



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SUMMER WALK CARE HOME, LLC / GINA A. GALAGAR-PAMA	LICENSE NUMBER 753039
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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. Summer Walk Care Home LLC. Provide a residential care alternative for your love one that offers you peace of mind and a home environment like yours.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 4601 39TH AVE. SE LACEY WA 98503
4. SAME ADDRESS PREVIOUSLY LICENSED AS: NA	
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:

I provide assistance in eating. It ranges from cueing and monitoring to total assistance in eating.

2. TOILETING

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

I provide toileting assistance from cueing and monitoring to total assistance. The assistance is for the use of toilet room, commode, bedpan or urinal. The help also includes transferring on/off toilet, cleaning, changing of incontinence pads, managing ostomy or catheter and adjusting clothes.

3. WALKING

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

Assistance is provided by helping residents to stand, support and total assistance while walking.

4. TRANSFERRING

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

I provide transferring assistance from cueing and monitoring to a one person assist. The assistance is for how they move between surfaces, to/from bed, chair, wheelchair, standing position. I am also trained and experienced in using sit to stand lift and hooyer lift.

5. POSITIONING

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

I provide positioning assistance from cueing and monitoring to a one person assist. The positioning includes bed mobility from lying position, turning side to side and positions body while in bed. Also includes positioning while in the wheelchair.

6. PERSONAL HYGIENE

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

I provide personal hygiene assistance from cueing, monitoring to total assistance. This includes combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands and perineum.

7. DRESSING

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

I provide dressing assistance from cueing and set up to total assistance.

8. BATHING

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

I provide bathing assistance from cueing and set up to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Bathroom with roll-in shower for people with disabilities convenience and safety.

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:

I provide medication assistance from cueing and set up to total assistance. I have current and in good standing credentials for nurse delegation. Provided the task is delegatable, I can administer medication.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Only prescribed medications are given to residents, all OTC meds needs an order from PCP before the care giver/resident manager can administer the medication to residents.
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:

If nusing care is needed, I will only coordinate with a nurse licensed in the state of Washington to provide nursing care and services.

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

I am Registered Nursing Assistant with Department of Health. I have completed nurse delagation training and is will to perform the following nurse delegation task: Administration of oral, including inhalants, topical medications and ointments; Administration of nose, ear, eye drops and ointments; Administration of rectal and vaginal suppositories and enemas; Dressing changes and urinary catheterization using clean techniques; Suppositories, enemas and ostomy care in an established and healed condition; Blood glucose monitoring; Gastronomy feedings in an established and healed condition; Insulin injections; and Other tasks delegated at the discretion of the delegating nurse.

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

ECS-Expanded Community Support/SBS-Specialized Behavioral Support

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: **Only as needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night

<input type="checkbox"/> 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)
The home is particularly focused on residents with the following background and/or languages: I myself was raised from a different culture. My native tongue is Tagalog but I speak English fluently as well. I respect each and every individual's culture and religion and my home accommodates any nationality, religion or beliefs. With that in mind, I provide specialized diet, cultural or religious events at my home.
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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.
<input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: My home accepts Medicaid as a payment source. I also accept private pay who may no longer have the ability to pay privately and later become eligible to the Medicaid program as their funding source.
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: Upon request, residents may suggest activities with Summer Walk Care Home LLC employee's. Provider are willing to customize activity plan for each individual resident.
ADDITIONAL COMMENTS REGARDING ACTIVITIES For residents who are interested in other activities, the Thurston County Parks & Recreation as well as Senior Center and YMCA offers recreation all year round.