



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SAINT ROSE ADULT FAMILY HOME – FELOMINA OBANDO	LICENSE NUMBER 750068
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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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Received

MAY 17 2016

RCS/Public Disclosure

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.

Saint Rose AFH is committed to helping our seniors of having the opportunity to age comfortably in a setting to call “home” & remain here as long as they desire.

2. INITIAL LICENSING DATE

August 28, 2006

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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

<p>If needed, the home may provide assistance with eating as follows: Provide 1:1 feeding support. Reposition for eating & offer clean clothing protector. Bring food to resident & cue to eat throughout meal. Encourage to eat & drink liquids. Offer one item at a time & wiping mouth as needed. Giving all the time needed to finish meals.</p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows: Provide 1:1 toileting support. Assist to toilet every 2-3 hours throughout day & night. Provide perineal care after toilet use & frequent incontinence. Make sure the residents are constantly clean & monitor skin during incontinence care for skin issues. Assist with clothing adjustment & maintain inventory supplies.</p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows: Provide standby one-person physical assist. Offer arm for support/guidance & provide contact guard when ambulating. Keep ambulating aids at reach. Guide the residents through closed doors & assist them on all uneven surfaces. Constantly keep them within sight & monitor for safety. Be patient & make sure they wear shoes/slippers when ambulating in/out the residence.</p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows: Provide physical assist with gait belt with all transfers from wheelchair to bed & bed to wheelchair. Assist to left legs into & out of bed/wheelchair. Make sure they're positioned in the middle of bed /wheelchair safely & comfortably. Provide with support & supervision throughout all transfers.</p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows: Provide aid when to reposition every 2-3 hours. Monitor pressure points daily (Ex. Between ankles & knees, outer ankles & knees, hip bones, shoulders, & ears) & report to MD when changes occur. Will use pillows or other pressure reducing devices to protect pressure points from hard surfaces.</p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows: Prepare supplies for oral care & brush teeth & gums daily. Assist to wash hands & face with a washcloth, mild soap, & warm water daily & when needed. As well as, comb their hair & trim fingernails as needed. Apply deodorant when necessary.</p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows: Provide assistance to select clean clothing daily & safely fasten dress & undress clothing appropriately. Assist to put on & take off footwear. As well as, assist to dress upper & lower extremities when needed. Give aid when clothing needs to be tied, zipped, or laced.</p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows: Prepare necessary items used for bathing care (Ex. Shower chair, handheld shower, shower mat, grab bars, towel, washcloth, mild soap, etc.) before entering the tub/shower. Provide bathing care at least 2x's a week to keep odor & infection free. Test water temperature before getting into shower chair. Never leave unattended for safety. As well as, provide assist to wash back, legs, feet, & rinse well; when needed. Moreover, shampoo hair & protect eyes when washing hair; avoid water in face. Additionally, dry well (pat, don't rub.) Monitor skin during shower & report any redness, swelling, bruising, rashes, breakdown, or other skin issues to MD.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p>
<p>Medication Services</p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is: Medications are locked with a key in a storage cabinet with enough room to place all five (5) resident's medications.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p>
<p>Skilled Nursing Services and Nurse Delegation</p>
<p>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)</p>
<p>The home provides the following skilled nursing services: Nurse Delegation & Nurse Delegation of Diabetes.</p>
<p>The home has the ability to provide the following skilled nursing services by delegation: PRN (as needed) medications & insulin injections.</p>

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: *Varies; when needed.*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *Three (3) times a week. M/W/F (9:15am-1:30PM)*
- 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:
Any cultural background that can speak some English.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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:

Saint Rose Adult Family Home accepts Medicaid payments as long as the resident is qualified.

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:

Daily exercise is encouraged. Activities include playing cards, dominos, bingo, word search, crosswords, puzzles, & reading.

ADDITIONAL COMMENTS REGARDING 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