

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER The Loving Touch - Aurora Pal	LICENSE NUMBER 64200
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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.

Enrich peoples lives, by providing a home like environment with home cooked meals along with excellent care.

2. INITIAL LICENSING DATE

02/09/1994

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

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

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

The type and amount of medication assistance provided by the home is:

Medications are administered per MD orders by the caregiver that has been delegated.

We provide oral administration of pill form as well as liquid form of various medications such as: cathartics, cardiac medications, narcotics, psychotropics, application of transdermal patches, ear gtt, eye gtt, inhalers, suppository, enema and subcutaneous insulin.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All scheduled and PRN medications are kept in a locked cabinet.

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:

Administer eye and ear gtt, enema, nose medications, suppository, nebulizer, CBG check, subcutaneous insulin, wound care, catheter care, O2 care/handling.

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

Administration of medication, patches, creams, eye and ear gtt, nose medications, enema, suppository, CBG check, subcutaneous insulin, wound care, catheter care, O2 care/handling,

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

There is an RN - nurse delegator for this AFH.

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

We provide care for individuals with Parkinson's, Dementia, Alzheimer's, Diabetes, CHF and end of life.

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: 24/7
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Caregiver provides night assistance as needed.

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:

No preference on background or languages.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English and Romanian.

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:

When resident's finances are exhausted.

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:

bingo, puzzles, domino, coloring, reading time, music, prayer time per resident request, exercise

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We strive to accommodate our resident's requests and needs.