE

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

- \*Set-up, Cuing, Monitoring and Assistance with oral care**
- \*Assistance with shaving, combing/brushing hair**
- \*Assistance with showers at least twice weekly or as resident is able**
- \*Application of deodorant, lotions, and make up**
- \*Assistance with nail care (will recommend podiatrist when necessary for toenails)**

7. DRESSING

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

- \*Set-up, Cuing, Supervision and standby assistance during dressing**

<p><b>*Provide assistance to total assistance with dressing</b></p> <p><b>*Application/ assistance with braces/ other appliances</b></p>	
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows:</p> <p><b>*Set-up, Monitoring, Supervision during showers</b></p> <p><b>*Cueing residents during showers</b></p> <p><b>*Provide partial to total assistance with showers</b></p> <p><b>*Skin assessment during each shower when indicated      * Apply lotion/Vaseline to skin</b></p>	
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p><b>AFH will Bed bathe if resident is unable to use shower</b></p>	
<b>Medication Services</b>	
<p>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)</p>	
<p>The type and amount of medication assistance provided by the home is:</p> <p><b>*Reminding, handing and dispensing resident medication(s) on time</b></p> <p><b>*Assist residents with medications</b></p> <p><b>*Total assistance with medication administration</b></p> <p><b>* Ordering, Managing, Documenting, Altering medications per Doctor's orders</b></p> <p><b>*AFH will follow Dr. orders and RND instructions</b></p>	
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p><b>We require Dr. orders for all medicated items prescribed or over-the-counter</b></p>	
<b>Skilled Nursing Services and Nurse Delegation</b>	
<p>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)</p>	
<p>The home provides the following skilled nursing services:</p> <p><b>The AFH has a preferred Nurse Delegator (RND) who can provide nurse delegation for AFH staff and resident private pay assessments. AFH Caregivers require nurse delegation for skilled nursing tasks, refer to the AFH Rights and Services agreement (Admission Agreement) agreement for further information.</b></p>	
<p>The home has the ability to provide the following skilled nursing services by delegation:</p> <p><b>The AFH may need to administer medications or over the counter items; tasks under WAC 246-841-405. The cost of these services would be the responsibility of the resident/representative if Private pay otherwise Medicaid funding pays for Nurse delegation.</b></p>	
<p>ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION</p> <p><b>The cost associated with RND services and assortments are the responsibility of resident/representative.</b></p>	
<b>Specialty Care Designations</b>	
<p>We have completed DSHS approved training for the following specialty care designations:</p> <p><input checked="" type="checkbox"/> Developmental disabilities</p> <p><input checked="" type="checkbox"/> Mental illness</p> <p><input checked="" type="checkbox"/> Dementia</p>	

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

**AFH Provider also has Nurse Delegation for Diabetes.**

**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: **as needed per Dr. order, for RND tasks, and with Home Health orders**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24 hours per day; 7 days per week**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Staff is based on the needs of our residents. For additional cost awake staff may be available.**

**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, Swahili, Kisii, Kikuyu, Luo**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**NONE**

**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:  
**After 1 year/12 months of Private Pay; selective Medicaid residents**

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 Facility has various activities like puzzles, arts/crafts, music, exercises, board games, cards, and**