



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Christellace LLC</b>	LICENSE NUMBER <b>602727254</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.  
**Christellace Adult Family Home is committed to provide excellent care in a safe environment to our vulnerable aging adults.**

2. INITIAL LICENSING DATE <b>04/01/2008</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>None</b>
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4. SAME ADDRESS PREVIOUSLY LICENSED AS:  
**None**

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:

**Caregivers will provide assistance by cuing or feeding residents.**

2. TOILETING

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

**Caregivers will provide assistance by toileting residents routinely or as needed and providing incontinence care if needed.**

3. WALKING

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

**Caregivers will encourage residents to use prescribed devices if they have any, making sure hallways and rooms are free from obstructions and well lit in order for them to walk safely.**

4. TRANSFERRING

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

**Caregivers will cue residents how to transfer safely, physically lift residents, or help them with the transfer process.**

5. POSITIONING

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

**Caregivers will turn and reposition residents. If residents are able to turn, they will be encouraged to change position to prevent pressure sores.**

6. PERSONAL HYGIENE

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

**Caregivers will encourage residents to keep oral hygiene every morning, night, and as needed. They will also be assisted in cleaning their dentures. They will be encouraged to go to their dentist routinely. Caregivers will check residents to make sure they are washing their faces and combing their hair, offering assistance with those tasks as necessary.**

7. DRESSING

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

**Caregivers will encourage residents to choose their own clothing to wear as they wish. They will assist residents by helping them put on pants, buttoning clothes, putting on their socks and shoes, and any jewelry they have.**

8. BATHING

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

**Caregivers will provide showers or sponge baths three to four times a week, or more as requested by the resident. They will provide full or partial assistance by shampooing their hair, washing their bodies, drying, and applying lotion. Caregivers will use residents' preference of toiletry brands provided by their families.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Provider will give nailcare and give hair cuts and styling as requested.**

**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:

**The provider is a registered nurse and will do nurse delegation to the caregivers, who are certified nursing assistants or nursing assistants. Caregivers give the medications to residents at the prescribed time, making sure that the residents take their medication as ordered. Note, if residents refuse their medication, it will be recorded in their personal medication records. If this is a consistent behavior, their doctors will be notified.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**The caregivers will assist them by applying patches, eye drops, insulin and medicated creams as needed.**

**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:

**Christellace currently has a contract with a company who provides nurse delegation to medicaid residents. The provider is also a registered nurse and will be able to do skilled nursing services to residents that need it, for example dressing changes, nebulizer treatments, colostomy care, etc.**

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

**Insulin administration and Blood sugar monitoring. Applying med. patches, creams, ointments, eye drops, suppositories.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Any skilled nursing services will be reviewed by the Provider/RN and will decide what will be delegated.**

**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: **11 hrs daily** \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **13 hrs daily** \_\_\_\_\_
- 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:

**English and Tagalog**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**will accommodate different cultural backgrounds and will consider special requests**

**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:

**as long as we are able to meet the resident's needs**

ADDITIONAL COMMENTS REGARDING MEDICAID

**We also accept Private Pay residents and Private pay residents who are converting to 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:

**Morning exercises or stretches, puzzles/word finds, magazines/newspapers, card games, scrabble, TV is available in each room and in the family room**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We will arrange transportation or scheduling for residents who are interested to participate in outside activities. (ex.going to senior center)**