



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Silhouette Adult Family Home / Amalia Pena-Andra</i>	LICENSE NUMBER <i>22901</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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Received

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RCS/Public Disclosure

### 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**

*10/09/2003*

**3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:**

*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:

*assist in feeding, 1:1 feeding, puree food as doctor orders*

**2. TOILETING**

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

*Assist with toileting, pericare, grab bars, change incontinent pads as needed*

**3. WALKING**

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

*will assist walking indoor and outdoor, monitor, document, report to family and MD if walking worsen*

**4. TRANSFERRING**

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

*will assist all transfer as need to bed -> wheelchair, recliner toilet, shower. We'll use hoist lift as needed along with consent from family and instruction from nurse delegator*

**5. POSITIONING**

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

*We will assist with all positioning as needed in bed, wheelchair, recliner, reposition every 2-4hrs during the night.*

**6. PERSONAL HYGIENE**

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

*we will assist personal hygiene as needed, set up, encourage resident*

**7. DRESSING**

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

*We will assist dressing as needed encourage resident to choose clothing, dress resident appropriately due to weather, cue resident to dress self if able*

**8. BATHING**

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

*All shower will be assisted in shower room, warm shower room before, sanitize shower room after shower, will provide bodywash, shampoo, etc*

**9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE**

*Staff will assist fingers filing as need, paint/nail polish if requested by resident. will set hair in rollers if requested*

**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 will comply with doctor orders, we will comply nurse delegation instructions, we will monitor, report, document any reaction to MD and family*

**ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES**

*all medication will be comply with MD instruction, all medications will be locked in medicine cabinet, Provider will call in refill to pharmacy if family is unable, we will doc all medication taken or refused, if medication as be refused many times, Provider will notify MD and family.*

**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:

*hospice, ~~bed~~<sup>approx</sup> total bed care, total care, dementia, mental health*

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

*crushing meds, medication assistant, BS check, insulin, tube-feeding, dressing/wound care*

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: \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: *7 days / 24 hours*
- Awake staff at night
- Other: *NAR*

ADDITIONAL COMMENTS REGARDING STAFFING

*One staff has worked for almost 13 years, one staff almost 8 years, one staff almost 3 years*

**Cultural/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*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

*home will take any culture, one staff is able to speak Tagalog*

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:

*two years private pay first and will accept medicaid after two years*

*if resident is covered to medicaid he or she will be in a shared room if available and will provide 30 day notice of room change*

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:

*daily group conversation, morning exercise, game shows or movie day (oldies)*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*Home will provided individual activities as needed*

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