



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

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RCS/Public Disclosure

HOME / PROVIDER Concejo Adult Family Home	LICENSE NUMBER 750099
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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.

Our mission is ultimately about serving these vulnerable people their dignity and quality of life. We offer a safe and comfortable place ,where our friendly,professional caregivers are dedicated to meeting each residents individual needs and providing a positive family invironment.With the assistance of medical professionals we create a care plan that is specialized to meet each residents specific needs and desires.

2. INITIAL LICENSING DATE

09/26/2006

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

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

6320 S. Fountain St. Seattle, WA. 98178

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:

One on one assistance on, Tube feeding ,spoon feeding and from general diet to puree/dysphesia diet, provide consistency liquid (thin liquid, nectar thick, honey thick, spoon thick or pudding thick) We serve international ethnical cuesine ,nutritional food(ensure),snacks as needed,Home also provide food plan depending on their care needs.

2. TOILETING

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

One on one assist, to extensive and total care of bladder and bowel incontenent, catheter care, bowel program and monitor voiding output.

3. WALKING

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

inside and outside with the use of two wheel walker,four wheel walker, and propeled wheelchair.

4. TRANSFERRING

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

Board transfer,Hoyer lift equipment,2 caregiver extensive assist and pivot transfer.

5. POSITIONING

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

Full extensive reposition every 2 to 3 to 4 hours

6. PERSONAL HYGIENE

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

sponse bathed whole body,mouth and dental care,trim/file nails,come hair,apply topical cream/lotion

7. DRESSING

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

Help choose resident proper clothes to ware depend on the weather, occations or activities,help buttons or zipper clothes/pants,put socks and shoes/slipper.

8. BATHING

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

Daily sponse bathed,follow scheduled bath/shower or as needed

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

AFH give range of motion (ROM) base on MD/PT order,put make up,Jewelry and nail polish to ladies.

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:

insulin injection,antiboitec, topical and oral.Caregivers will follow doctors prescription written order, caregiver must initial the MAR and documentation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All staff are required to observe and assist resident in taking medications,observed behavior /reaction.

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:

Hospice care,bed ridden,stroke,brain injury,insulin and TBI

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

Yes

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All staff are RN delagated and train to give insulin for diabetic residents,including change of simple dressing

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

AFH staff are commited and showed compassion to our residents by one on one interaction.

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: **on call as needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24/7**
- Awake staff at night
- Other: **staff will do round cheks every 3 to 4 hour or as needed.**

ADDITIONAL COMMENTS REGARDING STAFFING

AFH has 2 caregiver in all shift base on the number of Residents and Residents 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:

Accept all race, religion and gender.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English,filipino and spanish.

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:
will not accept resident under \$89.26 daily rate.

ADDITIONAL COMMENTS REGARDING MEDICAID

AFH will not accept residents if were unable to meet resident care needs.

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:

sit n fit exircise,craft,puzzle,board games,singing karaoke,gardening,walking and strolling outside, family party celebration,and shopping.All these are given depend on individual ability and capability.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Other activities like outing to fair ,movie theater,or casino will be the expense of he resident.