



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

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|---|--------------------------|
| HOME / PROVIDER<br>Lord's Joy Adult Family Home | LICENSE NUMBER<br>449201 |
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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   |   |
|--|---|
| <p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>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 the highest level of compassionate care for our residents. We strive to enhance the quality of their wellbeing physically, mentally, emotionally, socially and spiritually.</p> |   |
| <p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">02/10/2006</p>   | <p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p style="text-align: center;">14641 Military Rd. S. Seatac, WA 98168 &amp; 30440 11th Ave. S. Federal Way, WA 98003</p> |
| <p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p> </p>  |   |
| <p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>   |   |

## 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:

from cuing to total care (one one one feeding, pureed food)

### 2. TOILETING

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

Standby assist to total care

### 3. WALKING

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

Standbyassist, walker assistance, one person to 2 person assist

### 4. TRANSFERRING

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

one person to 2 persons assist, use of hoyer lift or other transfer devices

### 5. POSITIONING

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

Cuing the resident to reposition self, scheduled round the clock repositioning, total care.

### 6. PERSONAL HYGIENE

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

cuing, standby assist and total care

### 7. DRESSING

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

standby assist, total care

### 8. BATHING

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

standby assist to total care (full bath, bed bath)

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

## 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:

Staff are CNA and NAR who are willing and capable of performing delegatable task by an RN

### 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 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:

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

blood glucose monitoring, insulin administration, eye drops, eardrops, dressing change (wound), oxygen therapy,  
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

nebulization, crushing of pills, topical ointment, nose sprays, suppositories, enema and feeding tube.

### 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: every 90 days delegation and as needed
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 24 / 7
- Awake staff at night
- Other: visit of podiatrist every 90 days

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:

Our facility prefers residents who speaks English or Tagalog. We can also accept resident who speaks Japanese  
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 client must have a professional agency or family member as protective payee. Also the client must not have

ADDITIONAL COMMENTS REGARDING MEDICAID

a history of delinquency.

**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:

Depending on the likes & capabilities of residents, we offer these activities: caregames, watching movies and television

ADDITIONAL COMMENTS REGARDING ACTIVITIES

shows, Karaoke, music therapy, reading books and magazine, coloring or painting, walk in the park or garden / gardening

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