



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

HOME / PROVIDER <b>PACIFIC HOUSE AFH LLC/FIDEL MANILA</b>	LICENSE NUMBER 754410
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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. <b>The home and all of our caregiving staff values quality of care, respect and to treat all residents regardless of age, race, sex and cultural background as our own family members.</b>	
2. INITIAL LICENSING DATE 3/6/2020	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:

**Set up help, cueing/prompting, supervision and physical assistance with spoon feeding.**

2. TOILETING

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

**Supervision, stand by help, cueing and prompting and physical assistance with toileting care and perineal care.**

3. WALKING

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

**Stand by, contact guard, supervision, cueing and prompting and physical assistance with walking using gait belt. Assistance with residents using wheelchair, cane and walker.**

4. TRANSFERRING

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

**Stand by assist, cueing, prompting, supervision and physical assistance with all task of transfer.**

5. POSITIONING

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

**Monitoring, cueing, encouragement, supervision, stand by assist to full physical assist with positioning.**

6. PERSONAL HYGIENE

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

**Cueing, supervision, encouragement, stand by assist to full assist with personal hygiene. Pericare, dry skin care, mouth care, foot care, nail care are task provided to the residents on a daily basis.**

7. DRESSING

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

**Supervision, cueing, stand by assist, partial assist to full assist with dressing.**

8. BATHING

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

**Supervision, stand by assist, cueing, monitoring, encouragement and physical assist with bathing.**

**Bathing is provided one to twice a week or more as needed and as preferred.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Personal care is provided on routine daily basis.**

**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:

**Medication assistance with oral, topical, inhalation, breathing treatments, eye drops, ear drops, nose drops and medication administration under Nurse Delegation services for our non licensed staff.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medications are checked regularly per doctor's orders following five rights of medication administration.**

**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:

**Glucose monitoring, insulin injections, breathing treatments.**

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

**Insulin injections, breathing treatment, constipation (rectal) medications, oxygen therapy, PRN medication, blood sugar checks and monitoring.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Any services can be provided within the scope of Nurse Delegation services.**

**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: As needed.
- Licensed practical nurse, days and times: As needed
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other: **Per resident assessment staffing 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:

**The home admits and provides services to residents from all and any types of ethnic background.**

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)

The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

**The home needs 60 days notice before converting to Medicaid from Private status.**

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:

**Board games, movies and popcorn, outdoor walk, celebrations of holiday and birthdays, exercises, magazines and newspapers, TV shows.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities are encourage based on resident's preference and ability to do so.**

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  
Olympia, WA 98504-5600