



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received
DEC 29 2014

HOME / PROVIDER <i>LCT SPRING HOME LLC</i>	LICENSE NUMBER/S/Public Disclosure <i>636800</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. PROVIDERS STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>As a provider; I had pledged to give it my all, and the special services these disadvantaged population so deserved!</i>	
2. INITIAL LICENSING DATE <i>NOV 4, 2003</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>NONE</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>LCT SPRING HOME LLC</i>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" 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:

If needed, foods are cut into small pieces, even sandwiches.

2. TOILETING

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

watch and prompt a resident to wipe after using the toilet and wash hands.

3. WALKING

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

From the room to the living areas, one of the resident (CP) needs her hands to guide her and hold her.

4. TRANSFERRING

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

Nobody needs any assistance; all residents are developmentally disabled.

5. POSITIONING

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

None at this time.

6. PERSONAL HYGIENE

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

while assisting in the showering, provider prompt everyone to brush their teeth, put on deodorant or lotion.

7. DRESSING

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

Prompt every resident to use thick clothing and coat when chilly outside.

8. BATHING

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

Make sure water is not too cold. Prompt to take off shampoo and body wash off their body properly.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Since most of my residents are high functioning, they choose their own clothes to wear. Or, prompt to take a shower, and brush teeth.

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: *All medications are put in a small tub and brought out from locked cabinet when it is meal time. Caregiver watch everybody take their medications.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Except for the resident with cerebral palsy; caregiver have to put it in her mouth one by one.

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:

NONE

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

YES

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

This Adult Family Home is solely developmentally disabled; ages 29 to 53. Only one (1) who got Cerebral Palsy has total N.D.

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities *5-20-2002*
- Mental illness *5-18-2004*
- Dementia *9-15-2003*

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

AFH has a resident who is a Type 1 diabetes and needs special diets.

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: *on call caregiver is available whenever needed.*

ADDITIONAL COMMENTS REGARDING STAFFING

Got only 5 residents, and I as a provider lives in the home.

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:

none at this time. All are (residents) Caucasian.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

NONE at this time

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

All my residents are 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:

Coloring books, BOARD GAMES, DVD PLAYER,

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*2 Residents go to Fall Life in Renton.
AFH takes residents to the Pool (swimming) during Summer Season.*