



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER L MAR ADULT FAMILY HOME CARE	LICENSE NUMBER 476200
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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. We are licensed and insured 24-hour care home. We work hard to provide the best care for our residents and strive to maintain their personal values such as individual identity, dignity, self-esteem to promote their independence and a dignified lifestyle. Our home wants to provide a long-term arrangement for each resident. We make every effort to accommodate any changing needs and increase the level of care as needed. Our facility is wheelchair accessible and there are no steps to negotiate.	
2. INITIAL LICENSING DATE 06/30/1999	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: Not applicable
4. SAME ADDRESS PREVIOUSLY LICENSED AS: Not applicable	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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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 cutting food, cuing and monitoring to total assistance.

2. TOILETING

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

From cuing and monitoring to total assistance.

3. WALKING

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

From cuing and monitoring to a one person assist as needed with a view towards resident safety and comfort.

4. TRANSFERRING

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

From cuing, monitoring, to one person assist or using a mechanical hoier lift to transfer resident.

5. POSITIONING

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

From cuing and monitoring to one person assist.

6. PERSONAL HYGIENE

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

From cuing and set up to total assistance.

7. DRESSING

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

From cuing and set up to total assistance.

8. BATHING

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

From cuing and set up to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

L Mar has a roll-in shower with toilet and another step-in shower and toilet rooms.

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:

From cuing to take medications to medication administration via nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medications are in bubble packs via Chesterfield Pharmacy and are kept in a locked cabinet.

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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:

Via DSHS Nurse delegation

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

Oral, topical, nose, ear, eye drops and ointments. Simple dressing changes, blood glucose monitoring, oxygen administration

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our qualified nurse delegated assistants shall perform specific task/s only for the specific resident who was the subject of the delegation with the resident's consent and in compliance with the Washington 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

The provider has 25 years of direct patient care experience therein. She also has ten years of direct care for residents in skilled nursing facilities in Hawaii. Florencia also volunteered as a Nursing Escort in the VA Medical Center's Nursing Escort Department for fourteen months while waiting for her adult family home license to be issued. She is currently a Nursing Assistant Certified (CNA or NAC) in the State of Washington.

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: As needed
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24 hours, 7 days a week
- Awake staff at night
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

The provider is licensed as a CNA or NAC; two daughters who are RNs, help out intermittently.

Cultural or Language Access

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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:

We celebrate major holidays, to include Christmas and resident birthdays in the home. We occasionally have BBQs and Asian food. We welcome Deaf individuals who can communicate in English via writing. Some caregivers can sign using American Sign Language.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Caregivers collaborate with residents to produce a menu that focuses on resident preferences.

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:

We always accept Medicaid as payment, as long as we can meet their needs and level of care.

ADDITIONAL COMMENTS REGARDING MEDICAID

Medicaid payment must be commensurate to level of care needed.

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 resident/s preferences - playing cards, bingo, supervised exercises, watching movies via DVD, going out to birthday parties of provider's family members, going to horse racing at Emerald Downs, weekly meeting with Provider about AFH goings-on, concerns and collaborate menu for meals.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Focused on resident's preferences.

Please Return the completed form electronically to 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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