



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

HOME / PROVIDER <b>Benevolent Adult Family Home / Reynold Quedado</b> <b>11821 102nd Place NE, Kirkland, Wa. 98034</b>	LICENSE NUMBER <b>750290</b>
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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

<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. <b>“Benevolent Adult Family Homes” Is a quality alternative to those who need assistance or supervision in managing everyday life. At Benevolent Adult Family Homes we integrate our residents into a family. We give them the support and encouragement to live full, satisfying lives, involved in family, friends, intellectual and physical activities. Our Focus is to provide safe, comfortable, high quality care for your self or for your loved ones, who deserve personalized special attention.</b>	
<b>2. INITIAL LICENSING DATE</b> <b>February 14, 2007</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <b>11823 102nd Place NE, Kirkland, Wa. 98034</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b>  	
<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: <b>C-Corporation</b>	

## 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:

**Provide eating assistance from cuing and monitoring to total assistance, pureed food for resident with Mild dysphasia and tube feeding. Three nutritious home cooked meals a day, plus snacks. Menu focuses on the special needs and pleasures of residents and served in a "family-style" dining room. Favorite recipes are welcome and can be adjusted to suit dietary restrictions or special needs.**

### 2. TOILETING

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

**Provide toileting assistance from cuing, stand by assist for safety and monitoring to total assistance (transfer on/off toilet, manage clothing, cleanse, change pads, manage ostomy/catheter)**

### 3. WALKING

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

**Provide walking assistance from cuing, stand by assist for safety and monitoring to one or two person assist**

### 4. TRANSFERRING

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

**Provide transfer assistance from cuing, stand by assist for safety and monitoring to one or two person assist.**

### 5. POSITIONING

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

**Provide positioning assistance from cuing, stand by assist for safety and monitoring (Checking resident often for comfort, Reposition resident to prevent health problems) to one or two person assist**

### 6. PERSONAL HYGIENE

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

**Provide assistance with personal hygiene from cuing, set up, monitoring, hands-on assistance to guide through tasks completion and to total assistance**

### 7. DRESSING

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

**Provide assistance with dressing from cuing, set up and monitoring to total assistance**

### 8. BATHING

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

**Provide assistance with bathing from cuing, set up and monitoring, hands-on assistance to guide through task completion and to total assistance**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Facility equip with in-room call system, (2) Electric Sarita lift hoyer, roll-in-showers**

## 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:

**Oral, topical, eye drops, inhalers, insulin - Administered through Nurse Delegation**

**Document medication taken, Re-order medications, Report adverse reaction, Assist and observe while taking to prevent aspiration, monitor vital signs.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Always the "Five Rights". Right resident, medication, doze, route and time.**

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

**Contract with a nurse to provide delegation**

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

- **Specializes in serving people with mental health problems, disabilities, and dementia**
- **We welcome Hospice and Respite**

#### 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 24/7 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:

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:

**Nothing in particular. Our focus is to treat residents equally and provide them with the care that they need.**

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:

**Will accept Medicaid based on rate and level of care provided we have a room availability**

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 enrichment time which includes karaoke, games, (bingo, Wii, etc.)exercises, and current events**

ADDITIONAL COMMENTS REGARDING ACTIVITIES