



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

HOME / PROVIDER <i>MM Infinity Care AFH / Mylene Rivera Provider</i>	LICENSE NUMBER <i>752579</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 \_\_\_\_\_ of Washington Administrative Code.

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About the Home	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <div style="text-align: center; font-family: cursive; font-size: 1.2em; margin-top: 10px;"><i>Above and beyond safety and quality care is our business.</i></div>	
<b>2. INITIAL LICENSING DATE</b> <i>Feb 20, 2014</i>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <i>N/A</i>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <i>32707 6th Avenue SW, Federal Way, Wa 98023</i>	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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**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: Helping with cutting foods, opening pouring beverage, cueing and supervision or provide total help-feeding package; resident.

**2. TOILETING**

If needed, the home may provide assistance with toileting as follows: monitoring and supervise independent residents assist with assembling towels to undress, positioning to the toilet, changing adult brief. Assist with hygiene. Transfer resident to toilet or commode. Incontinent care in bed, emptying catheter.

**3. WALKING**

If needed, the home may provide assistance with walking as follows: Physical support - standby assist, holding resident's hand, elbow, gait belt, arm. Pushing wheelchair w/ One person extensive assist.

**4. TRANSFERRING**

If needed, the home may provide assistance with transferring as follows: By Hozer lift, up to 2 person - extensive assist.

**5. POSITIONING**

- minimum to max up 2 person assist  
If needed, the home may provide assistance with positioning as follows: Positioning resident in bed every 2 hours or as needed to prevent pressure sore, Elevate legs to prevent edema.

**6. PERSONAL HYGIENE**

If needed, the home may provide assistance with personal hygiene as follows: extensive assist with ADLs. Shower, brushing teeth, cleaning dentures, trimming nails + toe nails, incontinent care pericare, washing face, bed bath, mouth care, applying lotion and cream

**7. DRESSING**

If needed, the home may provide assistance with dressing as follows: min to max assist allow resident to be independent with dressing. min to extensive assist allow resident to choose clothing

**8. BATHING**

If needed, the home may provide assistance with bathing as follows: one person to 2 person extensive assist.

**9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE**

Our goal is to help residents reach or maintain highest level of physical, psychol logical + mental functioning therefore residents we adhere to resident's needs and allow them to make

**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) choices unless decision is

The type and amount of medication assistance provided by the home is:

may administer insulin, narcotics, OTC, eye drops, ointment, cream themselves. dangerous to

**ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES**

AFH is owned/and provided - care by LPN

**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: *Catheter care, catheter changed as ordered by MD, wound care as ordered by MD, Subcutaneous or IM injections as ordered*

The home has the ability to provide the following skilled nursing services by delegation: *by MD insulin, catheter care, eye and ear drops, inhalers, nebulizers, peg tube feeding.*

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

*Owner/Provider has less than 4 years experience with Dementia Care.*

**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: *Mylene Rivera*
- Certified nursing assistant or long term care workers, days and times: *all night, M, T, Wed, Th, Fri Sat, Sun*
- Awake staff at night
- Other:

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) *Filipino, American*

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

*Filipino, Chinese, American*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**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: *Exercise activities as tolerated 3-4 a week, Picnics, walking, Bingo, music*

ADDITIONAL COMMENTS REGARDING ACTIVITIES