

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ESTRELLA'S ADULT FAMILY HOME CARE	LICENSE NUMBER 333601
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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.

We provide Companionship, fun loving attitude and comfort to your loved ones. We offer peace of mind that the care your loved ones need is available and met at all times. We treat your loved ones with respect and dignity that they deserve and value their rights to be treated as individuals. We focus to serve and provide excellent care to each resident and we are the best alternative to a nursing home as each resident can enjoy the comfort of a homelike environment at our home.

2. INITIAL LICENSING DATE

08/20/1997

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 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:

We provide assistance with feeding Residents, monitoring or one on one to feed clients if needed. We also provide tailored diet such as diabetic diets, high blood pressure, etc.

2. TOILETING

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

We provide assistance with all toileting needs and incontinence needs; setting up, positioning, monitoring, cueing to total assistance as needed.

3. WALKING

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

We provide assistance with walking with use of assistive devices such as walker, wheelchairs and or one-on-one assistance with walking as needed.

4. TRANSFERRING

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

We provide assistance with transferring with one person transfers using gait belt or required DME as needed.

5. POSITIONING

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

We provide assistance with positioning for safety and repositioning intervals as needed such as 2-4 hrs if needed especially if Resident has needs with fragile skin or bed sores.

6. PERSONAL HYGIENE

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

We provide all personal hygiene care, oral care, denture care, etc to set-up to total assistance.

7. DRESSING

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

We provide assistance with dressing to set-up clothes for Resident; upper and lower body dressing to total assistance.

8. BATHING

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

We provide bathing assistance such as set-up, monitoring, help in getting in/out shower with partial assistance to total assistance. We can also provide bed baths as needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We can offer personalized care needs during Resident assessment to determine level of care needs.

Facility is equipped with roll-in shower

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 work closely with a Nurse delegator and or RN with medication needs or each Residents.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Any special medication needs of Residents is discussed with a Nurse delegator or RN and also with Physician

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:

Estrella's AFH can provide skilled nursing services that can include physical or occupational or speech therapy through home health agencies and or hospice care services.

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

Estrella's AFH care provide services such as blood glucose monitoring, insulin injections, catheter care, oxygen, simple wound care with a Nurse delegator or with RN.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Estrella's AFH work closely with a Nurse delagator, RN or hospice care agencies.

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

We can provide services for individuals who needs hospice/end of life care.

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: **Nurse delegator / RN available as needed for Resident needs.**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **1-2 Caregiver availabe 24 hrs.**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

A family owed facility with over 15 yrs of successful service in our community that demonstrates excellence in our field

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: English. We respect all cultural, religious and ethnic backgrounds.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS Tagalog and Ilocano.
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) <input checked="" type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: If the Resident runs out of private pay finances we allow Resident to convert to Medicaid payments with a 60 days notice must be given.
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: We accommodate Resident needs. The Home Care provide daily exercises, bible study, table games, singing. We celebrate holidays as well and Resident's birthdays.
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