



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>PARADISE CARE AFH - Norma Bali</i>	LICENSE NUMBER <i>593500</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.	
2. INITIAL LICENSING DATE <i>2023</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSSED: <i>N/A</i>
4. SAME ADDRESS PREVIOUSLY LICENSSED AS: <i>N/A</i>	
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	

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If needed, the home may provide assistance with eating as follows: *will provide minimal to total assist with feeding as to guided maneuvering of hands/spoon or other utensils to client's mouth. Total assist feeding with Peg-tube or Gastrostomy tube.*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *Minimal to maximum assist. Clients may be totally incontinent both bowel & bladder and need changing of incontinent pads @ each incontinence. To keep skin/perirectal areas clean w/ each incontinence or toileting.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *Minimal to total assist & ambulation w/ or w/o appliance, ie: walker, wheelchair. Guided hand, supervision, contact guard or use of four-wheel-walker or other non-weight bearing assistance.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *Supervision, minimal to total assist. * may use Hoyer lift or 2+ person assist @ each transfer. * Maximum to moderate assist (1-2 person) transfer from bed to chair/wheelchair vice versa.*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Supervision, limited to total assist. Bed or wheelchair positioning 1-2 person assist. may use draw sheets to avoid shearing. Scheduled turning & repositioning every 2 hrs - 3 hrs if needed, check skin breakdown.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *provide minimal to total assist, including combing, hair, brushing teeth, shaving, applying make up, washing/drying face & perineal care.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *provide minimal to total assist with upper & lower body dressing. esp. head residents puts on, fasten & takes of all items of clothing, including donning/removing prostheses including slippers and socks.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *minimal to total assist. Include full-body bath & shower, sponge bath; maybe scheduled 2-3 times a week or as needed esp. for large incontinence. Shower bed, commode available.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Toilet use: care & assistance may include how resident uses toilet room, commode, bedpan, urinal; manage Ostomy or catheter.

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 medications are carried out always w/ prescription of a doctor. All 5 rights always be observed. A well delegated will be available to render assistance to all clients. Will supervised by a Nurse Delegate & RN.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

** All medications will be delivered and serviced by a contracted Pharmacy for fast & safe delivery of medications ex. Ready Meds & A+H Pharmacy*

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: *Peg-tube & gastrostomy tube - stoma care, foley catheter care, stage 1-2 wound care. Owner - provider is a WA licensed RN & available mostly 16 hours & can provide skilled services & in coordination w/ Nurse Delegate.*

The home has the ability to provide the following skilled nursing services by delegation: *for delegated care/tasks to staff. This home is owned/provider by WA licensed - RN available 16 hours every day & a Nurse Delegate available for all delegated tasks & needs.*

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

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: 8 AM - 12 AM 8 AM - 12 AM
8-16 Hours supervision + on-call day + evening
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 2 days NAC, 1 NAC night
- Awake staff at night 1 staff NAR
- Other: 1 on-call CNA

ADDITIONAL COMMENTS REGARDING STAFFING

on-call staff + all regular staff should pass WA state compliance, background check prior to hiring including fingerprints.

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 is the primary language can also speak Filipino (Tagalog)

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

+ may help provide interpreter non-English speaking resident.

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: per DSHS assessment + approval

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ADDITIONAL COMMENTS REGARDING MEDICAID

will and accept private pay

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: *the home will provide leisurely activities TV/movies, puzzles, engaging in other cognitive/mental activities, reading books, magazines, listening to music, petting animals, outside & outdoor*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

activities: just riding around the city - to the park; family gathering shopping in the mall; allow simple household chores & religious practices -

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

like going to church & Bible reading.

The form may also be returned by mail at:

RCS - Attn: Disclosure of Services

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