



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

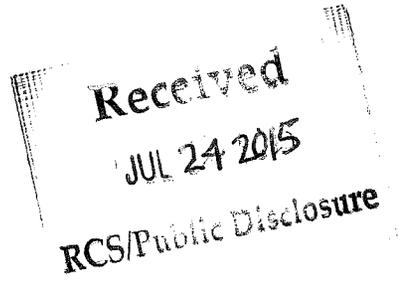
HOME / PROVIDER <b>Saint Michael Adult Family Home/ Felix C. Ocana</b>	LICENSE NUMBER <b>751888</b>
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**NOTE:** The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home 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 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.  
**At St. Michael AFH we provide personalized care for the elderly or for those who are in need of assistance due to medical reasons. We as certified nursing assistant we follow the physicians orders and individualized careplans under a supervision of a RN delegator, We follow all WAC Laws.**

2. INITIAL LICENSING DATE <b>03/21/2011</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>NONE</b>
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4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>Saint Michael Adult Family Home Lisence # 751888</b>
5. OWNERSHIP X Sole proprietor Limited Liability Corporation Co-owned by: Other:
<b>Personal Care</b>
"Personal care services" means both physical assistance and/or prompting and supervising the performance of dire personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed b licensed health professional. (WAC 388-76-10000)
1. EATING If needed, the home may provide assistance with eating as follows: <b>We provide assistance from cueing, supervision, assistance.</b>
2. TOILETING If needed, the home may provide assistance with toileting as follows: <b>We provide assistance with toileting from cueing, monitoring, one person physical assist.</b>
3. WALKING If needed, the home may provide assistance with walking as follows: <b>We provide assistance with walking from cueing &amp; monitoring to one person physical assist.</b>
4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: <b>We provide assistance with transferring from cueing &amp; monitoring to one person physical assist.</b>
5. POSITIONING If needed, the home may provide assistance with positioning as follows: <b>We provide assistance with positioning from cueing &amp; monitoring to one person physical assist.</b>
6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: <b>We provide assistance with personal hygiene from cueing, monitoring, set-up to one person assist.</b>
7. DRESSING If needed, the home may provide assistance with dressing as follows: <b>We provide assistance with dressing from cueing, set-up to total assist.</b>
8. BATHING If needed, the home may provide assistance with bathing as follows: <b>We provide assistance with bathing from cueing, monitoring, set-up to total assist.</b>
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE: <b>We have a large walk in shower with a bath chair wich enables us to assist and keep residents safe.</b>
<b>Medication Services</b>

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: **St. Michael AFH assist in medication management and provide medication administration through Nurse Delegation.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**All medications are locked up at all times and only given under physicians order.**

#### **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:

**We provide basic care and activities of daily living (ADL'S)**

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

**Medication administration, checking blood glucose levels, applying ointments, eye drops & wound care**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Any Delegatable tasks can be performed within reasonable accommodation.**

#### **Specialty Care Designations**

We have completed DSHS approved training for the following specialty care designations:

- X Developmental disabilities
- X Mental illness
- X Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

**We have taken Dementia, Mental Health and Developmental Disability Specialty Trainings.**

#### **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 staff 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 staff 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: \_\_\_\_\_

Licensed practical nurse, days and times: \_\_\_\_\_

Certified nursing assistant or long term care workers, days and times: 24 hrs a day and 7 days a week \_\_\_\_\_

Awake staff at night

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Staff have all state required trainings plus 7 days in home orientation before they are on their own.**

#### 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 all backgrounds and will do our best to accommodate their needs, but we only speak English.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Saint Michael AFH respects the resident's cultural beliefs and practices.**

#### 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:

**The rate should be sufficient to cover up care expenses.**

ADDITIONAL COMMENTS REGARDING 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: **Assisted exercise, games puzzles, music, current events escorted outings and walking exercise**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities are open to resident as per request within reasonable accomodation.**

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

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