Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER: BETHEL HOME #1, 7021 97th AVE. SW LAKEWOOD, WA. 98498 LUCILA DELA CRUZ ESCOBIDO	LICENSE NUMBER 567800

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. THE HOME IS ONE (1) OF THE FOUR (4) ADULT FAMILY HOMES OWNED AND OPERATED BY THE PROVIDER, WITH THE LICENSING OF A FIFTH HOME BEING PRESENTLY WORKED OUT. THE PROVIDER IS A REGISTERED NURSE WITH MORE THAN TWENTY (20) YEARS EXPERIENCE IN HOSPITAL NURSING CARE AND ALMOST FIFTEEN (15) YEARS EXPERIENCE IN HOME CARE OPERATION. THE STAFF IS COMPOSED OF ENGLISH-CONVERSANT FILIPINO AND AMERICAN CAREGIVERS.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
03/15/2001	9116 78th ST SW, 9113 ONYX DRIVE SW, 9009 ONYX DR. SW, ALL IN LAKEWOOD, WA 98498

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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

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

PREPARE AND/OR ASSIST IN FOOD PREPARATION, SET THE DINING TABLE AND PERFORM SPOON-FEEDING AS NEEDED.

2. TOILETING

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

LEAD THE RESIDENT TO THE TOILET, SIT THE RESIDENT TO THE BOWL, PROVIDE PHYSICAL SUPPORT WHILE RESIDENT IS SO SITTED ON THE BOWL OR BEDSIDE COMMODE, ACTUALLY CLEAN THE RECTUM AS NEEDED.

3. WALKING

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

ASSIST, GUIDE AND/OR LEAD RESIDENT IN WALKING AS NEEDED.

4. TRANSFERRING

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

ASSIST OR ACTUALLY PERFORM SURFACE-TO-SURFACE TRANSFERS.

5. POSITIONING

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

ASSIST OR ACTUALLY AND PHYSICALLY REPOSITION RESIDENT AS NEEDED.

6. PERSONAL HYGIENE

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

ASSIST OR ACTUALLY PERFORM MOUTH AND DENTURE CARE AS NEEDED.

7. DRESSING

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

ASSIST OR ACTUALLY DRESS THE RESIDENT AS NEEDED.

8. BATHING

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

GIVING AND/OR ASSISTING RESIDENT IN SHOWER BATHING, BED-BATHING AND SPONGE-BATHING.

9. ADDITIONAL COMMENTS REGARDING PERSONAL 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:

ADMINISTER AND/OR ASSIST IN THE INTAKE OF ORAL MEDICATIONS, INHALERS, INJECTIBLES AND TOPICAL APPLICATION.

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:

MEDICATION ADMINISTRATION, INJECTION, CATHETER CHANGE AND INSERTION/REINSERTION, STERILE DRESSING AND REDRESSING, BLOOD SUGAR MEASUREMENT, G-TUBE INSERTION/REINSERTION.

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

MEDICATION ADMINISTRATION, INJECTION, CATHETER CHANGE AND INSERTION/REINSERTION, STERILE DRESSING AND REDRESSING, BLOOD SUGAR MEASUREMENT.

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

PROVIDER AND STAFF ARE LIKEWISE EXPERIENCED AND TRAINED IN GERIACTRIC CARE.

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.
- [x] 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:

- [x] Registered nurse, days and times: ONE RN AVAILABLE AS NEEDED ON 24-HOUR BASIS.
- [ ] Licensed practical nurse, days and times: NOT APPLICABLE.
- [ ] Certified nursing assistant or long term care workers, days and times: AT LEAST TWO CARE WORKERS AT ANY TIME.
- [x] Awake staff at night
- [ ] Other:

ADDITIONAL COMMENTS REGARDING STAFFING

THE HOME ALSO PROVIDES ONE-ON-ONE, RESIDENT-EXCLUSIVE STAFF CARE, AS NEEDED.

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:

MOSTLY AMERICAN RESIDENTS WHO ARE ENGLISH SPEAKING.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

THE STAFF IS COMPOSED OF FILIPINOS AND AMERICANS WHO ARE CONVERSANT IN ENGLISH.

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:

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:
GROUP ACTIVITIES IN-HOUSE; DAY HEALTH AND CHURCH ATTENDANCE.
ADDITIONAL COMMENTS REGARDING ACTIVITIES
THE HOME ALSO PROVIDES TRANSPORTATION FOR RESIDENT SHOPPING AND/OR ARRANGES SHUTTLE SERVICE.

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