



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER

Divino Amore Health Care Corp.

LICENSE NUMBER

359500

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

OCT 11 2016

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.

P/s. see attached for our Mission Statement.

2. INITIAL LICENSING DATE

Oct 10, 1996

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

27501 13th Ave S. Des Moines, WA 98198

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

*31903 42nd Ave SW, Federal Way, WA 98023
3018 SW 317th PL. Federal Way, WA 98023.*

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- Co-owned by:

Other: *Corporation*

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: *Feeding our Residents, setup
cut up their food if needed, from cueing + monitoring to total assistance.*
2. TOILETING
If needed, the home may provide assistance with toileting as follows: *Assist our Residents do the
toilet, standby assistant, from cueing + monitoring to total assistance.*
3. WALKING
If needed, the home may provide assistance with walking as follows: *Assisting our Res. w/ walking
from cueing + monitoring to total assistance.*
4. TRANSFERRING
If needed, the home may provide assistance with transferring as follows: *Assist our Residents w/
transferring, from cueing + monitoring to total assistance.*
5. POSITIONING
If needed, the home may provide assistance with positioning as follows: *Assist our Res. with positioning
as needed, from cueing + monitoring to total assistance.*
6. PERSONAL HYGIENE
If needed, the home may provide assistance with personal hygiene as follows: *Assisting our Res. w/ their
personal hygiene, very important, from cueing + monitoring to total assistance.*
7. DRESSING
If needed, the home may provide assistance with dressing as follows: *Assisting our Res. w/ Dressing
from cueing + monitoring to total assistance.*
8. BATHING
If needed, the home may provide assistance with bathing as follows: *Assist w/ bathing + showering
from cueing + monitoring to total assistance.*
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE *Sometimes Residents can't do bathing or
shower, We give them bed bath too. Make them comfortable.*

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: *All meds has been packed
by our Pharmacy according to Dr's orders they delivered our
medication and we given them timely + accordingly.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES *We assist our Res. w/ their meds, by
giving them their meds in their med cup. observing them to take all
their meds. Our ND delegating us for all our tasks as needed*

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: *If this service needed, our ND delegating
us to perform the tasks, involved & delegate us accordingly. Also our
Doctor PCP office staff visit our Home too.*

The home has the ability to provide the following skilled nursing services by delegation: *We do get delegate
by our ND to apply cream/lotion, we also have RN for on call to
do whatever our Res. needs.*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION *We have our Nurse delegator that he delegate us for any tasks that our Residents needs.*

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 have our CG's/Provider has all Speciality Training Certified.*

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. - *Provider oversees all Daily Care, Wk Rands.*
- 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 as needed anytime.*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *24 HRS*
- Awake staff at night *as needed.*
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

We have 24 HRS Care.

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) *Yes we do according to our Res. needs.*

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

We do served different background & Languages as they come

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We have not had any problems of serving our MultiCulture Res.

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: *As agreed between us and the State Rates and the amt of work that we need to do for each Res.*

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: TV in our common area, all rooms has cable outlet available. Playing Cards, Bingo Game, take a walk outside.

ADDITIONAL COMMENTS REGARDING ACTIVITIES: Some of our Res. they eligible for Groups at SMH, Full Life, they go out 2 or 3 times a week.

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

**DIVINO AMORE HEALTH CARE CORPORATION
MISSION STATEMENT**

Divino Amore' Homes strive to

Enhance Quality of Life by

Providing the Residents with

Variety of living choices, and

Supportive services to meet their

Physical, Social, and Spiritual needs.

We are a caring community

which Values Independence,

Integrity, Personal Dignity and

Uniqueness of those who are served as

well as those who provide the services.