Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Valentina Dobbs	LICENSE NUMBER 292800

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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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.

Providing safe care / Providing care like home setting.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
JAN. 16th 1996	N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

702 39th St. Washougal WA. 98671

5. OWNERSHIP

- [x] Sole proprietor
- [ ] Limited Liability Corporation
- [ ] 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: makes specialized diet like consistency + type / feeding 1:1 / cutting bite size, prepare per plate per meal. Balanced diet

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Walks them to the bathroom / scheduled for bladder training / cleaning + changing diapers.

3. WALKING

If needed, the home may provide assistance with walking as follows: Walking c̄ walkers around the perimeter of the house + navigates in the house c̄ assist.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Using gart belt if needed; cues resident to follow simple commands @ a time, pivoting

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: 1-2 person assist positioning + repositioning supine + side to side preventing pressure ulcer

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Cleaning / Brushing dentures / bathing / washing / applying lotions / cleaning + clipping nails, teeth brushing, shaving, haircutting

7. DRESSING

If needed, the home may provide assistance with dressing as follows: preparing clothes, assist in putting on clothes / pants / diapers Taking off clothes + changing, ... washes + folding of Residents clothes

8. BATHING

If needed, the home may provide assistance with bathing as follows: Specialty chair like shower chair / grab bars, shower heads that is detachables. Shampooing / Soaping / Drying ...

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Provides personal care according to each residents abilities & disabilities;

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: Oral / topical / opthalmic / rectal c̄ the assistance of Nurse delegator

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Nurse Delegated:

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: N/A

The home has the ability to provide the following skilled nursing services by delegation: yes: like oral, topical opthalmic / rectal route of medications. Blood pressure check / v/s

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: _____
- ☐ Awake staff at night
- ☑ Other: Nursing Assistant Registered 2 staffs

ADDITIONAL COMMENTS REGARDING STAFFING

Daughter who is Registered Nurse

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:

Filipino / English Languages

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:

No conditions

ADDITIONAL COMMENTS REGARDING MEDICAID
Receiving payments now is complicated / not on time
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: watching movies / tv; Going out by the back porch in the afternoon for special occasions and as they want to.... Playing cards and puzzles
ADDITIONAL COMMENTS REGARDING ACTIVITIES

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