

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

HOME / PROVIDER <i>United AFH #3 - LERIZA B. DECASTRO-RN</i>	LICENSE NUMBER <i>A11102</i>
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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	
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. <i>United AFH has principles and moral obligations to make every effort to ensure, residents are getting quality of care, comfortable, happy and feels this is their home.</i>	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>9024- 229<sup>th</sup> St. SW, Edmonds, WA - 98026</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>United AFH #1</i>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <i>Corporation</i>	
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 <i>Served 3 meals/day and snacks mid-afternoon and as needed</i>	

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If needed, the home may provide assistance with eating as follows: Population of this home are pretty much independent / self-care / minimal assist.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Monitoring, cueing and assist when needed.

3. WALKING

If needed, the home may provide assistance with walking as follows: all are independent in ambulation. Assist in transportation arrangement for medical appts.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Everybody are independent in transfers.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: All independent in positioning except one Resident needs reminder to elevate legs when needed.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Cueing / monitoring and assist with personal hygiene when needed, i.e. scrub and wash back.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Cueing / monitoring with appropriate clothes accdg. to weather.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Set-up temperature of water for shower. Set-up supplies. Cueing, monitoring, assist washing back and feet.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Residents usually asked for assistance when 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: Pavilion Pharmacy pre-package medications according to dates and times. Caregiver

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES will assist to open package and pour to medication cup after caregiver checked medications and matched with medication profile book. Caregiver will watch Resident until all med. are taken

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: Not at this time.

The home has the ability to provide the following skilled nursing services by delegation: When needed for emergency RN Provider is able to do skilled nursing care.

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ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

R.N. Delegates available as back-up when needed

Specialty Care Designations

for medications.

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

AFH - Provider & Caregivers completed mental health & dementia Staffing Training

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: Rotation - NARS
- Awake staff at night
- Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING

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)

All backgrounds. English & Tagalog

The home is particularly focused on residents with the following background and/or languages:

All Residents now are Americans - We are open for other

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

backgrounds unless AFH is able to meet their needs.

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: Approved by DSHS for placements. Assessments done by DSHS as our main tool of CARE.

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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: *Walking; Bible Study, some go to Compass Health for Activity/Program. majority of Residents like*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*to stay outside and smoke. Others watch their favorite show on T.V.*

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

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