

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <u>ST. MARY'S AFH / MARIA A. RAMOS</u>	LICENSE NUMBER <u>336200</u>
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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.

Table of Contents

- About the Home
- Personal Care
- Medication Services
- Skilled Nursing Services and Nursing Delegation
- Specialty Care Designations
- Staffing
- Cultural or Language Access
- Medicaid
- Activities

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. <u>ST. MARY'S AFH IS A HOME AWAY FROM HOME THAT LOVES, RESPECT, & CARES for all the RESIDENTS</u>	
2. INITIAL LICENSING DATE <u>N/A</u>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <u>NONE</u>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <u>ST. MARY'S AFH 339 NE 163rd St., SHOOKLINE WA. 98155</u>	
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: *Prepares food & cut food into small pieces, cue residents to eat slowly & chew food before swallowing, one on one feeding*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *change continence pads 3x to 4x a day (as needed) monitor bowel movement, monitor skin issues, if notice discomfort and call per*

3. WALKING

If needed, the home may provide assistance with walking as follows: *work with residents using gait belt, with walker with wheelchair behind for safety*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *Assist residents in transferring from bed to wheelchair, wheelchair to bed & toilet.*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Assist residents in repositioning wheelchair & in bed.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *Set up for personal hygiene task, wash face/hands, comb hair, do oral hygiene care, apply deodorant, trim fingernails as needed*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *Assist/help residents dressing upper & lower extremities, put on/take off footwear, button clothing help select clean clothes.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Assist residents into/out shower, wash back, legs, & feet, shampoo hair, apply lotion after bath, assist with drying & dressing*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Home will provide services to residents according to their needs

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, eye drops/ointments, inhalers, blood sugar monitoring, Inject insulin with dilution.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

NONE

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 DSIS Medicare & Medicaid clients

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: *Play Bingo once a week* *Go shopping as needed*
daily exercise *Go to the library once a month* *to eat for meal once a*
month as per
client request

ADDITIONAL COMMENTS REGARDING ACTIVITIES