



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Good Samaritan Adult Family Home I and II</i> <i>Judith L. Domingo</i>	LICENSE NUMBER <i>337200 II 27th Dr.</i> <i>513400 I 31st Dr.</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. *To improve quality of life by serving each resident with respect and positive attitude. Our services affirm the dignity of the individual recognition, that each person has a unique physical, psychological social and spiritual needs. We support their former roles, and accommodate them in a family loving environment.*

2. INITIAL LICENSING DATE

July 3, 1996

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

11728 31st Dr. S.E. EVERETT, WA. 98208

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Good Samaritan Adult family home I and II

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- 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:

1 PA (person assists), prompting, cuing, and Tube feeding

2. TOILETING

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

(also with Foley catheter and colostomy)

one person assists, 1 person assists, incontinent, with urine and fecal bags and pads

3. WALKING

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

one person assists, wheelchair mobility, and bed bound.

4. TRANSFERRING

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

one person assists, total assists, 2 person assists and hoist lift.

5. POSITIONING

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

One person assists and 2 person assists, total to extensive assists.

6. PERSONAL HYGIENE

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

One person assists, 1 PA cuing and prompting to total assists

7. DRESSING

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

minimal to extensive assists in dressing

8. BATHING

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

minimal assists to extensive assists. Shows 2x a week and PRN

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We care for minimal assists to maximum assists and extensive assists. We also provide hospice care.

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 of our staff RN delegated. We do insulin/diabetic assistance.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

1 PA to total assists by RN delegate. Tube feeding and insulin

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:

Elavium as instructed and visited by PT/OT, Foley catheter, Colostomy, Nebulizer Tx, Oxygen

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

Inulin shots, blood sugars, Tube feeding, Foley catheter care, Colostomy, Oxygen.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We also have RN on call and provide LPN. We have RN delegator that delegates our caregivers.

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 specialized in Dementia, Geriatrics and other Medical Conditions of Elderly

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: *on call, RN delegator visits*
- Licensed practical nurse, days and times: *4x a week and on call 24^h*
- Certified nursing assistant or long term care workers, days and times: *full time 5 days a week rotation 24 hrs. staffing.*
- Awake staff at night *PRN*
- Other: *Housekeeping daily*

ADDITIONAL COMMENTS REGARDING STAFFING

We have RN on call, LPN full-time, CNA full time and Long term caregivers and housekeeper

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 accommodate any cultural backgrounds.*

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

English, Tagalog and Spanish, Korean, Japanese

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We try to accommodate all cultural and language, especially in English, Tagalog and Japan

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:

We accept both private and Medicaid clients

ADDITIONAL COMMENTS REGARDING MEDICAID

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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:

Sing along, Dancing, Folding towels 3x a week, Reading Bible and Prayers 1x week, Exercises daily

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We also do Ball Tossing, Flower Arrangement in Summer and Outdoor/Deck BBQ Summer Time.

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