

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Saint Rahab Compassionate Home	LICENSE NUMBER 754095
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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. To provide comprehensive quality homecare services to our clients by creating strong partnerships with clients, their families, case managers and other potential caregivers. Our focus is to create positive difference in every life that we touch, promoting health, safety and individual rights of our clients, thus creating a better quality of life for each individual in our care. We believe in creating a team of caring professionals whose goal is the care and support of our clients and their famil	
2. INITIAL LICENSING DATE N/A	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
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:

We will provide assistance to clients based on their specific needs & as indicated in the client specific care plan. Examples include: - Supervising & cuing clients who are at risk of choking/aspiration - Altering texture of food ie: cutting in to bite sized pieces, chopping or pureeing solid foods. - Feeding clients as indicated

2. TOILETING

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

Will provide toileting assistance from cueing, monitoring, transfer on/off toilet, as per individuals care plan

3. WALKING

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

Will provide assistance with walking indoors and outdoor area with cues and monitor movements. Making sure to always assist those who use assistive devices such as canes, walkers, or wheelchairs.

4. TRANSFERRING

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

Transferring may include; cueing, monitoring, two person assist. Other transfers may include; from bed, chair, wheelchair, standing position and mechanical transfers

5. POSITIONING

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

Positioning assistance may range from cueing, monitoring, or a two person assist. Assistance will include positioning on sides while in bed, positing while on the wheelchair, and bed mobility from lying position. Will also follow individual negotiated care plan.

6. PERSONAL HYGIENE

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

Will provide personal hygiene by cueing, monitoring, and total assistance. Assistance includes showers/complete bed bath, shaving, brushing teeth, combing hair, denture care, peri-care, and caring for nails.

7. DRESSING

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

We will provide dressing assistance by cueing, set up and total assistance.

8. BATHING

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

Will provide bathing assistance by cueing, monitoring, and total assistance. This includes providing showers in shower tub, shower chairs and providing bed bath based on individuals care plans

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Saint Rahab Compassionate Home has two bathrooms and a wheel chair accessible/walk-in shower to provide personal care

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:

We will provide medication monitoring, cueing, set up to total assistance. Will contract with an RN to provide all Nurse delegation tasks.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

A Registered Nurse will provide all Nurse Delegation Tasks

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:

Saint Rahab Compassionate Home will contract with an RN who is licensed in the state of Washington to provide resident assesment and provide nurse delegation.

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

Saint Rahab Compassionate Home will contract with a State of Washington Registered Nurse to provide resident assesment and provide delegation. Services may include nose, ear, eye drops and ointments, catheter care, or monitoring blood glucose levels.

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

N/A

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: **On Call**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 hour staffing coverage**
- Awake staff at night

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

N/A

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 respect each and every individual's culture, ethnic backgrounds, and religion. We will strive to accommodate our residents needs and preferences. We will provide specialized diets, based on individual needs and preferences, cultural/religious events at home as needed.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

N/A

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:

Saint Rahab Compassionate Home will accept Medicaid as a payment source. We will also accept private pay who no longer have the ability to pay privately and later become eligible to the Medicaid program as their funding source.

ADDITIONAL COMMENTS REGARDING MEDICAID

N/A

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:

Saint Rahab Compassionate Home will strongly encourage residents to be as active as possible. Including: Stretching, grocery shopping, listening to music, movie nights, birthday celebrations, card and board games, walking around the vicinity of the house, and other activities as tolerated as per care plan.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Saint Rahab Compassionate Home will explore individual activity interest or as per the care plan.

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