



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

HOME / PROVIDER <b>Lakeside Gardens on Wisner Lake</b>	LICENSE NUMBER <b>419600</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.

**Welcome and thank you for your interest in Lakeside Gardens and the care we offer. We have been providing care for seniors in Whatcom County for over seventeen years and have an established reputation for excellence. Lakeside Gardens offers a full range of services and are particularly skilled at Memory Care. We are committed to providing specialized dementia care for our residents in a beautiful and familiar private home setting.**

**2. INITIAL LICENSING DATE**

**10/3/97**

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

**NONE**

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

**NONE**

**5. OWNERSHIP**

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other:

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## Personal Care

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"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:

**Special diets for dairy free, gluten free and diabetic available. Provide wholesome homemade meals with freshest ingredients. As needs increase, can offer assistance with feeding. We monitor food intake and hydration intake daily.**

## 2. TOILETING

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

**Our home follows a two hour toileting program for our residents. We assist with all incontinence care. Assist with night toileting as well. Resident is responsible for personal incontinence supplies however, for your convenience we can order them and have them delivered to Lakeside so families don't have that added responsibility.**

## 3. WALKING

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

**As far as safety dictates we are able to offer standby assistance with ambulation. Residents are encouraged to use walkers. Can offer assistance with wheelchair use. No electric chairs are permitted in the home. May have electric chair for out of home use.**

## 4. TRANSFERRING

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

**We offer assistance with transferring from stand by assistance to 1 person assist. Our staff is also trained in the use of hoier lifts if that is what is required for transferring purposes.**

## 5. POSITIONING

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

**We can offer assistance with positioning every two hours 24/7 as is according to best care practices, if needed.**

## 6. PERSONAL HYGIENE

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

**We make every attempt to allow resident's the time and assistance they need to maintain their capacity to perform grooming, dressing and hygiene tasks. However, as needs increase we are able to offer 100 percent assistance with all tasks needed.**

## 7. DRESSING

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

**We make every attempt to allow resident's the time and assistance they need to maintain their capacity to perform grooming, dressing and hygiene tasks. However, as needs increase we are able to offer 100 percent assistance with all tasks as needed. Our goal is to provide the care necessary for residents to be able to maintain their standards of personal care.**

## 8. BATHING

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

**We offer assistance with all bathing for safety. It can range from standby assistance with cueing for**

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<b>safety to full assistance.</b>	RCS/Public Disclosure
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE	
<b>We have a nail care RN who comes every two months to assist with footcare. We have a hair technician weekly.</b>	
<b>Medication Services</b>	
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:	
<b>We are able to offer a wide range of medication services. The pharmacy we exclusively use is Custom RX. Their packaging system assists in the reduction of medication error and ensures the needs of the residents meet all laws and rules relating to medications.</b>	
ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES	
<b>Our staff is RN delegated so tasks that require special training and assessment can be completed.</b>	
<b>Skilled Nursing Services and Nurse Delegation</b>	
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:	
<b>We contract with an RN for delegated tasks and assessments. If additional nursing services are required home health nursing is available to come into our home and provide those services. Wound care would be contracted with a home health company and covered by medicare.</b>	
The home has the ability to provide the following skilled nursing services by delegation:	
<b>Blood sugar monitoring, applications of creams, ointments and eye drops, as needed medications such as anxiety and pain medications, all hospice medications.</b>	
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION	
<b>Specialty Care Designations</b>	
We have completed DSHS approved training for the following specialty care designations:	
<input type="checkbox"/> Developmental disabilities <input checked="" type="checkbox"/> Mental illness <input checked="" type="checkbox"/> Dementia	
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS	
<b>These designations are to ensure proper training has been given so the staff and management are qualified to work with these specialty populations which requires additional skills and knowledge. In addition to this training our staff receives 12 hours of continuing education on a yearly basis.</b>	
<b>Staffing</b>	
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)	
<input type="checkbox"/> The provider lives in the home. <input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times. <input checked="" type="checkbox"/> The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing	

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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: **Morning shift 7 am-3 pm, Swing shift 3pm-11pm, NOC shift 11pm-7am**
- Awake staff at night
- Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING

**In addition to regular staffing we employ and activity director who comes twice a week and a certified personal trainer who comes once a week to exercise with the residents**  
**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:

**Ours is an english speaking home. Our food preparation reflects the tastes and culture of our residents who reside in our home. Old fashioned recipes from my grandmother are served as well as resident's own recipes they have brought with them. However, we also offer dishes from other cultures such as mexican, italian, french and sometimes asian.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Our menu is planned monthly and incorporates fresh food in season and and fresh fruit every morning. Feel free to ask to see the menu when you come for a tour.**

**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

**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 have an activity director who does exercise, games, reminising, crafts and facilitates intergenerational interaction. We have a librarian who comes monthly to distribute books. A certified exercise/ personal trainer comes weekly to exercise with the residents too. Puzzles are always available and activity centers are set up at times for residents to self employ.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**In addition to our full activity calendar, we offer outings where residents get to go out to eat, go to a**

**movie, play or musical event, or just out for a drive on a lovely day. In the beautiful days of summer we bring our residents outside to enjoy a wonderful afternoon in the gardens or down by the lake.**

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

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