



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Allcare Adult Home Inc / Letitia C Milosav</i>	LICENSE NUMBER <i>752517</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>Allcare Adult Home Inc mission is to offer long-term as well as short term senior care in a family setting for those seeking an alternative to institutional-type care.</i>	
2. INITIAL LICENSING DATE <i>9/24/2004</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>NA</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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: *Yes (Regular diet, Mechanical soft diet, blended and thick - it added to liquids when ordered by DR.)*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *Routine toileting, Incontinence on both; Changing in bed.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *using walker/transf. belt -> one person assist or two as ordered; Pt walking to improve/increase mobility.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *One person transfer w/min assist/total assist. If two people required then will request a hoist - lift for safety.*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Assist one person OR scheduled Rotational ~~at~~ 2 HRS*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *yes Brush teeth/hair; Applying cream; Shave/Remove facial hair (wiskers)*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *Remove upper/lower clothing as assist w/pulling them on; from minimum to total assist (Socks/Shoes)*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Weekly showers as routine or more frequently if resident is willing; Needs more often. Sponge baths daily and as needed. Also bed ridden patients to be washed (hair) in bed.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

*For residents that are suffering if MS/quadriplegic usage of shower chair.*

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: *Bubble packs of meds for maintenance; Narcotics/psychotic/Or/Diabetic (Routine & PRN's)*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

*Medication delivered by pharmacy*

**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: *Daily weight (CHF); Blood Glucose monitoring; O2; catheter care, ostomy care; tube feeding; BP monitoring; PT exercises for maintenance*

The home has the ability to provide the following skilled nursing services by delegation: *Insulin and injectable / catheter care / tube feeding / ostomy care / Blood Glucose testing / PT / INR testing*

**ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION**

*Topicals / eye drops /*

**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**

*Parkinson / stroke recovering / diabetes / MS / COPD & CHF*

**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: \_\_\_\_\_
- Awake staff at night
- Other: *Provider visits home daily / also 24/7 on call*

**ADDITIONAL COMMENTS REGARDING STAFFING**

**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:

*No discrimination on Male / Female Resident for ethnicity / cultural background*

**ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS**

*Respects The religion preferences; provide special settings in Room for prayers or shabbas*

**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:

*After contract for private pay is completed will accept Medicaid as source of payment.*

ADDITIONAL COMMENTS REGARDING MEDICAID

*For direct DSHS/Medicaid residents to be admitted on special occasions/situations*

**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: *TV/cable w/ desired programs to watch; DVDs w/ comedies/shows; Music of diff. times/books on wheels/games/materials*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*to enhance & maintain memory; arts & crafts.*