Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
KINDNESS ADULT FAMILY HOME LLC/ Selam Estefanos	75722

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

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.

Our motto is: Where love and laughter live. Our mission is to work hard each day to exceed the expectations of our clients & their families. The home is ARPN owned and managed. The home is very peaceful, bright, with lots of flowers. The home features large rooms that are full of natural sunlight and are very inviting.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
11/25/24	**N/A**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

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

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:

When deemed appropriate by the provider, the home may provide the following:

*** Supervising & cueing clients who are at risk for choking/aspiration**

*** Altering texture of food. IE: cutting into bite sized pieces, chopping and/or pureeing of solid foods**

*** Feeding clients as indicated**

2. TOILETING

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

When deemed appropriate by the provider, the home may provide the following:

*** Reminding clients to visit the bathroom regularly**

*** Supervise or provide stand-by assistance while toileting**

*** Assistance with use of a bedside commode, bed pan or urinal**

*** Changing of briefs/pads and incontinence as needed**

3. WALKING

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

When deemed appropriate by the provider, the home may provide the following:

*** Reminding client to use assistive devices**

*** Cueing clients on correct use of all medical devices**

*** Standby or contact assistance with or without the use of gate belt during walking**

*** Encouraging regular exercise**

4. TRANSFERRING

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

When deemed appropriate by the provider, the home may provide the following:

*** Supervision or standby assist with transfers**

*** One person assistance with transfers**

*** Provide Hoyer lift transfers as indicated**

5. POSITIONING

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

When deemed appropriate by the provider, the home may provide the following:

*** Cueing and reminding clients to change position or turn**

*** One person assistance with changing position or turning while in the bed or chair**

*** Provide turning on a regular two (2) hour schedule for clients at high risk for skin breakdown/bedsores**

6. PERSONAL HYGIENE

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

When deemed appropriate by the provider, the home may provide the following:

*** Assistance with oral care**

*** Assistance with shaving and hair styling**

*** Assistance with showers at least twice weekly or as client is able**

*** Bed bath if client is unable to use shower**

*** Application of deodorant, lotions, and make up**

*** Assistance with nail care, toenail trimming**

7. DRESSING

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

When deemed appropriate by the provider, the home may provide the following:

*** Supervision and standby assistance during dressing**

*** Provide total assistance with dressing**

8. BATHING

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

When deemed appropriate by the provider, the home may provide the following:

*** Supervision during showers**

*** Cueing clients during showers**

*** Provide total assistance with showers**

*** Skin assessment during each shower when indicated**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff at the home encourage clients to be as independent as possible

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:

When deemed appropriate by the provider, the home may provide the following:

*** Reminding clients to take their medications on time**

*** Assist clients with administration of oral medications**

*** Total assistance with medication administration**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff at the home have been trained to be delegated in various tasks.

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:

The home is owned and managed by an RN who has many years working in long term care. When deemed appropriate by the provider, The home may contract with a ARPN delegator for nurse delegation.

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

When deemed appropriate by the provider, staff at the home may perform all delegatable tasks under WAC 246.841.405. The cost of these services would be the responsibility of the client.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate staffing in the home.

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

When deemed appropriate by the provider, the home may provide special care and attention to clients with a diagnosis related to mental illness and/or dementia.

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: _____
- ☐ Licensed practical nurse, days and times: _____
- ☐ Certified nursing assistant or long term care workers, days and times: **When the provider is not present in the home, the provider will schedule the appropriate days & times for a ARPN or long-term workers in the home.**
- ☐ Awake staff at night
- ☒ Other: **Awake care at night, dedicated one caregive support, and/or additional two caregiver support for ADLs may be available for an additional fee.**

ADDITIONAL COMMENTS REGARDING STAFFING

Staff is based on the needs of our clients. Our staff has received all required Washington State training.

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 is the primary language spoken at the home. Sensitivity and respect of our client's ethnicity, culture beliefs and practices is important to our staff. When deemed appropriate by the provider, the home may assist with specific requests surrounding ethnic requests.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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: **The home requires 12 months of private pay funds and 6 months of advanced notification prior to the start of a to Medicaid conversion. We also accept Medicaid as the only form of payment when admitting to the home if no private pays funds are available from the start of admission. We have 2 beds available for private pay residents who convert to Medicaid that have a DSHS assessed minimum daily rate of $150 per day.**
ADDITIONAL COMMENTS REGARDING MEDICAID **The home has a Medicaid policy that is disclosed to client and families prior to admission.**

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 preferences.**
ADDITIONAL COMMENTS REGARDING ACTIVITIES **When deemed appropriate by the provider, the home may try to provide activities that would match with what a client has loved doing in the past. In my experience as an ARPN I have learned that each of us needs a purpose, no matter how big or small, that provides motivation and inspiration for 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