



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Island View Adult Family Home/Ronaldo Q. Uy	LICENSE NUMBER 754066
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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.

Table of Contents

- [About the Home](#)
- [Personal Care](#)
- [Medication Services](#)
- [Skilled Nursing Services and Nursing Delegation](#)
- [Specialty Care Designations](#)
- [Staffing](#)
- [Cultural or Language Access](#)
- [Medicaid](#)
- [Activities](#)

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. At Island View Adult Family Home we provide personalized care in a home setting. We strive to give the utmost respect, compassion and excellent care by working tirelessly to improve the independence and quality of life for our residents.	
2. INITIAL LICENSING DATE 5/22/2019	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: NA
4. SAME ADDRESS PREVIOUSLY LICENSED AS: Island View Adult Family Home at 1802 S. Jackson Ave., Tacoma, WA. 98465	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <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:

Setup, cutting up food, feeding, tube feeding (with nurse delegation task), supervision to prevent choking, conversation at table for entertaining. Provide meals in room if requested and provide necessary diets as stated in care plan.

2. TOILETING

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

The home staff may provide minimal assistance for all toileting tasks. Total assistance for bed bound residents. Provide as stated in care plan.

3. WALKING

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

The home staff may assist for all stages of ambulation including safety, contact guard, one-person of standby assist, monitoring recovery progress and continuation of physical and occupational therapy. Provide as stated in care plan.

4. TRANSFERRING

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

The home staff may provide full assistance from one to two person transfers, may provide use of a hooyer lift or gait belt. Provide as stated in care plan.

5. POSITIONING

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

The home staff may provide positioning in bed/chairs/wheel chairs in proper body alignment as needed to prevent stiffness and skin problems such as pressure sores. The repositioning schedule will be determined and followed as stated in the care plan.

6. PERSONAL HYGIENE

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

The home staff may provide moderate to total assistance with all personal hygiene routines such as: washing face, brushing hair, brushing teeth, shaving, moisturizing skin, trimming/filing finger/toenails. Provide as stated in care plan.

7. DRESSING

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

The home staff may provide moderate to total assistance with dressing upper and lower body. Provide all phases of the dressing task as stated in the care plan.

8. BATHING

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

The home staff may provide assistance throughout the shower process for safety. Provide full assistance with all phases of showering. Provide bed bathing for bed bound residents. Provide as stated in care plan.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Facility has a call button system available to all residents rooms.

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:

The home staff provides medication management assistance. All staff are qualified for nurse delegation administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The home staff provides pharmacy calls for medication follow-ups, refills and delivery.

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:

The home staff may provide assistance with residents POA to arrange for skilled nursing services such as: PT, OT, speech therapy and wound care with home health and/or hospice care agencies.

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

Blood sugar testing, insulin administration, non-sterile dressing changes, tube feeding catheter care, hospice medication, oxygen administration, oral/topical medication administration, nebulizer/inhaler/nasal spray administration and eye drop administration.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The home staff is willing to perform all nursing services as per the nurse delegation program under WA. state law

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:

- 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: **24-Hour care.**
- Awake staff at night
- Other: **Two caregivers throughout the day and one at night.**

ADDITIONAL COMMENTS REGARDING STAFFING

Provider and one caregiver lives in the home.

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:

We welcome and support all ethnic, cultural and religious backgrounds of our residents. English is the primary used language by our residents and staff.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

To better serve and understand our residents needs we prefer spoken English.

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:

Resident may convert from private pay status to Medicaid pay after a 30 month term as private pay resident.

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:

Based on residents' ability and preferences, we encourage independence, group activities, range-of-motion exercises, sit and fit exercises. Outside leisure activities weather permitting and supervised walks. Indoor activities include puzzles, bingo and card games.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

The home staff celebrates residents' birthdays. We celebrate major holidays.

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
 RCS – Attn: Disclosure of Services
 PO Box 45600
 Olympia, WA 98504-5600