

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER St. Therese Adult Family Home, LLC / Tess Galvez	LICENSE NUMBER 750826
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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.

We are committed to provide a "family home-like" setting to all our Residents as we serve them with utmost respect, love, care and dignity.

2. INITIAL LICENSING DATE

02/14/2008

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

n/a

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

2715 SW 337th St. Federal Way, WA 98023

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

<p>If needed, the home may provide assistance with eating as follows: Provide eating assistance from cuing and monitoring to total assistance.</p>
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: Provide toileting needs from routine bathroom trips to supervision and cuing to total assist.</p>
<p>3. WALKING If needed, the home may provide assistance with walking as follows: Provide assistance of 1-2 persons with short and long distance walking as tolerated by Resident.</p>
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: Provide 1-2 persons assist for transfers from cuing and monitoring to total assist. Will use hooyer lift for safe transfers as per physician's request.</p>
<p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: Provide assistance to reposition from reminding/cuing and supervision to total assist as needed every 2 hours or as recommended to prevent skin breakdown.</p>
<p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: Provide assistance from cuing, help set up to total assist.</p>
<p>7. DRESSING If needed, the home may provide assistance with dressing as follows: Provide dressing assistance from cuing and supervision to total assist of Resident`s clothing choice if still able to pick.</p>
<p>8. BATHING If needed, the home may provide assistance with bathing as follows: Provide bathing assistance of 1-2persons from cuing and set up to total assist using roll-in shower chair, shower bench and grab bars for Resident`s safety. May provide daily sponge or bed bath depending on Resident`s preference.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE Provide assistance with nail care twice a month or as needed. Daily skin check to protect and prevent bed sores. Foot care is done quarterly by Podiatrist</p>
<p>Medication Services</p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is: Provide assistance with medication from cuing and set up to guiding to steady hands to total assist.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Staff are delegated by a Nurse to administer medications whether in whole, crushed, or in liquid form.</p>

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:

Provide assistance to Resident to obtain Home Health RN as needed for wound care, foley cath change and other nursing care needs.

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

wound care

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

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
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 2-3 staff, all week at all times
- 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:

AFH serves variety of meals inspired by different cultures/ethnic background as per Resident's request. AFH also accommodate any special diet required of for a Resident.

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:

AFH always accept Resident with Medicaid as payment source.

ADDITIONAL COMMENTS REGARDING MEDICAID

AFH accepts Resident transitioning from Private Pay to Medicaid as long as AFH is given advance notice of the change

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:

AFH provides activities that is of interest to the Resident. AFH provides card games, bingo, scrabble, playing crossword puzzle. Has book reading time, listening to music and watching movies at home which the library brings different kinds of movies and books every month of Resident`s interest. Has a church minister that comes to the home to give communion as per Resident`s request. Provides passive ROM exercises on upper and lower extremities as tolerated by Resident for good circulation.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Would go to visit Parks during summer time for bbq`s. Celebrates birthdays and holidays.

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