



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>VILLAGIO AFH ; PROVIDER LINDA MARIN</i>	LICENSE NUMBER <i>A 248204</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>Villagio AFH is a safe and warm home environment; we provide 24 hour care and attention; our medical care is always top priority; the residents have a very good balance regarding the importance of their personal day to day happiness and dignity!</i>	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
<i>12/06/2005</i>	—
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
<i>8707 113TH AVE SE, Newcastle, WA 98056</i>	
5. OWNERSHIP	
<input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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: *A FH accommodates residents needs; special diet as ordered by a Physician; also by doctor order: Wheelchair food, thickened the food and liquids as needed*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *Depend on residents care: transfer on/off toilet; pericare; change incontinence pads; diapers; adjust clothes*

3. WALKING

If needed, the home may provide assistance with walking as follows: *Depend on their physical condition; assistance to move to and return from areas outside of their immediate living environment.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *1:1 assistance to move to / from bed, chair / wheelchair; standing position; also by doctor order using the hoist*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *1:1 assistance to position in chair; bed; turns side to side*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *1:1 assistance with: combing hair; brushing teeth; shaving; washing / drying face, hands, perineance.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *1:1 assistance to put on / take off their clothes; shoes; prosthesis*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *1:1 assistance partial / full body shower; transfer in / out shower; bed bath*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We accommodate everybody's needs to care.

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: *Administrate the medications by doctor order (prescribed and over the counter); keep a record with name of the resident; name of the medications; dosage; frequency*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We monitor, log and report any change in residents condition; ask for advice or treatment

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: *By doctor order ; blood pressure ; pulse ; weight loss/gain ; oxygen use ; pain*

The home has the ability to provide the following skilled nursing services by delegation: *oral medications ; topical ; eye drops /ointments ; inhalers ; nebulizers ; sprays ; blood sugar check ; insulin administration*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Provider facilitates obtaining specialized nursing care needs ; physical and occupational therapy ; visiting physician ; visiting podiatrist

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: *on call*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *5 days a week, alternate shifts*
- 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)

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

Different cultural and ethnic backgrounds speaking English

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: *We accept Medicaid residents without conditions and for residents who become eligible for Medicaid after admission we have a home policy*

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: *Travel to library, Games, Walking, Religious activities, Celebration of major holidays and birthdays, Music, Gardening*

ADDITIONAL COMMENTS REGARDING ACTIVITIES