



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER DMC Everlasting Home Care II LLC/ Mirna Corpuz	LICENSE NUMBER 750151
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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.

Table of Contents

- [About the Home](#)
- [Personal Care](#)
- [Medication Services](#)
- [Skilled Nursing Services and Nursing Delegation](#)
- [Specialty Care Designations](#)
- [Staffing](#)
- [Cultural or Language Access](#)
- [Medicaid](#)
- [Activities](#)

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 to provide the highest level of professional and compassionate care to our residents to enhance the quality of their lives physically, mentally, and emotionally.	
2. INITIAL LICENSING DATE 09/01/2003	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 1210 S 256th Pl, Des Moines, WA 98198
4. SAME ADDRESS PREVIOUSLY LICENSED AS: Same As Above	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <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

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

Cueing, direction, supervision while eating; actual feeding; monitor swallowing for choking/aspiration

2. TOILETING

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

Cueing to use the bathroom; assistance with toileting; changing pads; assist with use of bedpans/commode; assist with routine cleaning of peri area

3. WALKING

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

Cueing, assistance with walking and safe ambulation; assistance with stairs and uneven surfaces; requiring/reminding use of cane,walker, leg brace, or other assistive device

4. TRANSFERRING

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

Supervision with transfer and lifting if needed when transferring in/out of bed, showers/bath tubs, toilets, wheel chairs, etc.; assistance with use of mechanical devices (transfer boards, hoyer lift, etc.)

5. POSITIONING

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

Supervision to correct positioning for comfort; help with assuming desired position on wheel chairs, beds, chairs/recliners, etc.

6. PERSONAL HYGIENE

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

Assistance with personal hygiene tasks such as hair care, mouth/teeth/denture care, shaving, filing of nails and others

7. DRESSING

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

Set-up/supervision with dressing/undressing, combing hair, putting on/taking off shoes, and general looks

8. BATHING

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

Supervision with bathing; cueing and encouragement for residents to bathe on a regular basis; assistance in/out of shower; physical assistance with general bathing needs

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We strive to make sure that the residents are safe while helping wit their overall 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:

Ensure that the medications that are given to the residents are the correct medications for each person

and make sure that doctors orders are being followed. Keep the medication log accurate. Make sure that the residents are administered only the correct and necessary medications. Observe the residents closely for any adverse reaction to the medications and to notify medical professional/family if any reaction occurs

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The health and safety of the residents is given the utmost importance

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:

Assists on call nurse as necessary. Help wih range of motion and other home exercises

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

Tube feeding; catheter care; palliative care; oxygen therapy; blood glucose monitoring; wound care (applying bandages/dressing); insulin injections; etc.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Nurse delgators come to the home on a regular basis

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: **On-call basis**
- Licensed practical nurse, days and times: **N/A**
- Certified nursing assistant or long term care workers, days and times: **3 staff workers for 5 days/8 hour shifts at different times**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Awake staff is hired only if needed depending on the needs of the current residents

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:

All races/ethnicities. Staff speak English and Tagalog fluently

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Staff are able to speak minimal 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:

Depends on the daily rate and resident's health condition/needs

ADDITIONAL COMMENTS REGARDING MEDICAID

Will not accept medicaid resident's if care needs cannot be met

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:

Holiday/Birthday celebrations and activities based on each individual likes/dislikes, hobbies, etc.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Cost for celebrations and certain activities are handled by the resident's family