Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
CHRISCARE AFH/RAUL MUNTIU-PIPA	**750217**

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

Received
DEC 23 2015
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.

Compassion drives our care. Our mission is to provide a safe, pleasant and peaceful home with compassionate, professional, individualized care for our residents and confidence for peace of mind for their loved ones.
We focus our services to providing care for the Aging, Dementia, Physically or Developmentally disabled & Mentally Ill populations.
Specializing in management and care for those with Diabetes; High Blood Pressure; Wound Care; Traumatic Brain Injury; And End of Life care.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
12-18-2006	**N/A**

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

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

We may provide assistance with eating from cuing, reminders, cutting up, monitoring, hands-on assistance to guide or hand food/drink, to total dependent feeding assistance with all foods/fluids. We may provide therapeutic diets, diebetic diets, mechanical altered, adaptive equipment

2. TOILETING

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

We may provide assistance with toileting from setting up, monitoring, encouragement, cueing, assistance with cleansing, care, pads, clothing and or stand-by assistance for transfer to total dependent for all toileting tasks. We may provide assistance with catheter and ostomy care on a case by case basis.

3. WALKING

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

We may provide assistance with walking using assistive devices, wheelchair, stand-by assistance for safety and cueing and monitoring, one person assist to bed bound.

4. TRANSFERRING

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

We may provide assistance with transferring for stand-by for safety, encouragement or cueing, hands-on guiding, one person assist to mechanical lifting using hoyer, gait belts.

5. POSITIONING

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

We may provide assistance with positioning for stand-by for safety, cueing, monitoring or encouragement, repositioning intervals, one person assist

6. PERSONAL HYGIENE

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

We may provide assistance with personal hygiene for set-up, monitoring, encouragement and cueing, hands-on assistance to guide through task completion to total dependent of all tasks.

7. DRESSING

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

We may provide assistance with dressing for monitoring, encouragement, cueing, lay out of clothing, help with shoes, socks, TED, to guiding of limbs, tying or buttoning, upper and lower body dressing, to total assistance.

8. BATHING

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

We may provide assistance with bathing for set up supplies, monitoring, encouragement and cueing, needs help getting in/out of shower, partial assistance to total dependent, to include requires complete bathing, bed baths.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We may provide assistance with oral & denture care, eye glasses, hearing aides, bladder & bowel management care We have roll in shower Master suite bedroom with full private bathroom and shower

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:

We may provide medication assistance for one or more medications and for one or more medications that require medication administration through nurse delegation. We may order, prepare, monitor, document & store medications in properly locked cabinet or containers.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We may provide medication services to include daily management of pain, health monitoring to include blood pressure monitoring pulse rate and other vitals input/output monitoring

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 provide skilled nursing services to include physical, occupational & speech therapies through contracted home health agencies, and hospice care services. These services may be paid through the individual's health insurance, private pay or private insurance.

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

The home may provide skilled nursing services by delegation to include blood glucose monitoring, insulin injections, cathetar care, oxygen, simple wound care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

These services are contracted with outside home health or hospice agencies and/or nurse delegators. Our staff is trained & certified to perform nurse delegated tasks

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: **Nurse Delegator available only as needed or upon request**
- ☐ Licensed practical nurse, days and times: _____

☒ Certified nursing assistant or long term care workers, days and times: **24 hr care by NAC (CNA).**

☒ Awake staff at night

☒ Other: **Services of Doctor, ARNP, Therapist who specializes in geriatrics is available upon request (based on individual health insurance policy allowances)**

ADDITIONAL COMMENTS REGARDING STAFFING

Provider and all staff are certified in dementia, mental health, nurse delegation/diabetes, 1stAid/CPR. All staff go through rigorous training & background checks to include FBI fingerprinting

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:

We respect all cultural, ethnic, and religious backgrounds. This is an English speaking home.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We will strive to do our best to accommodate different needs and specialized diets for a particular religion and honor cultural or religious events in our home.

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:

We will accept Private Pay and Medicaid Pay clients.

ADDITIONAL COMMENTS REGARDING MEDICAID

All clients must have current assessment. Medicaid clients will need Service summary and approval by the case manager prior to admission

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:

We offer numerous activities and engagements within the home to benefit the physical, mental, social, emotional and spritual needs of our clients.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We enjoy celebrating life and look for creative ways to recognize holidays, birthdays, and special events and occasions. We enjoy singing, playing table games, bingo, cards, puzzles, reading and reminiscing. We also provide range of motion excercises and various creative craft activities.

Our main objective is to continually work to discover new and different interests that are pleasant, stimulating and purposeful for our residents.

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