



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>HOME CARE IN KENT, INC.</b>	LICENSE NUMBER <b>A 713400</b>
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*PEPITO / FLORDELYN CADONDO*

**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	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>PROVIDERS ARE CERTIFIED WITH SPECIALTY TRAINING ON DEMENTIA, MENTAL HEALTH &amp; DDD TRAINING.</i>	
<b>2. INITIAL LICENSING DATE</b> <i>JAN 9, 2006</i>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <i>23821 99th AVE S. KENT WA. 98031</i>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <i>23829 99th AVE S. KENT WA 98031</i>	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <i>S - CORPORATION</i>	

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Assist client with transferring, dressing and cleansing

3. WALKING

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

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Assist with transferring like using hoist/lifter if needed

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Assist with positioning side to side in bed, wheelchair etc.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: ASSIST WITH WASHING FACE, HANDS, COMB HAIR, BRUSHING TEETH OR DENTURES.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: ASSIST IN CHANGING CLOTHING, ZIPPERING, BUTTONING & putting pants ON

8. BATHING

If needed, the home may provide assistance with bathing as follows: PROVIDE DAILY BED BATH OR AS NEEDED. SHOWER TWO TIMES A WEEK OR AS NEEDED

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:

MEDICATION ASSISTANCE AND DELEGATED MEDICATION ASSISTANCE

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

NURSE DELEGATION IS AVAILABLE IF NEEDED

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:

TO PROVIDE NURSE DELEGATION IF NEEDED

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

RN IS AVAILABLE TO Delegate Caregiver if needed

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

RN TO follow Delegation Process

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ✓ Developmental disabilities - yes
- ✓ Mental illness - yes
- ✓ Dementia - yes

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

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: EVERY DAY AND ON CALL RN

Licensed practical nurse, days and times: \_\_\_\_\_

Certified nursing assistant or long term care workers, days and times: 4 CAREGIVERS

Awake staff at night - IF NEEDED

Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING

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:

ALL ETHNIC BACKGROUND OR CULTURAL BACKGROUND

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

THE HOME WILL RESPECT ALL CULTURAL & ETHNIC BACKGROUND

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. → PRIVATE AND MEDICAID

The home will accept Medicaid payments under the following conditions: → DEPENDING ON THE ASSESSMENT

ADDITIONAL COMMENTS REGARDING MEDICAID

WE WILL ACCEPT MEDICAID CLIENTS DEPENDING ON THE ASSESSMENT AND THE RATE

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:

TV, card games, BINGO, READING MAGAZINES, EXERCISE

ADDITIONAL COMMENTS REGARDING ACTIVITIES

WE RESPECT THE CLIENTS ACTIVITY PREFERENCE