Department of Social & Health Services
ALTSA Aging and Long-Term Support Administration

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
San Lorenzo AFH, LLC / Erlinda Requindin	A751397

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.

Care with Compassion

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
04 / 2009	1515 SO 93rd ST TACOMA WA 98444 1407 BROOKE CT STEILACOOM WA 98388

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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: Prepare food according to residents needs. i.e. blended, thickened fluids. head of bed elevated when feeding in bed. supervision @ mealtimes. Feed residents who are unable to feed themselves.

2. TOILETING
If needed, the home may provide assistance with toileting as follows: offered every 3-4 hrs. Perineal care after an incontinence of bowel or bladder. applying moisturizer to skin. Reporting problematic skin to manager or owner.

3. WALKING
If needed, the home may provide assistance with walking as follows: Providing stand by or contact guard assistance while ambulating. make sure equipments are in good condition. If able residents are allowed to ambulate outside w/ supervision

4. TRANSFERRING
If needed, the home may provide assistance with transferring as follows: Stand by assist, contact guard assist, minimal assist, moderate assist. maximum assist. hoyer lift transfers. Staff are trained on individual needs by manager, owner.

5. POSITIONING
If needed, the home may provide assistance with positioning as follows: Bed ridden residents are being repositioned every 2 hrs using pillows. weaker side (affected) are supported w/ pillows for proper body alignment.

6. PERSONAL HYGIENE
If needed, the home may provide assistance with personal hygiene as follows: brushing teeth twice a day, before breakfast + after dinner. wash face, wash hands. provide incontinent care. Goal: to be dry + odor free. brush hair. perineal care.

7. DRESSING
If needed, the home may provide assistance with dressing as follows: Residents pick what to wear. Staff will assist with weather appropriate clothings. Change clothings if soiled. Residents wear street clothes during the day + gowns, pajamas @ night. goal: comfortable

8. BATHING
If needed, the home may provide assistance with bathing as follows: Everyday shower is encouraged. Sponge bath every morning. As necessary when soiled or incontinent. roll-in-shower, hand held shower head, staff never leave residents during shower. Bed bath

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE
daily for bed ridden residents. PM care before bed time. Once a week bathing for residents who prefers it. But sponge bath every morning is done daily.

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 medications, eye drops, ear drops, inhalers, insulin injection, blood sugar checks. RN owner does im injections,

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES
IV meds., sterile dressings, skin sore treatments, anything that a RN is licensed to perform in the state of WA. (catheters, PICC line, permacath, etc.

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: RN owner will provide skilled nursing services to the extent of law for RN's in the state of WA. (pressure sore care, tx)

The home has the ability to provide the following skilled nursing services by delegation: SNN treatments. medications, insulin injections, O2 home treatments, ADL's, care of catheter, tube feedings.

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 yearly ongoing education of staff + owner. owner is RN with CRRN specialty. (Certified Rehabilitation Reg. nurse)

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: every other day, on call 24 hrs.
- ☐ Licensed practical nurse, days and times:
- ☑ Certified nursing assistant or long term care workers, days and times: day shift + night shift
- ☑ Awake staff at night
- ☑ Other: manager, daily visits, on call 24 hrs.

ADDITIONAL COMMENTS REGARDING STAFFING Well trained, have developmental disabilities, mental illness, dementia specialties. caregiving experience (yrs.)

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 provide what each residents needs. All cultures are welcome. We accomodate their needs.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS We have taken care of all races, religious backgrounds, adults, elderly, handicapped. We speak English, Tagalog. Their is Spanish speaking staff. This is a non-discriminatory home.

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 private pay also.

ADDITIONAL COMMENTS REGARDING MEDICAID No less than $80 - a day. We pay our staff more than the minimum wage. We provide specialty foods. Awake staff @ night.

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: 2 young men use - previous residents.

internet access (WIFI) daily newspaper, celebrate holidays (religious & BD, non-religious) ambulation, TV, music, card games, shopping (for w/c Bound residents. Drive them to their destination. i.e. party, mall. radio, singing with residents. (one resident likes singing "you are my sunshine" that was sung in the dining room a lot. activities are individualized. Mostly the elderly just want to talk or hold hands.

ADDITIONAL COMMENTS REGARDING ACTIVITIES