

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

HOME / PROVIDER <b>GREAT GRACE ADULT FAMILY HOME LLC/George Kimone</b>	LICENSE NUMBER 756841
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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>GREAT GRACE ADULT FAMILY HOME strives on providing a wholesome life to our residents by providing the best care. We strongly believe in improving all aspects of our residents physical, spiritual, emotional, and psychological lives with kindness and compassion.</b></p>	
<p>2. INITIAL LICENSING DATE 11/9/23</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>12305 N Belgard Ln, Mead WA, 99021</b></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 checked="" type="checkbox"/> Co-owned by: <b>Faye Mezengie RN</b></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 assist with any special diets including diabetic diets, mechanically altered diets, feeding assistance when needed and tube feeding**

### 2. TOILETING

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

**Toileting every 2-4 hours or more frequently if needed, total assistance with bowel and/or urinary incontinence, assist with urinals, bed pan, commodes and assist with catheters, urostomy and colostomy care.**

### 3. WALKING

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

**Staff will assist with the use of walking devices, always attentive to safe walking while following physical therapists directives for exercise regimens. Staff are aware that most residents are high risk for slips and falls and thus staff will ensure residents safety with a fall assessment through therapy, aiding in mobility, and communicating risk factors with provider.**

### 4. TRANSFERRING

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

**Staff are skilled in safe transfer of residents by using appropriate methods and equipment such as stand pivot transfer, wall bars, 2 person transfers, stand-by assist and hoier lift and sit to stand.**

### 5. POSITIONING

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

**Staff understands how to safely position a resident in a chair or bed for comfort and skin protection.**

### 6. PERSONAL HYGIENE

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

**Daily attention to hair, teeth, nails and diabetic toenail care (By RN) as well as frequent hand hygiene.**

### 7. DRESSING

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

**Resident's choice and appropriate clothing for temperature, fit, and occasion. JOYOUS LIVING AFH provides all levels of assistance from limited assistance to total dependence.**

### 8. BATHING

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

**We provide all levels of assistance with showers/bed baths/hair washes etc. As atleast once a day or as often as the resident prefers.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Mobile hairdressers for in home haircuts as needed.**

## 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:

**The facility is able to provide all medication at any time (day/night) as prescribed by M.D. This includes all routine meds, as needed meds, pain meds, psychotropic meds, blood sugar checks and give insulin and administer comfort care/hospice medication, crush medication as well as delegation for medication administration.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

### 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:

**GREAT GRACE AFH will provide end of life/Hospice care. All ADL's for clients who are dependent, will assist with physical, occupational and speech therapy orders/recommendations, hooyer lifts and sit to stand equipment available as needed.**

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

**Wound management, all ostomy care, breathing treatments, diabetic services including injections, oxygen management, catheter care, medication administration for oral, topical, rectal, tube feeding and comfort care/Hospice medication.**

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: **Every weekday from 7am-7pm**

- 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

**The Provider and resident manager are always available in case of emergencies 24/7**

**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:

**GREAT GRACE AFH is welcoming to any resident who needs mental and physical assistance without discrimination based on their cultural background.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We have staff who are fluent in multiple languages to ensure adequate accomodation of any clients who do speak English as a first language.**

**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:

**GREAT GRACE AFH accepts Medicaid as a source of payment for any and all residents without discrimination. If a private pay resident transitions to Medicaid, there will be no change in service or care. GREAT GRACE AFH reserves the right to accept or refuse the amount of payment determined by the state at the time of change in funding.**

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:

**Activities are provided according to the individual residents' preference following strict recommendations by the physical and/or behavioral therapists.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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