



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>HOMEcomings ADULT FAMILY HOME / CONSETO P. MENDOZA</i>	LICENSE NUMBER <i>656701</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

AUGUST 24, 2005

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

626 144TH ST. SW LYNNWOOD WA. 98087

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

HOMEcomings ADULT FAMILY HOME

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: SUPERVISION, ONE ON ONE FEEDING, Dysphagia diet, PEG-TUBE (WITH Nurse Delegation).

2. TOILETING

If needed, the home may provide assistance with toileting as follows: - Stand by Assist, Verbal prompts & cues, Assist every 2 hrs, Dependent to caregiver for all toileting needs, wears Incontinence Pads/briefs, Needs raised toilet seat, needs bedside commode, Ostomy / Catheter care

3. WALKING

If needed, the home may provide assistance with walking as follows: - Independent, standby assistance/ Contact guard Assist, 1/1 person Assist, 2 person Assist, Stairs: Independent, Use cane, walker, wheelchair, Need to be pushed, Does not ambulate.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: - Independent w/all transfer, Standby Assistance, 1 person Assist, 2 person Assist, Requires transfer belt, Mechanical lift / hoist lift, board transfer, pivot

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: - turn side to side q 2 hrs, position body while in bed, recliner or other type of furniture.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Independent, needs reminders only, Need reminders & set-up only, Needs cues, set-up & monitoring for personal hygiene, Requires moderate assist (hand & pillow change). Requires Full Assist with all personal hygiene.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: - Independent, Verbal prompts & cues needed, stand by assistance needed, physical assistance needed.

8. BATHING

If needed, the home may provide assistance with bathing as follows: - Independent, Verbal prompts & cues, Hands on Assistance, wash areas client cannot reach, Moderate/moderate assistance, Full physical Assistance, Special skin care needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Homecomings AFH based their care & services on the Assessment of the Resident needs.

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: - For one or more medications needs assistance, For one or more medications requires administration with Nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Homecomings AFH can administer medication as per Nurse delegation task if needed or based on Res. assessment. All Medications are secured in a locked cabinet

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:

Visits of Home Health Services, / Hospice Care

The home has the ability to provide the following skilled nursing services by delegation: - Tube feeding, Oxygen Administration, Nebulizer treatment, Ostomy care, Catheter care, Non-Sterile wound care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

all additional skilled nursing services / nurse delegation are ordered by PEPE & based on each individual needs.

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: As Needed
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24 hrs a day / 7 days a wk.
- Awake staff at night 6:1 (depends of level of care) if needed 2 caregiver we will provide it.
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING - Homecomings Adult Family Home base the staffing on the level of care of the resident; if needing an awake staff it will be provided & if needed 2 cg it will be provided as well.

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) Homecomings Adult Family Home respect cultural & ethnic beliefs

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

Tagalog / English

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS - We dont accept residents with the languages that we couldn't understand or we cannot speak.

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: Based on the level of care the AFH can provide

ADDITIONAL COMMENTS REGARDING MEDICAID

CALL AFH Provider for information

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 services: Each Bedroom has a cable, TV, / Living Room has Flat Screen TV & DVDs, Mobile Library, Assisting Resident to go Shopping, Exercises, Word puzzles, coloring, Walking, picnics, Birthday parties, Holiday Party, watching movies, Dancing, Singing.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We respect each Resident choices of Activities.