Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
PRECIOUS LOVE CARE HOMES LLC/HANNAH NJOKI	757764

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.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
12/19/24	

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

LOCHBURN AFH

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:

Caregivers to provide residents supervision, cueing and total assist with feeding. We can provide therapeutic diets such as Low Fat Diet, Diabetic Diet, Low Sodium Diet Etc. per the doctors orders. We can provide care with residents on feeding tubes.

2. TOILETING

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

Initiate toilet training if needed. Remind or assist residents to use the toilet at least every 2-3 hours or as needed.The home provides all toileting needs and assistance up to total assist and thorough perineal care. The home promotes bladder re-training by assisting residents to use the toilet every 2-3 hours.

3. WALKING

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

Restoring mobility is the home's priority, assistance with mobility is provided from standby up to total assist with mobility. We accommodate all types of assistive devices from cane, walker to wheelchair.

4. TRANSFERRING

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

Assistance with all capacity of transferring is provided, from cueing to standby and up to total assist with transferring. Residents needing transfer devices like Hoyer-lift are accomodated given the proper assessment of such device use.

5. POSITIONING

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

Assistance with positioning ranges from monitoring, cueing, encouragement, supervision, standby assist to full assist of dependent residents who cannot position themselves.

6. PERSONAL HYGIENE

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

Hygiene care is incorporated daily. Assistance is provided to up to total assist. We also ensure thorough pericare, dry skin care, mouth care, foot care, nail care are tasks provided to residents on a daily basis.

7. DRESSING

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

All levels of dressing assistance is provided, from supervision, cueing, standby assist, partial assist to full assist with dressing.

8. BATHING

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

Assistance with shower is provided and bathing per preferences. Showers are offered twice a week or whenever residents wish to. Sponge bath or bed bath are given to residents who cannot receive full shower due to health conditions.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The home provides personal care on a daily basis. Personal care are done while providing privacy.

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:

We provide services to residents who are independent, needing assistance or need administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medications are checked regularly per doctor's orders following five rights of medication administration.

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:

Nursing services will be provided by Nurse Delegation or we can facilitate contracting an RN if more nursing care is needed.

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

All form of medication management and administration will be provided under Nurse Delegation.

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: **as needed**
- ☐ 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

Awake staff at night if needed with additional fee from private-pay residents and through ETR program

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 admits and provides services to residents from all and any types of ethnic background.

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:

Private pay client must have at least twelve (12) months of private pay funds prior to converting to Medicaid. A notice of at least 180 days is required prior to a private pay client change to Medicaid to allow enough time for smooth transition.

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:

Read aloud, exercises, music, TV, radio, outdoor activities, walking, celebrations of major holidays, birthdays.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Residents are allowed to engage in any types of activities they prefer and have the ability to do so.

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