

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Amazing Hearts AFH / c/o Moses Mbugua	LICENSE NUMBER 756545
--	---------------------------------

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	
<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>Amazing Hearts AFH is established to provide exceptional care to the residents and foster an environment where each resident is treated with respect and dignity.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>7/27/23</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>N/A</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>2002 SE Talton Avenue, Vancouver, WA 98683</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:

We provide eating assistance from queing, monitoring to total assistance. Prepare residents for dining, meals and snacks according to their diet order. We also supervise residents during meals especially those with risk of choking. We may alter the food texture as deemed fit by the physician to accommodate each residents according to their needs.

2. TOILETING

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

We assist with toileting, use of commode, changing of briefs / pads and incontinence as needed.

3. WALKING

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

We assist residents by reminder of using the assistive devices, cueing residents on the corrective use of all medical devices, use of cane, walker, or wheelchair. Standby or contact assistance with use of gait belt during walking. We also encourage residents to engage in regular exercise / ROM.

4. TRANSFERRING

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

When deemed appropriate by the provider, the adult family home may provide the following:
*Supervision or stand by assist with transfers, one person assistance transfers to chair, toilet or even to bed.

5. POSITIONING

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

Will assist, remind residents to change position or do position changes every 2 hours and as needed.

6. PERSONAL HYGIENE

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

We assist with set up, cueing, monitoring and or total assist with personal hygiene ranging from showering, oral care, shaving, hair styling, bed baths, application of lotions, deodorants, makeup, assistance with nail care and(will recommend podiatrist when necessary for toe nails).

7. DRESSING

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

Prep clothes to wear and assist with dressing and undressing based on each resident's needs.

8. BATHING

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

Will assist with showers (twice a week) and bed baths as needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Each individual will be assessed for their personal care needs and will be assisted accordingly.

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:

Reminding, handing and dispensing resident's medication on time, assist residents with administration or oral medications, total assistance with meds. The AFH will also assist in ordering the medications, managing and documenting accordingly. The AFH will ensure a current physician order is in record.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The provider will make sure that caregivers working with the residents are trained and delegated accordingly but the Nurse delegator. Open line of communication is enhanced between the home, the physicians and the Nurse delegator to ensure meds are ordered, and delegated in timely manner.

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:
Skilled nursing services in the home are provided by home health nurses, hospice agencies and registered nurses through nurse delegation.

The home has the ability to provide the following skilled nursing services by delegation:
The home has a nurse delegator who delegates all necessary tasks that meets the needs of residents. The provider will staff have required trainings needed for delegation. The cost of delegation is the responsibility of resident / representative.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Qualified caregivers at the AFH are and will continue to be delegated for various tasks but he delegating RN.

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: an RN is available in the home
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: Caregiver is on duty from 8 am to 8 pm. The provider is available in the home after the hours and is also a certified nursing assistance.
- Awake staff at night
- Other: The RN delegator is oncall as needed for the home as well.

ADDITIONAL COMMENTS REGARDING STAFFING

The provider is a Certified Nursing Assistant and work along a Registered Nurse who is available in the home most of the time.

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:
Sensitivity and respect of our resident's ethnicity, cultural beliefs and practices are paramount and will be promoted by all means but with reasonable and limited accommodation for cultural and religious meals.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English is the primary language spoken in our 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:
Medicaid and Social Security accepted

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 provider will offer appropriate activities and consider client's preference. The provider and staff encourage residents to be active in the home and live a meaningful lives.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Staff provide activities that matches what the resident love doing. In life, each of us needs a purpose no matter how big or small that provides motivation and inspiration to enrich our lives.

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