

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

HOME / PROVIDER	LICENSE NUMBER	
AKIVA CARE LLC /	756656	

**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 <a href="Chapter 388-76">Chapter 388-76</a> of Washington Administrative Code.

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Activities		
	About the Home	
1. PROVIDERS STATEMENT (O	PTIONAL)	
The optional provider's state home.	ement is free text description of the mission, values, and/or other distinct a	ttributes of the
Our mission is to serve	passionately and make a positive impact in every life that we sha	ll touch
	and the second s	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:	
09/11/2023	N/A	
4. SAME ADDRESS PREVIOUSL	Y LICENSED AS:	
N/A		
5. OWNERSHIP Sole proprietor	A contract of the contract of	-
	nv	
☐ 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:

Akiva Care staff will be assisting our residents to the dinning table and will be feeding them one on one as needed.

2. TOILETING

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

Akiva Care staff will be assisting our residents to the toilet make sure they have seated on the toilet safely then give them privancy then clean them after they are done, as needed,

3. WALKING

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

Akiva Care staff will be assisting our residents with walking using geit belts or walkers as needed

4. TRANSFERRING

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

Akiva Care staff will be assisting our residents with transfers using the right body mechanism as needed. Our staff will be given the full training on site on how to transfer.

5. POSITIONING

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

Akiva Care staff will be assisting our residents with reposition whether in bed, on wheel chair, recliner etc as needed

6. PERSONAL HYGIENE

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

Akiva Care staff will be providing personal hygiene to our residents where needed e.g brushing teeth bathing etc.

7. DRESSING

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

Akiva Care will be assisting our residents in dressing where needed whether its total dependance or not as needed But our staff will be allowing the residents to chose what to wear.

8. BATHING

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

Akiva Care will be providing assistance to our residents on bathing whether total dependance or partial as needed

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Akiva Care staff will offer assistance to the residents in toileting, bathing, personal hygiene 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)

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ne type and amount of medication assistance provided by the home is:	ed and all other
the resident's medications, reilii, ci ush medications	ore g
direction assistance as needed according to the negotiated particles	
DDITIONAL COMMENTS REGARDING MEDICATION SERVICES  Akiva Care will utilizer nurse delegation by legally authorized persons e RN.	
kiva Care will utilizer nurse delegation by legany	SOUTH A STATE OF
Skilled Nursing Services and Nurse Delegation	e care per chapter
the home identifies that a resident has a need for nursing care and the home is not able to provide the same of the home must contract with a nurse currently licensed in the state of Washington to provide service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)	de the nursing care
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of our residents by managing their medication according	egotiated care
enting and RN will be available / days in	-
The home has the ability to provide the following skilled nursing services by designation.  A kive Care will have an RN on call to provide nurse delegation to our staff. All medicate	ion assistance
will be provided according to the negotiated careplane	
will be provided according to the negotiated early many nursing delegation additional comments regarding skilled nursing service and nursing delegation additional comments regarding skilled nursing service and nursing delegation which includes NAC, HCA of fundamental services and services are serviced and services and services are serviced as a service and services are serviced as a service and services are serviced as a service and nursing delegation.	ental of
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION  Akiva Care staff will have the required education which includes NAC, HCA of fundam	
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ADDITIONAL COMMENTS REGARDING STAFFING
Akiva Care will have staff on site 7 days a week
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:
Akiva Care will accommodate all culturals and ethinc backgrounds
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
Akiva Care will not allow cultural and languages to hinder us in providing services to our residents.
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:
Akiva Care will disclose our home policies to our medicaid residents before we admit them to our
home.
ADDITIONAL COMMENTS REGARDING MEDICAID
Akiva Care will have an agreement with our private residents on when they can switch to Medicaid if
they run out of money 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:
Akiva Care will provide group activities at least 3 times a week and as needed
ADDITIONAL COMMENTS REGARDING ACTIVITIES
Taking the residents to community centers, organizing movie night, Bingo and various card games.

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