



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>HOMECOMINGS IV AFH / CONSEJO P. MENDOZA</i>	LICENSE NUMBER <i>752153</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.

2. INITIAL LICENSING DATE

FEBRUARY 13, 2012

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

17121 11TH PL W LYNNWOOD WA . 98037

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

HOMECOMINGS IV AFH

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 *Requires monitoring, encouragement and or cueing, requires set-up (including cutting up foods & opening containers.) Able to feed self but requires hands on assistance to guide or hand feed, drink item able to feed self some food but always need to be fed a meal or part of a meal. What*

2. TOILETING *Requires monitoring, encouragement and or cueing, able to assist but requires assistance with cleaning, care pads/clothing and or standing assistance for transfer; dependent in toilet task or requires assistance 1 to 2 persons; dependent for all toileting*

3. WALKING *Requires monitoring, encouragement and or cueing, able to assist but requires assistance with walking, independent in walking with support for 1 person, walks with weight bearing support from 2 persons, fall risk, pads not walk w/ use of roll board*

4. TRANSFERRING *Requires monitoring, encouragement and or cueing, able to support own weight requires hands on guiding, able to support some of own weight, requires assistance to stand or sit, unable to assist needs 1 to 2 persons*

5. POSITIONING *Requires monitoring, encouragement and or cueing, able to turn or reposition, but requires help to guide limbs in order to turn or reposition, able to assist needs 1 or 2 persons, dependent on positioning of 2 hrs, uses special equipment such as drawsheet, hospital bed, mattress, wedges.*

6. PERSONAL HYGIENE *Requires monitoring, encouragement and or cueing, able to perform requires hands on assistance to guide through task completion; dependent or unable to assist all tasks, portable brushes, skin care.*

7. DRESSING *Requires monitoring, encouragement and or cueing; able to assist but requires guiding of limbs or needs full physical help & reading 1 or 2 caregivers*

8. BATHING *Requires monitoring, encouragement and or cueing, getting in & out of tub/shower, requires physical assistance, requires complete bathing & or 2 person assist, roll-in shower, bed bath, skin care check (2x) daily*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE *all the care services provided by Homecoming III APH are based on the assessment & the preferences of the residents.*

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: *- In one or more medications, needs assistance; for one or more medications requires administration with nurse delegation.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES *- Homecoming III APH Administered medication based on resident individual assessment. Nurse delegation will be in place if needed. All medication are securely locked in medicine cabinet.*

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: *- visits of Home Health Nurses, nurses, occupational therapist, PT, OT / Hospice care.*

The home has the ability to provide the following skilled nursing services by delegation: *- Tube feeding, nebulizer treatment, Oxygen Administration, Ostomy care, catheter care*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All additional skilled nursing services / nurse delegation are based on the needs of the resident

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: *as needed*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *24 hrs a day / 7 days a wk*
- Awake staff at night *2 caregivers at all time,*
- Other: *depends on the population of the AFH*

ADDITIONAL COMMENTS REGARDING STAFFING - *Homecomings IV AFH base the staffing on the level of care of the resident and do their individual assessment.*

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) T.

The home is particularly focused on residents with the following background and/or languages:

Tagnlog / English - we respect all cultural, ethnic & religious beliefs

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS - *We don't accept resident with the languages that we couldn't understand or we can't speak*

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: *@ least 2 years Private*

ADDITIONAL COMMENTS REGARDING MEDICAID

- contact AFH provider for inquiries + clarification on medicaid eligible residents

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 services: - group activity once a week with Activity Coordinator, watching TV, Movies, coloring, word puzzles, crafts, Exercises, walking, assisting on shopping, dancing, singing, party on Birthdays & Holidays

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We report each resident's choices of Activities