

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

|   |                                 |
|---|---------------------------------|
| HOME / PROVIDER<br><b>CALDERON ADULT FAMILY HOME INC.</b> | LICENSE NUMBER<br><b>751161</b> |
|---|---------------------------------|

**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](#)
- [Other Issues](#)

### 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. <i>Our AFH facility at 16909 4th Ave NE Shoreline, WA 98155 originally started 01/24/2001. Since then &amp; up to present time, we've been helping our residents with Developmental Disabilities, Dementia, &amp; Mental Health with utmost respect and compassionate care. Our facility provides a community-based residential setting with 24 hours of care and services.</i> |  |
| <b>2. INITIAL LICENSING DATE</b>   | <b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> |
| <i>12/08/2008</i>  | <i>16235 8th Ave NE Shoreline, WA 98155</i>                            |
| <b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b>   |  |
| <i>N/A</i>   |  |
| <b>5. OWNERSHIP</b>  |  |
| <input type="checkbox"/> Sole proprietor<br><input type="checkbox"/> Limited Liability Corporation<br><input type="checkbox"/> Co-owned by:<br><input checked="" type="checkbox"/> Other: <i>Small Corporation</i>   |  |

Received

JUN 30 2015

**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/Cutting of food, cuing, monitoring for choking, & supervision. Partial to full assistance if needed.

2. TOILETING

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

Set up, cuing, monitoring, supervision, partial to total assistance, and 2 person assist if needed.

3. WALKING

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

Cuing and supervision, contact assist, partial assistance using gait belt if needed.

4. TRANSFERRING

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

Cuing, 1 or 2 person assist thru pivot transfer or hooyer lift.

5. POSITIONING

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

Provides 1 or 2 person repositioning assistance as directed/needed.

6. PERSONAL HYGIENE

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

Set up, cuing, supervision, partial to total assistance.

7. DRESSING

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

Set up, cuing, supervision to total assistance.

8. BATHING

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

Set up, cuing, supervision to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Calderon AFH will offer and promote ADL, recreational, and social activities consistent with the resident's desires, needs, and abilities. (Activities of the Daily Living)

**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: Our facility assists residents in taking their medications thru "self administration with assistance."

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Our facility staff ensures the level of assistance is provided to the residents when taking their medications.

Received

JUN 30 2015

**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: *On-call assistance from Home Health Care nurse including PT/OT & home health aide, and RN delegation as needed.*

The home has the ability to provide the following skilled nursing services by delegation: *Blood sugar checked, wound care, prn medications (incl. topical/Nasal/Ear drops)*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION *Services of a delegating nurse is available on an on-call basis to delegate specific nursing tasks including but not limited to: dressing changes, suppositories, etc..*

**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

*Above completed trainings were for Manager and Caregiver.*

**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: *Only as needed*
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: *24 hours a day (2 caregivers)*
- Awake staff at night *(1 caregiver)*
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

*Staffing levels varies to accomplish the care needs of our residents.*

**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:

*Any resident who speaks and understands English language.*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

*Our facility staff speak Filipino language as well as English language. Caregivers are all Catholic by religion.*

**Received**

JUN 30 2015

**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 accept the current Medicaid reimbursement rates set forth by DSHS Administration. Private pay residents who reside as a private pay status for at least 3 months may convert to Medicaid rates and continue to reside in our facility.*

ADDITIONAL COMMENTS REGARDING MEDICAID

*If a private room is required/preferred by the resident/family, an additional fee in dollars per month will be added to the rate on a case-to-case basis.*

**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: *Indoor activities such as watching shows on television and movies on PVP. Handcrafts will be made available for resident who desire to do handcrafting. Recreational trips such as going to the mall and to other stores. Karaoke, board games.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*Celebration of social/special events such as birthdays and holidays with residents, co-residents, friends, or family. Holiday celebration includes but not limited to: 4th of July BBQ, Christmas & New Year celebration, Thanksgiving Day.*

Received

JUN 30 2015