

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

HOME / PROVIDER <b>A &amp; D Home Services/Dolores E. Cavada</b>	LICENSE NUMBER <b>750328</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

**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.

**A&D Home Services AFH's mission is to provide the highest level of professional and compassionate care to our Residents and maintain a family atmosphere where Residents enjoy daily life.**

**2. INITIAL LICENSING DATE**  
**03/14/2007**

**3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:**  
**1028 S 325<sup>th</sup> St., Federal Way, WA 98003**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**  
**A Plus AFH, LLC**

**5. OWNERSHIP**

- Sole proprietor
- Limited Liability Corporation
- Co-owned by: **Osmundo M. Cavada**
- 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:

**set up incl cutting up of foods, cueing, supervision/monitoring for choking,**

**1:1 Feeding, tube-feeding, total assist**

2. TOILETING

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

**cueing to use the bathroom; assistance with toileting; changing pads; assistance with use of commode, bedpans, urinals; routine peri-care assistance.**

3. WALKING

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

**monitoring, cueing, encouragement, standby assist for safety, with or without assistive devices like cane, walker, crutches, gaitbelt, legbrace or any other assistive devices.**

4. TRANSFERRING

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

**monitor, cue, encourage, standby assist, hands on assist to stand/sit; mechanical lift like hydraulic hoist lift; total assist.**

5. POSITIONING

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

**monitoring, cueing, encouragement, standby assist, help to guide limbs in order to turn or reposition, support while moving or lifting part of body, uses drawsheet, hospital bed, special mattress, wedges, foot cradle, pillows; total assist.**

6. PERSONAL HYGIENE

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

**monitor, cue, encourage, set up, hands on assist to guide thru task completion, dry skin care, fragile skincare, bruises, rashes, itchy skin, fingernails, lotion, soaps, skin barriers, etc; total assist.**

7. DRESSING

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

**monitor, cue, encourage, lay up appropriate clothing; help with shoes, socks, ted hose; assist /guide limbs; help in tying or buttoning; total assist.**

8. BATHING

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

**monitor, cue, encourage, set up bath supplies; assist in getting in/out of shower; physical assist with part of bathing; bed bath, shower; total assist.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**we provide the highest quality of personalized care while ensuring safety and dignity at all times.**

**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, drops, inhalation, ointments, topical/woundcare treatments as per MD orders and as delegated by RN. Medications are stored in locked storage, documented when given, monitor/report side**

**effect/adverse reactions; re-order; proper disposal of unused medications;**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We follow 5Rs of medication administration: Right medication; Right Resident; Right time; Right dosage; Right Route**

**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:

**glucose monitoring, skin/wound treatment, indwelling urinary catheter care, constipation treatment, tube feeding**

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

**PRN medication administration, inhalation, topical, ear/eye drops, nasal spray, glucose monitoring.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Home has an RN/Nurse Delegator who does medication reviews/updates, sees assessment for skin issues/vital signs; does 90 day RN delegation and supervisory visits**

**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; RN Delegator every 90 days supervisory visit.** \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24/7** \_\_\_\_\_
- Awake staff at night
- Other: **Provider makes 2-3 rounds per night. Call bells are provided to each Resident.**

ADDITIONAL COMMENTS REGARDING STAFFING

**Awake staff is hired only if needed.**

**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 welcome Residents from any Ethnic background.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**English and Tagalog are spoken fluently in the home. 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:

**Depending on the level of care and if the home can meet the Resident's needs**

ADDITIONAL COMMENTS REGARDING MEDICAID

**All rooms are private rooms.**

**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:

**Range of motion exercises (as permitted by MD), sing alongs, TV, music, card games, puzzles, birthdays, holiday celebrations, backyard picnics/BBQ-weather permitting.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities outside of home are the Resident/Family's expense.**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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