

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

HOME / PROVIDER <i>St. Joseph Adult Family Home Patrocino &amp; Juana Dalusag</i>	LICENSE NUMBER <i>579954-82300</i> <i>PO 7/30/15</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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- About the Home *St. Joseph Adult Family Home provide high quality of care.*
- Personal Care *Provider and caregiver assist for ADL.*
- Medication Services *Report to MD if any reaction, check drug allergies, medications*
- Skilled Nursing Services and Nursing Delegation *Our home provide nursing care and, if needed something that needs a delegate report it call the MD, caregiver & arrange the appt.*
- Specialty Care Designations *Developmental Disabilities, Mental Health, Dementia.*
- Staffing *Provider, Full time caregiver, part time and reliever.*
- Cultural or Language Access *English, Tagalog, Farsi, Hindi & Spanish*
- Medicaid *Accept Medicaid*
- Activities *Praying and reading the Bible together, dancing, singing, puzzles, exercise*

### 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. *The Adult Family Home provide high quality of care, treating our residents like our own family.*

#### 2. INITIAL LICENSING DATE

*1993*

#### 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

*St. Joseph Adult Family Home  
1709 NE 148th Street Shoreline WA 98155*

#### 4. SAME ADDRESS PREVIOUSLY LICENSED AS:

#### 5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- 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 *Stand by assist / cue with choking, give plenty of fluids*

Feed clients; prepare foods, cut foods into small pieces, puree foods,

2. TOILETING  
If needed, the home may provide assistance with toileting as follows: change diaper every 2 to 3 hours, provide perineal care, empty/clean bed pan, transfer client ON/OFF toilet, encourage to use the toilet every 2 to 3 hours, Bed rail com mode.

3. WALKING  
If needed, the home may provide assistance with walking as follows: Remind client to use assistive device, keep walkway clear of clutter, use gait belt to client. Provide assistance when walking, encourage to walk daily.

4. TRANSFERRING  
If needed, the home may provide assistance with transferring as follows: Assist with all wheel chair transfer, lift legs into bed, talk client through each transfer, transfer client slowly.

5. POSITIONING  
If needed, the home may provide assistance with positioning as follows: client in hospital bed need pull from the doctor's hall rail,

6. PERSONAL HYGIENE  
If needed, the home may provide assistance with personal hygiene as follows: Help client gather all necessary things to brush, tooth paste, denture cleanser, help wash face, hands, applying makeup, perineal care, clean glasses, apply deodorant.

7. DRESSING  
If needed, the home may provide assistance with dressing as follows: Help to pick appropriate wafe clothing. Help to dress clients lower & upper body, assist to put on/take OFF feet wear, assist to change daily, change when dirty, put nightgown or PJ.

8. BATHING  
If needed, the home may provide assistance with bathing as follows: check water temperature, help or assist full body shower, sponge bath, and transfer on/out of tub/shower tray body and apply lotion.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE  
Podiatrist comes to our home to do toe nails cut every 3 months.

**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: Assist in giving medication into the right person, right time, right dose, right route, right documentation, those who can take med just hand up to the salon or hand do not have not

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES until they swallow med to those who can not take, then need a Nurse delegator (orally, Inhaler, ointment) report to MD for any adverse reactions.

**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: our home provide nursing care and if needed something that needs a delegator we have to report to case manager, arrange visit delegator to come to our home.

The home has the ability to provide the following skilled nursing services by delegation: Oral med if client can not put med in their mouth in patient ointment, Sugar test for

diabetes & report to MD for any abnormal results, each change dressing wound care PRN.

St. Joseph R.F.H.  
Patricia Reid & Juana Delusoa

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION *Our home provides nursing care and if needed something that needs a delegator we have to report on call the case manager and arrange to visit delegator to come to our home.*

**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 *so far we don't have developmental disabilities and mental illness, it's mostly dementia.*

**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. *NO, Provider is working Monday to Friday and on call on case of emergency.*
- 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: *N/A*
- Licensed practical nurse, days and times: *N/A*
- Certified nursing assistant or long term care workers, days and times: *Full time and Reliever*
- Awake staff at night *mostly client sleep through out the night, caregiver*
- Other: *make rounds before going to bed make sure all are comfortable in bed, will assist client at night time if needed.*

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 speaking, Farsi and arabic.*

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: *Private clients when admitted and run out of funds/money will be accepted on stay in the AFH.*

**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: *clients have their own activities outside the home like attending the Full Life care 2x a week in Rainier.*

**ADDITIONAL COMMENTS REGARDING ACTIVITIES**

*Swimming exercise at Shoreline Pool 2x a week.*

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