



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Bayside Adult Family Home/Rosita Oliveros	LICENSE NUMBER 752739
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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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Received
MAR 22 2010
RCS/Public Disclosure

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. We are committed to provide the best care in a pleasant and warm loving atmosphere. Situated in the heart of Des Moines, a tranquil neighborhood overlooking Puget Sound, in close proximity to King County swimming Pool, Salt Water State Park, Des Moines Marina and more.	
2. INITIAL LICENSING DATE 10/22/2014	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 1720 South 227th Place Des Moines Wa. 98198
4. SAME ADDRESS PREVIOUSLY LICENSED AS: Sound TLC Adult Family Home	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input 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:

Bring food to client, cut food to small pieces, cue, assist or feed client. keep liquid available. pureed diet available per order from a doctor or other professionals. Monitor for choking.

2. TOILETING

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

Remind, cueing, stand by or total assist in transferring client on and off the toilet/comode. Cleanses, changing of incontinence pad, and apply protective barrier to protect skin from wetness, adjust clothing.

3. WALKING

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

Stand by hand held assistance, propell wheel chair, set brakes on walkers and wheelchair. keep assistive devices within reach or as indicated in clients care plan.

4. TRANSFERRING

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

Cue, Stand by handheld assist, total transfer of client on/off wheelchair/bed slowly. May transfer with assistive devices. (ie) Hoyer Lift per order by Professional, documented in the negotiated care plan.

5. POSITIONING

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

Turn and reposition client every two hours in bed and in wheel chair with pillow and other cushion to keep boney pressure areas from direct contact with the bed or wheelcahir. Lift client, dot drag.

6. PERSONAL HYGIENE

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

Set up, help, assist, or perform task, clean eye glasses, shampoo hair, apply make up, clean dentures, apply deodorant, trim finger and toe nails as needed, wash client hands and face, perform oral care.

7. DRESSING

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

Set up, help, assist or perform dressing clients upper and lower body clothings, fastened clothings, help pick appropriate clothing for the right occasion and appropriate weather. Put on/off foot wear.

8. BATHING

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

Assist or perform showering resident by washing back, legs, feet, and other body prts, shampoo hair, monitor water temperature, drying, applying lotion and dressing, assist in and out of tub/shower.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Explain procedure before doing task. Respect privacy. Monitor document report significant changes to family and Professional involve in the care of this Resident

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:

Open medication container, put medicine in cup/clients hand. Remind & cue, time to take & or administer medication. Keep water available. Document medication taken. Monitor side effect & report.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Assigned pharmacy will contact Prescriber/Practioner for medication refills.

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:

Home health, Home doctor, Foot doctor, Hospice care, Nurse delegation etc, are available on demand.

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

Administration of oral medication, non sterile dressing changes, urinary catheterization using clean technique, ostomy care, blood glucose monitoring, gastrostomy feeding in established and healed condition.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Home follow five rights in giving medication: right client, medication, dose, time, and frequency.

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

Respect privacy of our clients, explain procedure before doing task, care and services are base on the negotiated care plan on individual Resident.

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: **As needed** _____
- Certified nursing assistant or long term care workers, days and times: **24 hours** _____
- Awake staff at night
- Other: **Provider and Resident Manager lives in the Home**

ADDITIONAL COMMENTS REGARDING STAFFING

Resident Manager and provider are the primary caregivers and a paid back up caregiver

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:

The Home accommodate anybody in general.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English in particular. Observed and respect client right.

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:

According to the terms and cond. of the State, provided the Home is able to meet the needs of the resident.

ADDITIONAL COMMENTS REGARDING MEDICAID

For Medicaid client, care shall continue uninterrupted if the clients convert from private to a medicade.

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:

Outdoor walk if weather permit, playing cards, watching movies, driving to local ice cream store, one on one bonding with Resident and Provider, and other entertainment paraphernalia available in the home.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We follow other activity program specified in the negotiated care plan like walking, ROM, and other exercises design to meet the Resident's needs and preferences also celebrating residents birthdays and holidays; and encouraged Residents to attend community base activities, etc.