



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Caring Hands Adult Family Home LLC/ Alberto Petinglay</b> <b>12170 Spanaway Loop Road S. Tacoma, WA 98444</b>	LICENSE NUMBER <b>550600</b>
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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.

**Caring Hands Adult Family Homes are privately-owned skilled long term care facility in a home like setting, established in the quiet and peaceful neighborhoods of Tacoma, WA. We provide quality care and supported living services to geriatrics as well as to individuals with developmental disabilities. We consider individuals with stroke, diabetes with insulin administration, PEG tube, colostomy, tracheostomy tube and other chronic illnesses.**

**2. INITIAL LICENSING DATE**

**12/14/2000**

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

**8356 6<sup>th</sup> Avenue Tacoma, WA 98465**

**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:

**We provide eating assistance from cueing and monitoring to total assistance.**

### 2. TOILETING

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

**We provide toileting assistance from cueing and monitoring to total assistance.**

### 3. WALKING

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

**We provide walking assistance from cueing and monitoring to a one or two person assist.**

### 4. TRANSFERRING

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

**We provide transfer assistance from cueing and monitoring to a one or two person assist. We are trained in using a transfer mechanical device such as hooyer lift.**

### 5. POSITIONING

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

**We provide assistance with positioning from cueing and monitoring to a one or two person assist.**

### 6. PERSONAL HYGIENE

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

**We provide assistance with personal hygiene from cueing and set up to total assistance.**

### 7. DRESSING

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

**We provide assistance with dressing from cueing and set up to total assistance.**

### 8. BATHING

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

**We provide assistance with bathing from cueing and set up to total assistance.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We provide general nail care and hair care as needed or requested by our resident.**

## 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 prescription medications and OTC medications being taken by our residents are required to be listed on our medication records and verified by their physician. We provide medication assistance to all our residents. If a medicaid resident needs a medication to be administered, the nurse delegator will provide this service . For private pay resident, there is a fee for these services.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**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:

**Our RN provider is available if medication administration is needed. Private pay residents are responsible for payment of these services. For medicaid pay residents delegation services are provided by contract licensed RNdelegator from WA State.**

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

**Yes**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**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

**The AFH providers and staff has met all training requirements working in and operating an Adult Family Home and will be continually updating their training as needed and/or required by the State of Washington.**

**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: 24 hour coverage
- Licensed practical nurse, days and times: on call
- Certified nursing assistant or long term care workers, days and times: 24 hour coverage
- 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:

**No preferences**

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:

**As long as we can provide the care and the new resident is compatible with the resident's who are currently residing in the home. For residents who become eligible for medicaid after admission, they must follow the agreement for services upon admission.**

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:

**Puzzles, Bingo, Crafts, TV viewing, listen to music, and celebrate birthdays and holidays**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Additional expenses for activities outside the AFH shall be the responsibility of each resident, their family and/or representative.**