



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>THE CARING PLACE AFH / JOE PAGDANGANAN</i>	LICENSE NUMBER <i>466 100</i>
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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. <i>Our mission is to provide a good quality care to our valued clients. Providing them a safer and comfortable home friendly environment. all clients are treated with respect, dignity and compassion.</i>	
2. INITIAL LICENSING DATE <i>August 27, 1999</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>N/A</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" 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:

The home will provide 3 nutritious meals; snacks, assistance in eating, cueing & feeding.

2. TOILETING

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

The home will provide assistance w/ toilet usage; peri care, pads replacements.

3. WALKING

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

The home will provide assistance w/ walking to ambulate clients, as stated in assessment.

4. TRANSFERRING

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

The home will assist clients requiring assistance with w/c to w/c, bed to w/c, w/c to recliner transfer & vice versa

5. POSITIONING

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

The home will assist clients with positioning in bed or recliner.

6. PERSONAL HYGIENE

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

The home will assist clients w/ personal hygiene; combing, brushing hair, shaving etc

7. DRESSING

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

The home will assist clients in need of help w/ putting on, shirts, TED hose, socks shoes, slippers, pants etc.

8. BATHING

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

The home will provide assistance w/ bathing, apply lotions, wash back, legs, shampoo hair, monitor water temp.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The home will provide any other personal care, as listed on assessment.

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: The home will assist w/ clients meds & other medical needs, as stated in assessment & care plan. Medications are in locked storage in kitchen by trained CG who has proper credentials & training by RN.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Caregivers are delegated to give meds by the assigned RN.

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:

The home will utilize RN delegation for clients who are not able to self mediate & requires help w/ medication administrations.

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

The home will contact RN to provide nurse delegation.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The home will always follow directions from RN or doctor.

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: 24 hrs.
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

The home has on call CG that do rounds at night.

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:

The home will focus on residents background & language.

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

The home will inform any applicants, residents, POA, about the home's DSHS contract to extend & provide personal care & services to 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: The home provides activities such as, puzzles, games, outdoor activities, reading news paper, TV programs.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

The home will consider the clients preferences.