

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Emperor Care LLC/ Jane Gitau	LICENSE NUMBER 757484
--	--------------------------

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>WE VALUE CARE, COMPANIONSHIP, SAFETY, OPTIMAL LIFESTYLE AND HIGH QUALITY ADULT FAMILY HOME CARE. IT TAKES A VILLAGE TO CARE FOR OUR MOST VULNERABLE ADULTS. WE WILL WORK HARD TO ENHANCE THEIR LIVES.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>8/1/24</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:

Up to 100% assistance provided. We can accommodate pureed, soft, low salt, and other diets.

2. TOILETING

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

Up to 100% assistance provided. We specialize in managing incontinence of bowel and bladder.

3. WALKING

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

Up to 100% assistance provided. Walkers, canes, and wheelchairs accepted.

4. TRANSFERRING

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

Up to 100% assistance provided. We can help you get in-and-out of bed, chair, toilet, and shower.

5. POSITIONING

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

Up to 100% assistance provided. We can provide assistance with turning and positioning 24/7.

6. PERSONAL HYGIENE

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

Up to 100% assistance provided. This includes things like grooming, shaving, and washing assistance.

7. DRESSING

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

Up to 100% assistance provided with dressing, undressing or changing clothing anytime.

8. BATHING

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

Up to 100% assistance provided. We provide bathing /showering assistance based on your preferences, needs, and care plan.

9. ADDITIONAL COMMENTS REGARDING 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:

Up to 100% assistance provided. We provide assistance for all oral medication, inhalers, and can be delegated to assist residents with blood glucose monitoring, insulin pens, eye drops, oxygen, colostomy bags, stable tracheostomies, indwelling catheters, routine ordered wound care, as needed medications etc.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We do administer insulin injections when delegated by a Registered Nurse.

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:

We coordinate skilled nursing services with independent 3rd party Home Health agencies (covered by Medicare).

We contract with an independent RN for all DSHS Assessments and RN Delegation required by the Resident.

We have an on call nurse consultant assistist us as needed.

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

State-allowed nurse delegated tasks can be provided in our AFH. If the State allows it, our staff can provide delegated tasks. The only allowed injectable medication is insulin.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We are not a skilled nursing facility. Our home welcomes home health agencies to service our residents.

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: **on call when requested 24 hours/ 7 days a week**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **available 24 hours daily**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Staff is scheduled depending on Resident acuity, preferences, & needs

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:

The home will accommodate both male or female, of any ethnicity, sexual preference, any language, any disabilities, and any religious background.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English

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:

We accept Medicaid as a payment source. We require 90 days notice prior to Medicaid conversion.

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 that seniors enjoy are varied and differ from person to person.

By default, we offer live music concerts, Birthdays and Holiday celebrations, invited family meals, daily exercise, therapeutic walking, puzzles, reading, and ball-toss.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Activities are planned monthly and deviations from the plan depends on resident rights and preferences.

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