



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER SUPERCARE ADULT FAMILY HOME | LICENSE NUMBER 752126 |
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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.

Comfort and care --just like home!

2. INITIAL LICENSING DATE

11/07/2008

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

14915 28TH Lane, South Sea-Tac Wa.98188

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Supercare Adult Family Home

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

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| <p>If needed, the home may provide assistance with eating as follows: Yes, We will provide eating assistance up to total assistance.</p> |
| <p>2. TOILETING If needed, the home may provide assistance with toileting as follows: Yes, We will provide toileting assistance up to total assist and scheduled toileting if its required.</p> |
| <p>3. WALKING If needed, the home may provide assistance with walking as follows: Yes, supervision, up to total assistance.</p> |
| <p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: Monitoring one person up to 2 persons transferring assist.</p> |
| <p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: Yes, We provide assistance with positioning from cueing and monitoring one person assist.</p> |
| <p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: from cueing and set up, to total assistance</p> |
| <p>7. DRESSING If needed, the home may provide assistance with dressing as follows: Yes, provide assistance with dressing up to total assistance</p> |
| <p>8. BATHING If needed, the home may provide assistance with bathing as follows: provide up to total assist</p> |
| <p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> |
| <p>Medication Services</p> |
| <p>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)</p> |
| <p>The type and amount of medication assistance provided by the home is: *Self administration with assistance , and supervision of there medication with their oral meds, keep meds in a locked cabinet</p> |
| <p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Medication administration delegated by a RN</p> |
| <p>Skilled Nursing Services and Nurse Delegation</p> |
| <p>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)</p> |
| <p>The home provides the following skilled nursing services: If needed and if a resident is eligible, the following in home services will be provided: the Home Doctor by ARNP visits every 5weeks visits, podiatrist in home service every 3 mos.</p> |

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

**Insulin/Blood glucose monitoring. Pain management suppositories admin. inhalers respiratory treatment
Tube feeding foley catheter, Wound skin care non- sterile dressings. apply topical medications, prescribe
creams/ointments, eye drops, nasal spray etc.**

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

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 hours and 7days a week**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Live in Caregivers

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, Filipino, Ilokano

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Supercare AFH, Have no preference in regards with the resident's cultural or ethic background.

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:

Supercare AFH Will accept private pay and Medicaid payments.

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:

activities will be available based on resident's preference and ability. Any other activity the residents would like to do, will be accommodated if possible.

In home activities: daily exercises, walking routine or sit and be fit, lift light weights, hands/legs/feet exercise and or massage, word search jumbo/large prints, read books/magazines/bible study, watch tv or listen to opera music ...card games, dominos..

we celebrate each resident's birthday and most holidays thanksgiving and christmas day and prepare mothes day variety of dishes..

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600