



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

HOME / PROVIDER <i>Familia Adult Care, LLC / Elisa Fajardo</i>	LICENSE NUMBER <i>751944</i>
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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. <i>Our mission is to value our Residents privacy and to take care of their basic needs as well as their physical and emotional needs</i>	
2. INITIAL LICENSING DATE <i>June 3, 2011</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>19639 108th Ave SE Renton WA 98055</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>adult Family Home</i>	
5. OWNERSHIP <u>Sole proprietor</u> 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: *Set up assistance*
EATING = *supervision/provide assist in feeding, with pinned foods, and thick liquids, also provide with ensun drink*

2. TOILETING

If needed, the home may provide assistance with toileting as follows:
monitor bladder and bowel incontinence and UTI's

3. WALKING

If needed, the home may provide assistance with walking as follows:
assist in walking by using walker & gait belt

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:
2 person transfer assist, pivot transfer with gait belt & board

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:
Reposition every 2 hours or as needed

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *Cueing/assist in brushing teeth/dentures, provide personal hygiene combing hair, and trimming fingernails with podiatric on call*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *Cueing/assistance in dressing and choosing the appropriate clothes they want to wear.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Supervise assistance in showering, bathing and bed bath 3 times and bathing 2 x a week AM or PM, and as needed, daily bed bath.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Assisting with ADLs from stand by assistance to total care. Special Diets, special concern

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: *Nurse Delegator in place for staff, Residents, Home Health Doctor, Pharmacy, Podiatrist Documentation in MAR.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medication shd. be delegated when needed. Observe & assess clients reaction to medication and report to doctor, pharmacy and family.

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: *Hospice, Respite Care, stroke Huntington Disease, Primary Care, Mental Health Services*

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

Diabetis

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 *Huntington's Disease, stroke Parkinson's Disease*

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: *nurse delegator on call*

Licensed practical nurse, days and times: *-*

Certified nursing assistant or long term care workers, days and times: *2*

Awake staff at night *(1)*

Other:

ADDITIONAL COMMENTS REGARDING STAFFING *Two caregivers in each home depend on the needs and residents care and needs*

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) *Home will accommodate Residents choices of food according to their cultural background & religion*

The home is particularly focused on residents with the following background and/or languages: *accept all races, religion and gender*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

(Tagalog / Ilocano) English, Pilipino

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:

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: Karaoke singing, birthday celebration in buffet restaurant, watching games on TV, exercise
ADDITIONAL COMMENTS REGARDING ACTIVITIES the Home has activities, but we still respect the Resident choices.