



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Charity Adult Family Home Charito & Lucas</i>	LICENSE NUMBER <i>90801</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	
1. PROVIDER'S STATEMENT (OPTIONAL)	
The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.	
<i>24 Hr. Care for the elderly. This home has a special designation to provide service to person with Dementia + Mental Illness.</i>	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED;
<i>06-14-2006</i>	<i>18820 8th Ave NE, Shoreline, WA 98155</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP	
<input checked="" type="checkbox"/> Sole proprietor	
<input type="checkbox"/> Limited Liability Corporation	
<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: *allow food preferences when possible cut up foods, butter bread, set up plate, feed resident, observe & assist for aspiration risk, serve appropriate size portions, add thickeners to food PRN*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *Clean perineal area as needed. assist with clothing on & off as needed to toilet. wash residents' hand after they use the toilet. Assist to the toilet as needed.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *SBA on stairs, when outside or uneven ground, assistance into & out of w/c. Remind resident to self propel wheel chair, dependent on 2 person assist.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *SBA for transfers from furniture & cars. Hant belt required for assistance. Dependent on one person transfer, dependent on 2 person transfer, Total Hoyer lift transfer*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Turn resident every 2 hrs. Fluff & position bed pillows for comfort. Elevate or prop extremities as needed for comfort. Reposition resident when requested*

PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *assist to brush teeth, assist with shave, assist with make up, assist with personal items such as deodorant or powder, wash residents' hands.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *assist resident in choice of clothing with buttons, snaps, ties & or buckles, support hose, dress upper body, lower body & to put on footwear. clothe resident.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *assist with shower. assist with shampoo & conditioner, wash hair & rinse completely. prepare bath room before & after residents. Run bed bath. Assist with dressing & wrapping warmly*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

before opening the bathroom door to prevent chilling.

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:

Eye drops, PRN meds, Oxygen use as per doctor's prescription.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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 16.79 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 has the ability to provide the following skilled nursing services by delegation: *Nurse delegator*
Eye drops, PRN meds. Blood sugar monitoring

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Specialty Care Designations

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night
- Other: *RNA*

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 language is spoken in the home

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:

when the resident is eligible for medicaid

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:

Playing cards, puzzles, reading magazines

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We can facilitate & assist families & friends who want to take loved ones out of the home for rides or outings. We will assist the resident to honor his or her own religion to the best of our ability.