

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Cabanilla Adult Family Home 509 Phoenix Way Vancouver, WA 98661	LICENSE NUMBER A752218
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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.

provide personalized care for your loved one that exceed your expectations.

Maintain the health, safety, privacy, dignity and comfortable and quality life that our clients deserve.

2. INITIAL LICENSING DATE

2012

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

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:

- **Notify resident when meals are prepared or bring food to resident.**
- **Offer residents snacks.**
- **Help residents sit down and push in chair for residents.**
- **Cut resident's food to manageable size.**
- **Feed residents as needed**

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

- **Assist resident with clothing adjustment before and after toileting**
- **Provide perineal care after toileting as needed**
- **Transfer resident on/off toilet as needed.**
- **Encourage resident to toilet regularly.**

3. WALKING

If needed, the home may provide assistance with walking as follows:

- **Assist resident to stand up and maintain contact until resident is steady.**
- **Assist resident walk to avoid any fall.**
- **Ensure safety at all times.**

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

- Assist resident to sit up in bed as needed.**
- **Maintain contact with resident until steady and talk resident through each transfer**
- **Monitor pressure points.**
- **Assist resident with wheelchair transfers.**
- **Provide safety at all times.**

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

- Assist resident to reposition**
- Assist resident with elevating legs**

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

- Assist resident with set up personal hygiene tasks as needed**
- Assist resident with brushing teeth and washing hands.**
- Remind/help resident to wash hands after toileting and before meals.**

Provide assistance as needed.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

Assist resident with choosing clothes to wear.

Assist resident putting clothes on as well as taking clothes off.

Assist resident with adjusting clothes and fastening and taking off foot wears.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

Assist resident with bathing tasks: wash hair, face, back , leg,feet and perineal area.

Maintain skin integrity by dryng skin properly and applying lotion. Provide privacy.

Ensure resident is not left unattended.

Provide safety at all times.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Encourage/ cue residents to perform activities and provide assistance as needed.

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:

. Ensure that directions to self- administered medications are followed. .

Assist resident with medication administration.

. Record medication intake.

.Report any reaction to medications.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We ensure that medictions are administered as per direction of prescribing doctor as well as delegating RN

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:

Nurse delegation services.

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

Medication adminstration

Diabetic management.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

N/A

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

N/A

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: **Two qualified caregivers and the provider**
- Awake staff at night
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

Dedicated and committed caregivers are there to provide care for our residents at all times.

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:

N/A

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

N/A

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:
As per required services and assessed needs.

ADDITIONAL COMMENTS REGARDING MEDICAID

N/A

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: Celebrates residents birthdays and major holidays, bingo every othe week and karaoke once in a while.
ADDITIONAL COMMENTS REGARDING ACTIVITIES N/A

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