



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER<br>Divine Providence AFH/Emma L. Fregoso | LICENSE NUMBER<br>754110 |
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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   |  |
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| 1. PROVIDERS STATEMENT (OPTIONAL)<br>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. We are committed treating our Residents with highest level of compassion and professional care in a safe and nurturing environment followed with dignity and Independence. |  |
| 2. INITIAL LICENSING DATE<br>6/19/2019   | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:<br>N/A |
| 4. SAME ADDRESS PREVIOUSLY LICENSED AS:<br>17401 6th Ave E. Spanaway WA 98387  |  |
| 5. OWNERSHIP<br><input checked="" type="checkbox"/> Sole proprietor<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Co-owned by:<br><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:

assist with feeding and cueing residents.

2. TOILETING

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

Taking residents to the toilet and if accidents happen help them w/ pericare.

3. WALKING

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

Gait belt on residents if needing while using walkers.

4. TRANSFERRING

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

Helping residents to their w/c or beds, etc. using gait belts.

5. POSITIONING

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

If residents unable to repositioning, they will be helped w/ repositioning at least every 2 hrs.

6. PERSONAL HYGIENE

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

Face washing, comb/brush hair, brush teeth, shaving, hand washing, nail care

7. DRESSING

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

Dressing/undressing as needed.

8. BATHING

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

Help residents w/ showers at least 2X per week more if res's request.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Denture care, hearing aides, helping w/ ROM exercises,

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:

Setting medication for residents and reminding them. Complete total assistance if unable.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

If IV/IM injections / Tube feeding or PEG tube meds needed a LPN is available to help with these 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: All medications are assisted on time, Administering and monitoring Glucose treatments, Skin wound, and urinary catheter based on the Doctor's order and RN delegation instruction.

The home has the ability to provide the following skilled nursing services by delegation: Administering and monitoring glucose, skin wound, urinary catheter, ointment treatment, colostomy and ileostomy bags.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION  
as needed for nursing delegation. One to two care givers on the floor depending the number of resident and the need care of the AFH. We have RN contract  
**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: RN on call
- Licensed practical nurse, days and times: Monday - Sunday mornings
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- 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:

English / Spanish Speaking

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS  
we are able to accomodate all cultural and ethnic backgrounds, foods and preferences upon request.

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

The Adult Family Home accepts residents based on the level of care and the Adult Family Home is capable to meet the residents need.

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:

Exercise, Gardening, Board Games, Crafting, Baking, Movies and Church.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We celebrate all the Holidays and Birthdays once a month.

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

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