



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Rose Hill Adult Home Care I /Domitela "Mety" Francia	LICENSE NUMBER 575400
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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. We attempt to create a home environment that is molded to the personalities and needs of those who live with us. Who is that person? What gives them joy and contentment? We believe it is the little things that make the difference. Does helping around the house, running errands make them feel like a vital component?	
2. INITIAL LICENSING DATE 10/01/2001	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: NA
4. SAME ADDRESS PREVIOUSLY LICENSED AS: NA	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input 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:

Client's can request food at any time but are not part of the preparation process. We accomodate all specialty diets, including ethnic focused foods that inhance the clients daily living. We are very aware of the care needed for individuals with chewing or swallowing issues and will adapt diets to address these issues. We are able to feed clients who are unable to do so for themselves. We do not take/manage clients who are fed by a gastric tube.

2. TOILETING

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

We accept clients who are fulling independent in toileting, needing some assistance in the bathroom, transfers to commodes, to those whom are fully incontinent and bed bound. We make inspection and care for skin a high priority with all toileting care.

3. WALKING

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

We accept clients who are fully independent in ambulation, those who need standby assist, those who use devices such as walkers, and wheelchairs (including motorized wheel chairs) and those who are non-ambulatory.

4. TRANSFERRING

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

We provide transfer assistance from cueing and monitoring to one person transfer. We do not provide two person assistance or use of a hoyer.

5. POSITIONING

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

We provide transfer assistance from cueing and monitoring to one person repositioning . We do not provide two person assistance in positioning

6. PERSONAL HYGIENE

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

We provide transfer assistance from cueing, set up and monitoring to one person hands on assistance for all aspects of personal care. We acknowledge that choosing the personal care item may be important to the person (shaving lotion, deorderant).

7. DRESSING

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

We provide dressing assistance from cueing, set up and monitoring to one person hands on assistance for all aspects of dressing. We acknowledge that choosing the clothing item may be important to the person and thus make personal choice a high priority. We also help with choosing clothing that allows the person to be as independent as they desire in this activity.

8. BATHING

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

We provide one person bathing assistance from cueing, set up and monitoring to one person hands on assistance for all aspects of bathing. We are comfortable with tub baths, showers and bed baths

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We have one bathroom for client care which has a tub and a shower.

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:

We provide medication services from self administered to, set up and assistance with nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We are comfortable with the care of insulin dependant individuals through our nurse delegation

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:

We contract with a nurse to provide nurse delegation.

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

We provide monitoring and insulin administration, care of ostomies, wound care, suctioning, and many other delegatable tasks.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our nurse delegator also acts as a consultant, to provide assistance for those "Hard to know or decide situations"

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

This residence is licenced for 5 clients, is an all male house and is a safe haven for those with a history as a sexual offender.

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: **as needed basis**

- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **1-2 workers present in the home 24 hours a day 7 days a week**
- 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:

We accept all ethnic backgrounds, religions or languages of the individual. We acknowledge all persons personal preference and ask that they also do so for those in the community. We make an active effort to learn and understand the clients language and ethnic preferences.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Our staff is of Philipino Hertiage and speak Ilacano and Tagalog

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 medicaid client's with out restrictions.

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:

Physical activities based on the clients abilities (dancing, daily walks, ball throwing, stretching exercises). Mental activities based on the client's abilities (puzzles, word find, reading material). TV (both in community room and in private rooms) dependant on client negotiation of desires.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

As able clients are invited to go on outings (to the store, for a drive). Participation in house hold maintenance based on client desire (one client finds value in being part of the community by taking out the garbage). Activities are very much client determined and focused.