



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ST. PHILOMENA'S FINEST. LLC	LICENSE NUMBER 481404
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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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Received
JAN 02 2015
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. **St. Philomena's Finest's entrance sign displays. This motto "Heartfelt Professional Care" which reflects our attitude and goals. After a 1/2 yrs at this locn, our reputation is such that one visiting professional rated us among top 5% A.F.H.s. We strive to provide the best.**

2. INITIAL LICENSING DATE

AUG. /2005

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

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4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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: Special diets including diabetic diets, weight management, swallow precaution diets, feeding assistance when needed.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Toileting every 2-4 hrs, including assessment of incontinent condition. Frequent change of wet/soiled garments to avoid skin breakdown.

3. WALKING

If needed, the home may provide assistance with walking as follows: - Staff will assist with the use of walking devices, always attentive to safe walking. Follow physical therapy recommendations for exercise regimes.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: - Staff skilled at safe transferring using appropriate methods + equipment, such as stand pivot transfer, gait belts, wall bars, hoyer lifts

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: - Staff understands how to position in chair or bed for comfort and skin protection.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Daily attention to hair, teeth, frequent handwashing. Biweekly shower or bed baths

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Residents choice and appropriate clothing for temperature, fit, occasion

8. BATHING

If needed, the home may provide assistance with bathing as follows: 2x/week shower or bed baths.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Mobile hairdresser for in home haircuts as needed.

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: Facility is able to provide all medications ^{24/7} prescribed by M.D. except

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

injections. This includes all as needed meds, pain meds, psychopharmacological under the direction of our nurse delegator.

- Staff delegated to do blood sugar checks + give insulin.
- administration of end of life/hospice medications.

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: Ostomy care, Breathing Treatments, Diabetic services, wound management, Oxygen management.

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

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Will provide end of life care + Hospice medications.

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: Visits home for onsite assessments 3-5x/wk. Available by phone 24/7
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 2 caregivers. 10^{am} -> 6pm. 1 caregiver - 6pm -> 10am. 2 onsite backup - 24/7
- Awake staff at night
- 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:

English / Spanish

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

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:

CABLE T.V., INTERNET ACCESS,

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Activities provided according to individual tastes, physical and mental state.