

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

HOME / PROVIDER <b>Ilaise P. Folau</b>	LICENSE NUMBER <b>91800</b>
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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.

**Our mission is to provide individual care for our clients to minimize health problems and maximize life and happiness.**

**2. INITIAL LICENSING DATE**

**04/23/1993**

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

**none**

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

**1901 SW 119 St Burien, WA 98146**

**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**

<p>If needed, the home may provide assistance with eating as follows:</p> <p><b>We can help cuing and monitoring, cut up to bite size, feeding client depends on client's care needs</b></p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows:</p> <p><b>We can help cuing and monitoring to partial assistance</b></p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows:</p> <p><b>We can provide walking assistance from cuing to one person assistance</b></p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows:</p> <p><b>We can help with cuing and monitoring to one person assistance</b></p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows:</p> <p><b>We can provide assistance with positioning from cuing and monitoring to one person assistance</b></p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows:</p> <p><b>We can provide with personal hygiene from cuing to set up to one person assistance</b></p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows:</p> <p><b>We can help with dressing from cuing to set up to one person assistance</b></p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows:</p> <p><b>We can assist with bathing from cuing, set up, to full assistance (client must be able to transfer with one person assistance).</b></p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p><b>We assist personal care according to individual care needs as stated in their individual care plan.</b></p>
<p><b>Medication Services</b></p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is:</p> <p><b>We can assist with medication. There will be a Nurse delegator in place to delegate medication if needed.</b></p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p><b>There will be a contract in place with a Nurse Delegator for medication assistance if needed.</b></p>
<p><b>Skilled Nursing Services and Nurse Delegation</b></p>
<p>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)</p>
<p>The home provides the following skilled nursing services:</p> <p><b>A Nurse Delegator must delegate all delegated task to all caregivers.</b></p>

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

**Blood glucose monitor,insulin,ear/eye drop,simple dressing change,medication patch,oxygen therapy,tube feeding both food and medication,administaring medication through mouth,catheter irrigation,enema.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Nurse Delegator who contrac with the State of WA can provide delegated tast for Medicaid client,private pay client must contract with a Nurse Delegator who can provide delegation or provide the care**

**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

**Also took training in "Special Focus on Diabetes","Care of the Geriatric Resident",TBI (Tramatic Brain Injury).Caregivers are require to take 12 units or more in continue education annually.**

**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: **24 hrs, 7 days a week**
- 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 language(client must speak some English)**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Willing to learn new culture or language**

**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:

**1.Client must be Independent to semi-independent and ambulatory or in wheel chair but able to transfer independently.2.Medicaid client who later can pay privately can continue to live at the home as he/she or legal guardian wishes.3.Private pay client must pay private for at least 2 years before become 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:

**We provide outing,individual trip funded by client,memory games,puzzle,sing along,SMH groups,Valley City group,exercise with light weights and bands (5 days a week)**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities**

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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