Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
St. Mary's Adult Family Home / Josefina P. Martinez	442700

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. St. Mary's Adult Family Home is to give an excellent quality care to the Residents.

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A

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

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If needed, the home may provide assistance with eating as follows: Prepare foods, cut food if needed standby assist, cue w/ choking, give plenty of fluids, serve food they want.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: assist residents in toileting change pull ups, (wipe) rectal + vaginal area w/ soap + water, check skin for irritations, redness, (break) check for skin irritation + redness.

3. WALKING

If needed, the home may provide assistance with walking as follows: Standby assist when walking encourage to use walker/cane, make sure area are free of clutters. Use gait belt wheelchair always readily available.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Assist in transferring in + out of bed, from bed to wheelchair use proper body mechanics to avoid hurting your back.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: If resident is unable to move around or bedridden turn client from side to side every 2 hours to avoid decubitus ulcer, use pillows in between legs or rolled towels.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Assist in washing face, brush teeth, comb hair. If wearing denture (soak in denture cleaner) provide set up for personal hygiene tasks, groom facial hair, trim finger nails.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Help pick appropriate clothing, cue change clothes, encourage to dress clothing, help client dress lower + upper body Fasten clothing, put on/take off foot wear cue throughout task.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Help transfer in + out of tub, cannot be left unattended, shampoo hair, scrub upper + lower extremities + back. wash legs + feet. Monitor H2O temp., apply lotion after bath. Assist in drying + dressing.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Podiatrist come to our home to do toenails cut every 3 months.

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: assist in giving medications for those who can take meds just hand it + wait till they swallow medications + if going out hand/give meds to family w/ instructions.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

order medications to pharmacy (refills) if there is new medications observed for any side effects (adverse reactions) + report to MD.

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: St. Marys AFH provides nursing services if resident (needed) has inhalers, nasal sprays, ointments, patches, sugar testing or unable to put pills in their mouth they needed delegator.

The home has the ability to provide the following skilled nursing services by delegation: oral meds if unable to put in their mouth, inhalers, ointments, patches, sugar testing, wound dressing if you have a certificate of nursing delegation.

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ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- [x] Developmental disabilities
- [x] Mental illness
- [x] Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS St. Mary's AFH have completed the above three Trainings but so far all residents are demented.

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)

- [x] 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: _____
- [x] Certified nursing assistant or long term care workers, days and times: full time + reliever
- [x] Awake staff at night if someone need help.
- [ ] 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: St. Mary's AFH will accept residents/clients as long as they are not combative or a threat to other residence.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS St. Mary's AFH will accept clients on any culture + language as long as the family will help or participate.

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.
- [x] The home will accept Medicaid payments under the following conditions: St. Mary's AFH are accepting Private pay if they run out of funds they can also stay.

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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: St. Mary's AFH is licensed for (4) three residents are very active in their respective activities daycare Center from Monday to Friday, attending church service prayer meeting & swimming exercise.
ADDITIONAL COMMENTS REGARDING ACTIVITIES: - not all clients/residents are interested in any activities at home it depends some of them are refusing to go out of the house.

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

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