



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>VILLA REY ADULT FAMILY HOME, LLC</i>	LICENSE NUMBER <i>75305A</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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Received

FEB 18 2016

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.	
2. INITIAL LICENSING DATE <div style="text-align: center; font-size: 1.2em;"><i>N/A</i></div>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <div style="text-align: center; font-size: 1.2em;"><i>N/A</i></div>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <div style="text-align: center; font-size: 1.2em;"><i>N/A</i></div>	
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 MONITORING, ENCOURAGEMENT AND CUEING,
 If needed, the home may provide assistance with eating as follows: SET UP (INCLUDING CUTTING UP MEAT & OPENING CONTAINERS) HANDS-ON ASSISTANCE TO GUIDE OR HAND FOOD/DRINK ITEM TOTAL DEPENDENCY OR 1:1 FEEDING. ALSO MANAGE TUBE FEEDING.
2. TOILETING SET UP SUPPLIES, MONITOR AND
 If needed, the home may provide assistance with toileting as follows: CUEING, ASSIST WITH CLEANSING/CARE/PAD/CLOTHING, TOTAL DEPENDENCY TO ONE PERSON, INCONTINENCE CARE ALSO PROVIDE FOLEY CATHETER CARE & ENEMA, OSTOMY
3. WALKING STAND BY ASSIST, CUEING, SUPER-
 If needed, the home may provide assistance with walking as follows: VISION. 1 PERSON ASSIST IF PATIENT CAN BEAR WEIGHT, ASSISTANCE WITH USE OF ASSISTIVE DEVICE; CANE, WALKER, WHEELCHAIR, PROSTHESIS
4. TRANSFERRING STAND BY FOR SAFETY, CUEING,
 If needed, the home may provide assistance with transferring as follows: HANDS-ON GUIDING, LIFTING ASSIST TO STAND OR SIT, FULL LIFTING BY ONE PERSON OR REQUIRING MECHANICAL LIFTING;
5. POSITIONING STAND BY FOR SAFETY, CUEING,
 If needed, the home may provide assistance with positioning as follows: HELP TO GUIDE LIMBS IN ORDER TO TURN, ONE PERSON TO SUPPORT WHILE MOVING OR LIFTING PART OF BODY, TOTAL DEPENDENCY TO ONE PERSON TO TURN OR POSITION
6. PERSONAL HYGIENE SET UP SUPPLIES, MONITOR
 If needed, the home may provide assistance with personal hygiene as follows: CUEING & ENCOURAGEMENT, HANDS-ON ASSISTANCE TO GUIDE THROUGH TASK COMPLETION TOTAL DEPENDENCY IN SHAVE, WASH HAND, FACE & PERINEUM; CARE FOR HAIR, TEETH, DENTURES, GLASSES
7. DRESSING MONITORING, CUEING, LAY OUT
 If needed, the home may provide assistance with dressing as follows: CLOTHING; HELP WITH SHOE, SHOES, GUIDING LIMBS OR HELP BUTTONING/TYING DRESSES UP TO TOTAL DEPENDENCY IN DRESSING
8. BATHING SET UP SUPPLIES, MONITORING &
 If needed, the home may provide assistance with bathing as follows: CUEING, HELPS IN & OUT OF SHOWER ASSIST WITH PART OF BATHING UP TO TOTAL DEPENDENCY IN TAKING BATH SHOWER OR SPONGE BATH
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE PERSONAL CARE ! PERFORMANCE OF TASK
 WILL BE DONE UP TO MAXIMUM ASSIST OF ONE PERSON OR TOTAL DEPENDENCY TO ONE PERSON

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: MONITOR, REMINDING UP TO ADMINISTRATION OF ORAL MEDICINE, EAR & EYE DROPS, BLOOD SUGAR MONITORING SLIDING SCALE INSULIN, SQ & IM INJECTION

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

ENTITY REPRESENTATIVE IS A REGISTERED NURSE UNDER STATE OF WA.

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: COMPLEX WOUND CARE, FEEDING TUBE
CATHETER CARE, BLOOD SUGAR MONITORING, SLIDING SCALE INSULIN
OSTOMY CARE, SUBCUTANEOUS & INTRAMUSCULAR INJECTION

The home has the ability to provide the following skilled nursing services by delegation: ORAL MEDICATION,
TOPICAL MEDICATION

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

ENTITY REPRESENTATIVE IS A REGISTERED NURSE
RESIDENT MANAGER IS CERTIFIED NURSING ASSISTANT & COMPLETED NURSE DELEGATION CORE

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

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: MINIMUM OF 24 H / WEEK

Registered nurse, days and times: TO BE DETERMINED & SCHEDULED BASE ON THE NEED OF RESIDENT

Licensed practical nurse, days and times: _____

Certified nursing assistant or long term care workers, days and times: RESIDENT MANAGER IS A CNA. SCHEDULE TO BE DETERMINED

Awake staff at night

Other: WILL HIRE STAFF BASE ON RESIDENT COUNT & NEEDS

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: VILLA REY ADULT FAMILY HOME IS OPEN TO RESIDENTS REGARDLESS OF BACKGROUND OR LANGUAGES

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

ENTITY REPRESENTATIVE SPEAKS ENGLISH & FILIPINO
RESIDENT MANAGER SPEAKS ENGLISH, FILIPINO & SOME SPANISH.

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: *SEE POLICY ON ACCEPTING RESIDENTS WITH MEDICAID AS PAYMENT 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: *DANCE , GARDENING , MOVIES , EXERCISES , BOARD GAMES
ARTS * CRAFTS , PUZZLE , BOOKS / READING , DISH GARDENING , MUSIC , PICNIC , BINGO*

ADDITIONAL COMMENTS REGARDING ACTIVITIES *TULIP FESTIVAL AND ARGOSY CRUISES *
VISIT TO LOCAL SENIOR COMMUNITY CENTER .*