

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER KC Care Home LLC / Dibash KC	LICENSE NUMBER 756815
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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>KC Care Home LLC is located in Shoreline, Washington. It has a wide spacious yard with 6 beds, three private rooms, two sharing rooms, two private rooms, and one shared room that has an attached bathroom with one common shower room. Our mission is to provide the highest quality of professional, compassionate, and personalized care to each resident, maintaining a family-like environment with the highest level of care and respect.</p>	
<p>2. INITIAL LICENSING DATE 11/06/2023</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</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:

promoting and supervising those who are able to feed themselves but are at risk of choking
physical assistance with feeding those who are unable to feed themselves
puree diet/soft diet
feeding and tube feeding with total assistance

2. TOILETING

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

encouraging, promoting, and supervising those who are able to use the toilet
provide complete physical assistance to those that are unable to go to the toilet or an incontinent, including assistance with toileting, use of commode, bed pan, urinals; cueing to use the bathroom, routine peri-care assistance

3. WALKING

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

encourage and supervise those who are able to walk with assistive device
provide passive range of motion exercise to those who are unable to walk, including: monitoring, encouraging, standby assist for safety, assist with cane, walker, crutches, gait-belt, leg brace or any other assistance

4. TRANSFERRING

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

encourage those who are able to transfer on their own
provide physical assistance if needed to transfer
use of Hoyer lifts who are unable to assist with transferring, including: monitoring, encouraging, standby, assist, hands of assist to stand/sit vue; mechanical lift like hydraulic Hoyer; total assist

5. POSITIONING

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

Encourage to change position to those who are able to change position
Provide physical assistance with positioning, regular turning and placing limbs in correct position, including: monitoring, encouraging, cueing, hands of assist, dry skin assist to reposition, support while moving or lifting; use of draw sheet, hospital bed, special mattress, wedges, foot cradle, pillows; total assist

6. PERSONAL HYGIENE

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

Encourage and supervise those who are able to maintain personal hygiene.
Provide physical assistance w/ personal hygiene to those unable to maintain hygiene; brushing, teeth, combing, showering, and nail cutting (except diabetic client), including: monitoring, encouraging, cueing,

set up, hands on assist, dry skin care, fragile skin care, bruises, rashes, itchy skin, fingernails, lotion soaps, skin barriers

7. DRESSING

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

Encourage those who are able to dress themselves.

Provide physical assistance for those who are unable to dress on their own, including: monitoring, encouraging, cueing, lay up appropriate clothing; assist with shoes, socks, tedhose, tying or buttoning; total assist

8. BATHING

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

Provide physical assistance as needed by residents either full or partial help with showering.

Bed bath can also be given as needed, including: monitoring, encouraging, cue , set up bath supplies; assist for shower, physical assist while part of bathing; bed bath, shower; total assist

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Personal care is provided either in room or bathroom.

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:

Medication assistance is done under nurse delegation, oral drops, inhalation, ointments, and topical wound care treatments as per doctor's order and as delegated by RN

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We follow 5 rights in medical administration:right resident,right drug,right time,right dosage,right route

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:

glucose monitoring, skin/wound treatment, indwelling catheter care, consumption treatment, tube feeding

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

PRN medication administration, inhalation, topical, eye/ear drops, nasal spray, glucose monitoring

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

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: **RN delegator every 90 days supervisory visit**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24/7**
- Awake staff at night
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

24/7 assistance provided as needed

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:

KC Care Home LLC AFH respects every religion, culture, value, and traditions. We welcome residents from any and every ethnic background.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English and Nepali are spoken fluently in the home, hindi is conversational and urdu is minimal.

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:
depending on the level of care and if the home can meet the residents' needs. Home has two beds for the Medicaid payment residents

ADDITIONAL COMMENTS REGARDING MEDICAID

private rooms are available

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:

3 Course Meals with snack between lunch and dinner.

Music, T.V, DVD entertainment

Sing along

Card games, puzzles

Birthday/holiday celebrations

Telephone/TV/Wi-Fi services.

Planned trips to short distance.

Range of motion exercise as permitted by prescriber

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Backyard picnic, bbq-weather permitting, activities outside of home are resident/family expense

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