



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER St. Anthony's Adult Family Home #2 / Mary Ann Babasa	LICENSE NUMBER 658900
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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. St. Anthony's Adult Family Home # 2 is proud to provide person-centered care and the mission of enhancing the well being of older adults especially those with dementia.	
2. INITIAL LICENSING DATE 2003	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 2200 NW 199th St., Shoreline, WA. 98177
4. SAME ADDRESS PREVIOUSLY LICENSED AS: 2200 NW 199th St., Shoreline, WA. 98177	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input checked="" type="checkbox"/> Co-owned by: Mario Babasa <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:

The home will provide three meals a day and prepare food and beverages and bring to the client. The home will remind client to eat and drink. Additionally the home may assist client with eating, set up food, cut up food and may occasionally manually assist with eating when needed.

2. TOILETING

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

The home will remind client of necessary toileting activities; provide stand-by assistance while client perform them or total assistance when needed. Physically help client to and from toilet or bathroom. Assist with incontinent products and assist with peri-care. Provide and manage ostomy care and catheter care.

3. WALKING

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

The home will provide assistance with walking between locations in the home. Provide minimal or total assist walking with assistive device; cane, walker or assist in wheelchair propulsion especially with distance.

4. TRANSFERRING

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

Routinely provide stand-by assistance with transfer in and out of bed or wheelchair, or onto or off toilet or shower chair. One to two person physical assistance with transferring or lifting with a mechanical equipment. The home will provide assistance with transfer when using transfer pole or bed rails if indicated and deemed safe for use.

5. POSITIONING

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

The home will remind client to reposition in bed side to side if able or may physically assist client in bed repositioning side to side with or without the use of bed rails if indicated and deemed safe for use.

6. PERSONAL HYGIENE

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

The home will provide reminders, set up orThe hom total assistance with grooming.

7. DRESSING

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

The home will provide reminders or cueing, set up or total assistance with dressing. The home may provide assistance with the use of prosthesis, compression stockings or when assistance of a licensed nurse is not required.

8. BATHING

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

The home will provide scheduled showers as agreed upon by the client. The home will provide supervision, minimal assistance or total assistance with showering. The may provide bed baths. Special equipment assistance or devices to help with transferring in or out of the shower.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The home will do their best to accommodate clients who has personal preferences to meet their needs.

Medication Services

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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:

The home will provide medication assistance and someone other than a Licensed Nurse may provide such assistance. Assistance includes reminders, handing to client or opening medication containers. A nursing assistant under the delegation of an RN delegator may administer medications such as eye drops, nasal sprays, ear drops and may check blood sugar.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The home may order your medication from the pharmacy, store and keep a record of the medication.

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:

The home may coordinate care with Home Health Agency providers for in home therapy.

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

Ostomy and catheter care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The home may provide wound care by a Licensed Nurse.

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

All staff in the home has mental health and dementia training and takes the required annual continuing education training required by DSHS.

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: One on call Registered Nurse
- Licensed practical nurse, days and times: One on call Licensed Practical Nurse
- Certified nursing assistant or long term care workers, days and times: Two staff day/eve; one staff night
- Awake staff at night
- Other:

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ADDITIONAL COMMENTS REGARDING STAFFING

Additional staffing may be added according to aquity of care.

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:

The home accomaodates clients with different ethnic backgrounds who speaks English and Tagalog.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

N/A

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:

When care needs can be met by the home.

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:

Morning seated exercise to music. Themed events such as halloween, 4ht of July, and etc.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

The home will coordinate with family for outside community activities.

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

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